

REGISTRATION FORM

Date / /

(PLEASE TYPE OR PRINT)

Student's Last Name: _____ First Name: _____

Nickname: _____ Sex: M F Date of Birth: / /

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Mother's Name: _____ S.S.# _____

Employer: _____ Business Phone: _____

Father's Name: _____ S.S. # _____

Employer: _____ Business Phone: _____

Marital Status: Mar() Div/Sep() Wid() Sngl(). With whom does the child reside? Both() Mother() Father()

E-MAIL address: _____ @ _____

Other: Name of Legal Guardian: _____ S.S.# _____

Address: _____ City, State: _____

Employer: _____ Home Phone: _____ Business Phone: _____

(Note: Provide Copies of legal documents regarding custody rights)

Physician: _____ Phone: _____

Address: _____ City: _____

Allergies and other medical information: _____

Name of Health Insurance Carrier: _____

Policy: _____

SECURITY PIN #: _____

(Please choose a four-digit ID number. Should you send someone unfamiliar to us to pick up your child, this person must have the PIN# and ID for us to release your child.) Also use this PIN# to identify yourself.

Persons (and relation to child) to be called in case of emergency, if parent(s)/guardian cannot be reached:

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

In case of an emergency, ABC Workshop of Lighthouse Point will attempt to reach parents and the emergency numbers listed above. If these parties are unavailable, I authorize ABC Workshop of Lighthouse Point to use their own pediatrician or local hospital, call Emergency Medial Services, and have emergency treatment performed and if necessary, transport my child by ambulance at my expense.

Parent/ Guardian Signature: _____ Date / /

Please circle your choice of days and times below:

DAYS	Mon – Fri	Mon / Wed / Fri	Other:
TIMES	Full Day	6:30 AM – 11:30 AM	1:30 PM – 6:30 PM
AFTERSCHOOL	Name of School		

STATEMENT OF COOPERATION AND CONTRACT

(Please read carefully, sign and initial)

- 1) I understand that the Registration fee is to accompany the application papers. Registration fees and book fees will not be refunded.
- 2) All tuitions are based upon the total yearly cost of the program (school year). The weekly fee is a breakdown of this yearly cost to facilitate parent payment. I agree to pay the full weekly tuition whether or not my child is in attendance, regardless of scheduled school closings, as indicated in our yearly calendar, severe weather conditions (hurricanes), vacations and/or illnesses. There are no exceptions to this policy.

2) SIGNATURE
- 3) I understand that the tuition will be paid weekly on Monday, in advance, as the school is completely dependent upon the tuition payments for its operation. I agree to pay a late fee of \$20.00 if payment is not received by the end of the day Tuesday and \$40.00 if payment is still not received by the following Monday. If payment becomes delinquent beyond that, arrangements must be made before your child may return to school.

3) initials
- 4) In case ABC workshop accepts as method of payment, State funded assistance (i.e. ELC), I will be responsible for signing on time the attendance sheets. I agree to pay the days I miss to sign at full tuition prorated fee.

4) initials
- 5) Upon two week notice request and considering a special family situation, the school might allow up to two non consecutive complementary unpaid absent weeks. I agree that this lays in the sole discretionary decision of the school.

5) initials
- 6) I understand that the school reserves the right to dismiss any student who does not cooperate, or whose parents do not cooperate with the educational process or school policies.
- 7) I understand that I have access to the **Parent Handbook**, which contains a detailed description of policies, and procedures that I refer to from time to time if necessary.
- 8) I understand that as condition for the attendance of my child I should provide the school at time of enrollment and eventually at any time an update is required with complete medical information:
 - a. Complete immunization record
 - b. Physical Examination (good for 2 years)
- 9) I consent to release from personal liability and hold harmless all employees of ABC Workshop for injuries and illnesses of my child, which may occur as a result of and in conjunction with his/her activities. I understand that the necessary precautions and plans for the safe care and supervision of my child have been taken.

9) initials
- 10) ABC Workshop insurance coverage is designed to work with family's personal health insurance as a supplement. If the expenses for an accident are less than \$100.00 our policy will pay 100%. If expenses are over \$100.00, ABC Workshop's policy will pay only those expenses not paid by my personal carrier. If there is an accident, I and the ABC Workshop Director will complete the Accident Claim form, sending the unpaid bills by the health carrier.
- 11) In effort to ensure child is ready to learn, ABC Workshop will provide Developmental Screening in the childcare program. I understand, I will receive the results of the screening and be informed of any recommendations.

11) SIGNATURE
- 12) I give ABC Workshop permission to take photographs/and or video of my child for classroom projects, yearbooks, internet portal or social media.

12) SIGNATURE
- 13) I authorized Lighthouse Point Preschool Inc., and its designated staff to access my child(ren) documents file, including but not limited to: Registration Form, Contact information, health records, medicine authorization, Food Program form, Physical Exams, Vaccination records and all other documents and information provided by me, ELC, DCF or any governmental body.

I have completely read and understand and will comply with all of ABC Workshop policies in this agreement and the ABC Workshop Handbook.

Child's name

Parents signature

____/____/____
Date

PARENT AUTHORIZATION FOR EMERGENCY MEDICAL AND FIRST AID

____ (Your Initial) I hereby authorize the staff and Director representing ABC Workshop of Lighthouse Point, to give consent for any and all necessary emergency medical and First Aid care for my child, while said child is in the said individual custody.

FIELD TRIP PERMISSION

____ (Your Initial) My child has my permission to be transported by ABC Workshop of Lighthouse Point on field trips.

INFANT ROOM

____ (Your Initial) I understand that my child will transition into the 1Year Old Class two weeks prior to the child's first birthday. The week that my child turns one year old he/she will move into the one year old class permanently.

KNOW YOUR CHILDCARE FACILITY PAMPHLET

____ (Your Initial) I have received the "Know Your Childcare Facility" pamphlet from ABC Workshop of Lighthouse Point and have read it. I understand my role as a parent as well as the schools role in providing quality childcare.

ALTERNATE NUTRITION PLAN

____ (Your Initial) In accordance with the Broward County Child Care Ordinance/Family Child Care Ordinance, parents and the childcare facility/home are urged to work cooperatively to assure that children are provided with nutritious snacks and meals where lunches are not provided by the facility. The Facility provides breakfast / Lunch and snack.

ILLNESS

____ (Your Initial) I understand that I will adhere to the following guidelines in determining if my child should be kept home if he/she has:

- ☐ A fever (or has had one in the past 24-hour period)
- ☐ A constant cough, wheezing, nasal discharge, sneezing, vomiting, or diarrhea
- ☐ Symptoms of communicable disease. (These are usually sniffles, reddened eyes, sore throat, headache, and abdominal pain, plus a fever.)

FOOD RELATED ACTIVITIES

____ (Your Initial) My child has permission to participate in food-related activities such as Learning activities and food projects, Birthday parties, holiday parties.

Comments/concerns/allergies _____

*ALL FOOD ITEMS ARE REQUIRED TO BE STORE BOUGHT AND IN ORIGINAL PACKAGING

PHYSICAL ACTIVITIES

____ (Your Initial) In accordance with the Broward County Child Ordinance and ABC Workshop policy, I understand that my child will be participating in physical activities that include but not limited to: outdoor play two times / day for half an hour, Play ball for half an hour / week and I will provide the appropriate clothing (according to the season) and footwear (sneakers year round) for my child to participate in the daily / weekly physical activities.

I have read the preceding and agree to meet all requirements as defined above.

Signature of Parent/Guardian _____ Date ____/____/____

HEALTH HISTORY OF CHILD

Please provide the child's health history, allergies, and/or developmental concerns:

Signature of Parent/Guardian _____ Date ____/____/____

☐ Immunization record attached Date ____/____/20__ Expiration ____/____/20__

☐ Physical Examination attached Date ____/____/20__

initials

DISCIPLINE POLICY

ABC WORKSHOP OF LIGHTHOUSE POINT believes in a gentle policy of repetition and positive reinforcement. Therefore,

1. Children shall not be subject to discipline that is severe, humiliating, or frightening.
2. No cruel, harsh, physical, or unusual punishments shall be permitted.
3. No child shall be delegated or permitted to discipline another child.
4. No physical restraints, equipment, devices, or furniture shall be used to confine a child, including, without limitation, swings, walkers, and spinners.
5. No child shall be confined in an enclosed area, such as a closet, locked room, box, or bathroom.
6. No child shall be subject to profane language, threats, derogatory remarks, or other verbal abuse.
7. No child shall be punished for failure to eat or sleep, or for toileting accidents.
8. No child shall be punished by withholding food, rest, outdoor time or use of the toilet.
9. No physical punishment shall be used, such as, but not limited to, spanking, hitting, striking, biting, or pinching.
10. No child shall be threatened with any punishment that is prohibited by this paragraph.
11. Children shall not be prohibited of participating or required to participate in any form of physical activities as method of punishment

I have read and fully understand ABC WORKSHOP OF LIGHTHOUSE POINT discipline policy.

Parent Signature: _____ Date: ____/____/____