

**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:

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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: \_\_\_\_/\_\_\_\_/\_\_\_\_



## **EXPULSION POLICY**

Unfortunately, there are sometimes reasons we have to ask that a child be removed from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced.

### **1. SCHOOL PROCEDURES SUPPORTING BEHAVIOR CHANGES**

- Staff will try to redirect child from negative behavior.
- Staff will reassess classroom environment, appropriate of activities, supervision.
- Staff will always use positive methods and language while disciplining children.
- Staff will praise appropriate behaviors.
- Staff will consistently apply consequences for rules.
- Child will be given verbal warnings. Child will be given time to regain control.
- Child's disruptive behavior will be documented and maintained in confidentiality.
- Parent/guardian will be notified verbally.
- Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.
- The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.
- The parent will be given literature or other resources regarding methods of improving behavior.
- Recommendation of evaluation by professional consultation.
- Recommendation of evaluation by local school district child study team.

### **2.1. PARENTAL ACTIONS LEADING TO CHILD'S EXPULSION**

- Failure to pay/habitual lateness in payment
- Habitual tardiness when picking up your child
- Verbal abuse to staff
- Failure to complete required forms including the child's immunization records
- Parent threatens physical or intimidating actions toward staff members.

### **2.2. CHILD'S ACTIONS LEADING TO EXPULSION**

- Failure of child to adjust after a reasonable amount of time
- Excessive biting
- The child is at risk of causing serious injury to other children or him/herself
- Failure of child to adjust after a reasonable amount of time
- Uncontrollable tantrums/angry outbursts
- Ongoing physical abuse to staff or other children
- Unable to toilet train in our three year old program

### **3. SCHEDULE OF EXPULSION**

If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the school.

- The parent/guardian will be informed the expected changes in behavior and time frame.

- The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the school.

The parent will be given a minimum of one week's notice to find another center to provide care for this child.

NAME OF CHILD: \_\_\_\_\_

SIGNATURE OF PARENT: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Parent's Role

A parent's role in quality child care is vital:

- ☐ Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- ☐ Know the facility's policies and procedures.
- ☐ Communicate directly with caregivers.
- ☐ Visit and observe the facility.
- ☐ Participate in special activities, meetings, and conferences.
- ☐ Talk to your child about their daily experiences in child care.
- ☐ Arrange alternate care for their child when they are sick.
- ☐ Familiarize yourself with the child care standards used to license the child care facility.

## More information and free resources:

[MyFLFamilies.com/ChildCare](http://MyFLFamilies.com/ChildCare)



This child care facility is licensed according to the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).

License Number: \_\_\_\_\_

License Issued on \_\_\_\_/\_\_\_\_/\_\_\_\_

License Expires on \_\_\_\_/\_\_\_\_/\_\_\_\_

For more information regarding the compliance history of this child care provider, please visit:  
[MyFLFamilies.com/childcare](http://MyFLFamilies.com/childcare)



OFFICE OF CHILD CARE REGULATION  
AND BACKGROUND SCREENING  
[MYFLFAMILIES.COM](http://MYFLFAMILIES.COM)

To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

CFRPI 175-24, 03/2014

This brochure was created by the  
 Florida Department of Children and Families,  
 Office of Child Care Regulation and Background Screening  
 pursuant to s. 402.3125(5), F.S.,



# Know Your Child Care Facility

[MyFLFamilies.com/ChildCare](http://MyFLFamilies.com/ChildCare)

## General Requirements

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:

- ☐ Valid license posted for parents to see.
- ☐ All staff appropriately screened.
- ☐ Maintain appropriate transportation vehicles (if transportation is provided).
- ☐ Provide parents with written disciplinary practices used by the facility.
- ☐ Provide access to the facility during normal hours of operation.
- ☐ Maintain minimum staff-to-child ratios:

Age of Child	Child:Teacher Ratio
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

### Health Related Requirements

- ☐ Emergency procedures that include:
  - Posting Florida Abuse Hotline number along with other emergency numbers.
  - Staff trained in first aid and Infant/Child CPR on the premises at all times.
  - Fully stocked first aid kit.
  - A working fire extinguisher and documented monthly fire drills with children and staff.
- ☐ Medication and hazardous materials are inaccessible and out of children's reach.

### Training Requirements

- ☐ 40-hour introductory child care training.
- ☐ 10-hour in-service training annually.
- ☐ 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- ☐ Director Credential for all facility directors.

### Food and Nutrition

- ☐ Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

### Record Keeping

- ☐ Maintain accurate records that include:
  - Children's health exam/immunization record.
  - Medication records.
  - Enrollment information.
  - Personnel records.
  - Daily attendance.
  - Accidents and incidents.
  - Parental permission for field trips and administration of medications.

### Physical Environment

- ☐ Maintain sufficient usable indoor floor space for playing, working, and napping.
- ☐ Provide space that is clean and free of litter and other hazards.
- ☐ Maintain sufficient lighting and inside temperatures.
- ☐ Equipped with age and developmentally appropriate toys.
- ☐ Provide appropriate bathroom facilities and other furnishings.
- ☐ Provide isolation area for children who become ill.
- ☐ Practice proper hand washing, toileting, and diapering activities.

## Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, the following indicators should be considered:

### Quality Activities

- ☐ Are children initiated and teacher facilitated.
- ☐ Include social interchanges with all children.
- ☐ Are expressive including play, painting, drawing, story telling, music, dancing, and other varied activities.
- ☐ Include exercise and coordination development.
- ☐ Include free play and organized activities.
- ☐ Include opportunities for all children to read, be creative, explore, and problem-solve.

### Quality Caregivers

- ☐ Are friendly and eager to care for children.
- ☐ Accept family cultural and ethnic differences.
- ☐ Are warm, understanding, encouraging, and responsive to each child's individual needs.
- ☐ Use a pleasant tone of voice and frequently hold, cuddle, and talk to the children.
- ☐ Help children manage their behavior in a positive, constructive, and non-threatening manner.
- ☐ Allow children to play alone or in small groups.
- ☐ Are attentive to and interact with the children.
- ☐ Provide stimulating, interesting, and educational activities.
- ☐ Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- ☐ Communicate with parents.

### Quality Environments

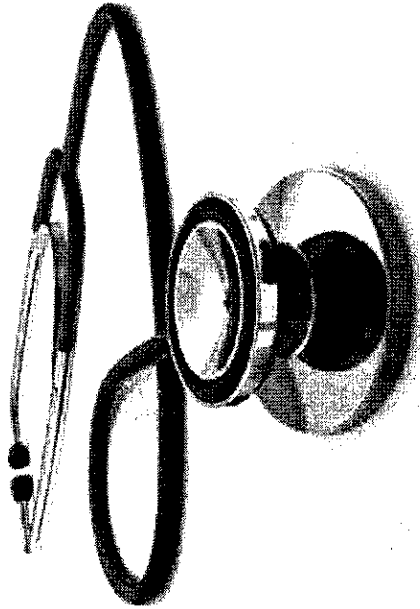
- ☐ Are clean, safe, inviting, comfortable, child-friendly.
- ☐ Provide easy access to age-appropriate toys.
- ☐ Display children's activities and creations.
- ☐ Provide a safe and secure environment that fosters the growing independence of all children.





## What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



## How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.

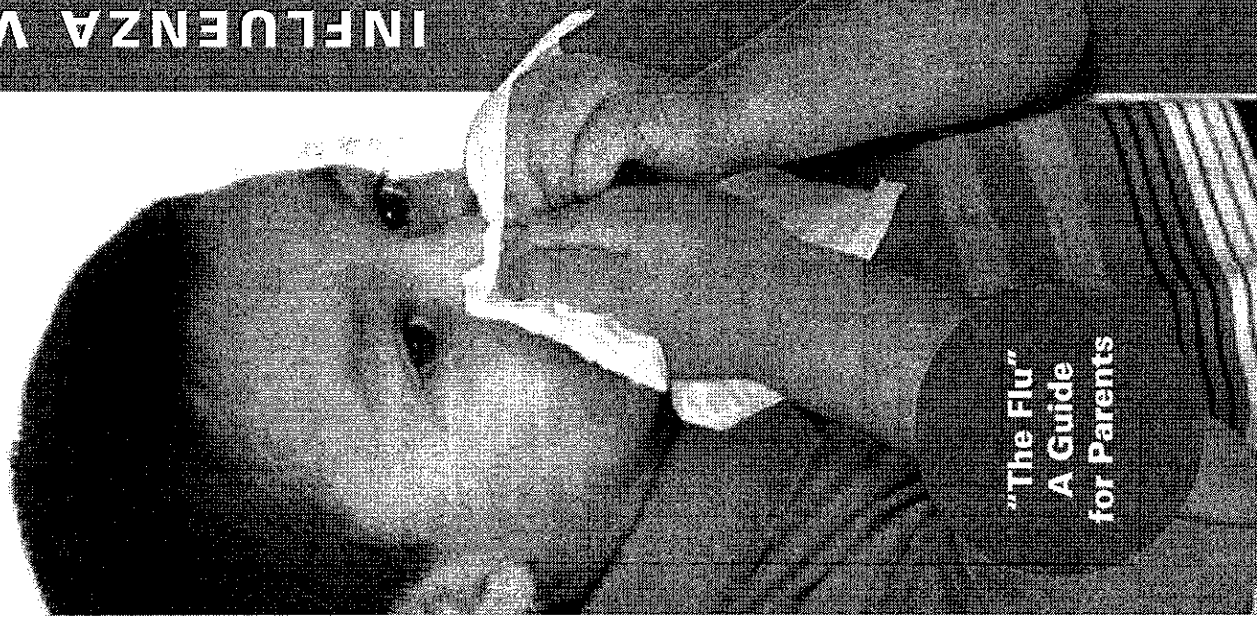


For additional information, please visit  
[www.myflorida.com/childcare](http://www.myflorida.com/childcare) or contact your  
local licensing office below:

CE/PI 175-70, June 2009

This brochure was created by the Department of Children and Families in consultation with the Department of Health.

INFLUENZA VIRUS



"The Flu"  
A Guide  
for Parents

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date Received: \_\_\_\_\_

Signature: \_\_\_\_\_

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.

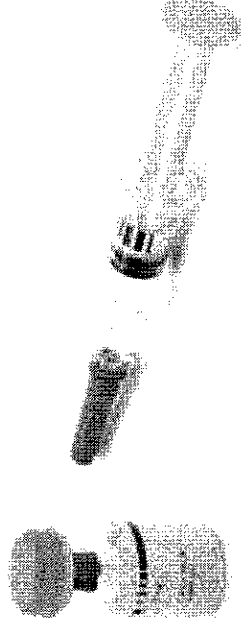


## What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

### CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

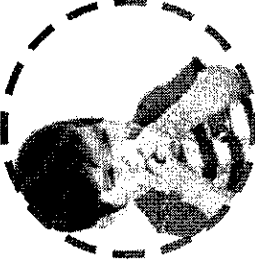
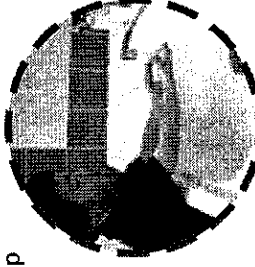
- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held or has seizures that are uncontrolled shaking
- Gets better but then worse again
- Has other conditions like heart or lung disease, diabetes, that get worse



## What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



## When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

## How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

## Drowning is the #1 Cause of Death Among Children Ages 1 to 4



### Facts You Need to Know About Drowning

- The main cause of drowning can be directly traced to an action or inaction by a parent or adult. Good people can make small mistakes that have tragic consequences.
- Most parents of a drowning victim say, "I can't believe this happened to my child." They never realized how quickly a drowning incident could become their reality.
- Most children pulled from the water during a drowning incident are wearing regular clothes - not a swim suit.

### Simple Steps Save Lives

#### Supervision

- Supervising your children means eyes on them, and giving your full attention.
- Do not rely on responsible behavior from an older child or other adults.

#### Extra Layers of Protection if Supervision Fails

- Install door alarms to alert the household should a child possibly leave the home unsupervised.
- Use an "isolation" fence to separate pool area from the house and rest of the backyard.
- Use self-closing gates that self-latch.
- Clear the area around the fence for objects children could use to climb over.
- Learn to swim: parents and child.

#### Be Aware of All Water Hazards

- These include bathtubs, garden ponds, swimming pools, buckets/containers of water, canals, lakes, and beaches.

#### Know How to Respond to an Emergency

- Learn CPR.
- Remove the child from the water immediately.
- Call 9-1-1, begin CPR.

#### Talk to Your Child

- "Don't go near a pool or other water without an adult."
- "If you see someone in trouble in the water, don't jump in to help! Run, get an adult."
- "If you fall into a pool, turn in the water, find the wall, and climb out or yell for help." Practice this technique in the pool.

#### Take Action Now and Think, "I know this could happen to my child, and I will do whatever it takes to prevent it."

- Enroll your child (and yourself) in swim lessons.
- Learn CPR with rescue breaths.

To learn about available coupons for swim lessons, location of swim classes and CPR training, visit: <http://www.watersmartbroward.org/>





### SWIM Central Water Safety Education Questionnaire

**Parents:** *Do you know that drowning is the leading cause of death among children?  
Complete this form to receive information to protect your child from drowning.*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Email (optional) \_\_\_\_\_

Information is for the use of the Broward County Swim Central program only.

1. How would you rate your own swimming ability?

- ☐ Unable to swim
- ☐ Can swim a little, but NOT comfortable in deep water
- ☐ Able to swim for an extended period of time in deep water

2. Has your child ever received formal swimming lessons?

- ☐ Yes
- ☐ No, check all the reasons below that apply:
  - ☐ Do not know how to find information about swim lessons
  - ☐ Transportation problems
  - ☐ Swim lessons are not important
  - ☐ Lessons are too expensive
  - ☐ Schedule of lessons not convenient
  - ☐ Equipment such as swim suit, towel, goggles too expensive

3. Do you or a family member know how to perform CPR with rescue breaths?

- ☐ Yes
- ☐ No

4. Has your child's doctor talked to you about drowning prevention and water safety?

- ☐ Yes
- ☐ No

5. Would you redeem a \$40 coupon to apply to the cost of swim lessons for your child?

- ☐ Yes, visit <http://www.watersmartbroward.org/swim-instruction/> for details.
- ☐ No

#### FOR OFFICE USE ONLY:

Broward Ordinance 2004, Section 7-8 requires parents to complete SWIM Central questionnaire and for **Child Care Facilities** to mail or fax a copy to SWIM Central. Also required is a copy of this form to be placed each child's file to be monitored by the staff of the local licensing agency.

Facility Name: Lighthouse Point Preschool Facility License #: 50049

Documentation of the original form via fax or mail is required, indicate below:

Date form faxed: \_\_\_\_\_ or, date mailed: \_\_\_\_\_

Fax: 954.357.8077

SWIM Central  
3700 NW 11<sup>th</sup> Place  
Lauderhill, FL 33311

Form and educational handout for parent distribution can be downloaded:

<http://www.watersmartbroward.org/resources/brochures-handouts/>

### **Children's Physical Activity Policy**

ABC Workshop has for each age group or classes a written and followed plan of scheduled daily activities. The plan shall be posted in a conspicuous location accessible to parents. The written plan must meet the needs of the children being served, and must include alternate activities in case of inclement weather, and include scheduled activities that:

1.) The written plan must meet the needs of the children being served, and must include alternate activities in case of inclement weather and include scheduled activities that promote emotional, social, intellectual and physical growth.

2.) Planned activities for children one (1) year of age and up to enrollment in kindergarten shall include a minimum of forty (40) minutes of combined indoor and outdoor physical activity for every three and one-half (3.5) hours in care, excluding quiet or nap times.

3.) Planned activities for school-age children (kindergarten through 5th grade) enrolled in after school child care programs shall include a minimum of forty (40) minutes of outdoor physical activity for every three (3) hours in care.

4.) These activities may include but are not limited to playground equipment, ball games, teacher lead small group games, and teacher directed large group games. In the event of inclement weather a rainy day activity schedule shall be followed.

5.) The children's clothing and shoes must be appropriate for the activity scheduled; i.e. sneakers or closed toe shoes, jackets, short pants, etc.

Parent/guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Director's signature \_\_\_\_\_ Date \_\_\_\_\_

## **ABC WORKSHOP OF LIGHTHOUSE POINT**

### **ACKNOWLEDGE FORM-COVID-19 PREVENTION GUIDELINES**

Dear parent(s) of: \_\_\_\_\_

You can help to protect you family from COVI-19 by practicing and promoting healthy habits. If an outbreak occurs in your community, your Child Care Center may dismiss students to prevent further spread of the virus.

ABC Workshop is advised to ensure adequate supplies are available to support healthy hygiene practices, and routinely clean and disinfect objects and surfaces that are frequently touched.

#### **Practice and reinforce good prevention habits with your family**

- Avoid close contact with people who are sick.
- Cover you cough or sneeze with a tissue, then throw the tissue in the trash.
- Children, families, and staff should not touch their eyes, nose, and mouth with unwashed hands.
- Children should wash hands often with soap and water for at least 20 seconds, especially when they arrive at the child care, enter the classroom, before meals or snacks, after outside time, after going to the bathroom, after blowing or sneezing, and before leaving to go home.

#### **Keep you child at home if sick with any illness**

- If your child is sick, keep them at home and contact your healthcare provider. Talk with teacher about assignments and activities they can do from home to keep up with their schoolwork.

#### **Drop-Off and Pick-Up**

- Parents must wear a face mask and stay outside the entrance area.
- Face covering are not mandatory for children, if provide it by parents, it should be clean, not the same worn outside. Children may not wear mask for nap time neither young children younger than 2 years of age in order to avoid suffocation.
- Smalls groups should take turns with drop-off and pick-up times. This will help with social distancing outside the facility or in front of the facility.
- If possible, we will place sign-in station outside, and

- Parents should use their own pen when signing in.
- We suggest to families to have the same adult drop off and pick up the child each day.
- Infants could be transported in their car seats. We store car seat out of children's reach.
- Ideally, the same parent or designated person should drop off a pick up the child every day. If possible, older people such a grandparents or those with serious underlying medical conditions should not pick up children, because they are more at risk for severe illness from COVID-19.

### Health Screening at Entry

We will check for signs of being sick for all staff and children at entry each day. We Implementing screening procedures upon arrival to ensure that child(ren) who have a fever or other signs of illness are not admitted to the facility.

- We ask parent to take the child's temperature at home, and we will do it at the facility in front of you, but at least 6 feet away. At drop-off and pick-up times with the child's family, we keep at least a 6 foot distance.

We will ask the parents if the child has any of the following since the last time they were in care:

- A fever of 100 F or higher or a sense of having a fever?
- A cough that you cannot connect to another health problem?
- Shortness of breath that you cannot connect to another health problem?
- A sore throat that you cannot connect to another health problem?
- Muscle aches that you cannot connect to another health problem or another activity such as physical exercise?
- Does anyone in your household have any of the above signs right now?
- Has your child been close with anyone suspected or confirmed with COVID-19?
- Has your child had any medication to reduce a fever before coming to ABC Workshop today?

Child Care rules still do not allow providers to care for children who have other signs of being sick such as diarrhea and vomiting.

Do not care for the child if the answer to any of the above questions is "yes".

If the answer to all the above questions is "no", we will check the child for signs of being sick, such as flushed cheeks, tiredness, and extreme fussiness.

**IMPORTANT NOTE:** All previous questions must be considered on a daily basis and any changes must be immediately reported to the Front Office.

### **Temperature Check**

The parent should take the child's temperature before coming to ABC Workshop of LHP, and we will do it at the entrance of the facility. The child care provider should stay at least 6 feet away from the parent. We use a clean thermometer, clean the thermometer with 70% alcohol after each use. Child care provider doing the health and temperature screening will use proper hand hygiene and wear gloves.

### **What to do if your child develop symptoms?**

If a child develops signs, such as fever of 100.0 or higher, cough or shortness of breath while at the facility, we will place the child in a room away from the other children until the sick child can leave the facility. A child who has signs of suspected or confirmed COVID-19 can return to the child care facility when:

- At least 3 days (72 hours) have passed since recovery – defined as no fever without the use of medication and improvement in respiratory signs like cough and shortness of breath;
- At least 10 days have passed since signs first showed up.

If a person believes they have close contact to someone with COVID-19, but they are not sick, they should watch their health for signs of fever, cough, and shortness of breath during 14 days after the last day they were in close contact with the sick person with COVID-19. They should not go to work, child care, or public places for 14 days.

### **Cleaning and disinfecting procedures**

**At ABC Workshop of Lighthouse Point Preschool:** we clean, sanitize, and disinfect throughout the day. Following licensing guidance, but increase how often we clean.

- Cleaning removes germs, dirt, food, body fluids, and other materials. Cleaning increases the benefit of sanitizing or disinfecting.
- Sanitizing reduces germs on surfaces to levels that are safe.
- Disinfecting kills germs on surfaces of a clean object.



These new procedures are being set in place for the safety of all teachers, staff, children and families.

I acknowledge that I have read, understand, and will abide by the procedures and instructions.

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Name of Parent

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Date

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Signature of Parent

**Credit Card Authorization Form**

For Weekly Tuition

**CARDHOLDER INFORMATION**

Name: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

Street Address (cont.): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

Direct Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

TUITION: CHILD'S NAME \_\_\_\_\_

☐ I authorize a one-time charge against my credit card for the follow amount \$ \_\_\_\_\_

☐ I authorize a recurring charge against my credit card for the following amount

\$ \_\_\_\_\_ once every \_\_\_\_\_ day(s)/week(s)/month(s)/year(s) beginning

\_\_\_\_/\_\_\_\_/\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

**CREDIT CARD INFORMATION**

Credit Card Type: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover Card

Number: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Security Code: \_\_\_\_\_

Form Version: 2012-1

IN ADDITION TO THE  
ENCLOSED PAPERWORK,  
PLEASE DO NOT FORGET:

**VACCINATION RECORD:**  
**FORM #680**

**GOOD HEALTH CERTIFICATE**  
**FORM # 3040**

THESE FORMS CAN BE  
OBTAINED FROM YOUR  
CHILD'S PEDIATRICIAN

WE MUST HAVE THESE FORMS  
BY YOUR CHILD'S FIRST DAY  
OF SCHOOL

