

MIRAMARVELS EARLY CHILDHOOD ACADEMY
CHILDREN'S FILE CHECKLIST

- _____ #1 Enrollment Form, or its equivalent with date of birth, date of enrollment, and parent/guardian signature included
- _____ Password
- _____ Authorization of Emergency Medical Treatment (notarized)
- _____ Alternate Nutrition Plan (if applicable)
- _____ Discipline Policy signed by parent/guardian
- _____ Expulsion Policy signed by parent/guardian
- _____ Hours of Operation signed by parent/guardian
- _____ Swim Central Signed Statement (with date faxed or mailed)
- _____ "Know Your Child Care Facility": signed statement that parent/guardian has received the brochure
- _____ Immunization Record Form #680 with expiration date & signature/stamp
- _____ Statement of Good Health Form #3040 (good for 2 years)
- _____ Influenza brochure signed by parent/guardian annually in August
- _____ Food Activity Permission Form
- _____ Physical Activity Participation Form
- _____ Parental/guardian consent for child care personnel to have access to child's records.
- _____ Accident/Incident Reports #4 (if applicable)
- _____ Field Trip Permission Slips (if applicable)
- _____ #5 Authorization for Medication (if applicable)
- _____ Safe Sleep Policy – signed by infant parents/guardians (if applicable)
- _____ Distracted Adult Flyer signed 2 times per year in August & January

Miramarvels Early Childhood Academy

Child Care Application for Enrollment #1/ SY 2020-2021

Student information:

Password: _____

Name: _____

First Last Middle Nickname

Date of Birth: _____ Sex: (circle) Male or Female

Start Date: _____ Hours of Attendance: _____ to _____

Family Information:

Child lives with: (circle) Mother Father Both Other: _____

Custody: (circle) Mother Father Both Other: _____

Name of registering parent: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email Address: _____

Employer: _____ Work Phone: _____

Name of other parent: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email Address: _____

Employer: _____ Work Phone: _____

Medical Information: I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____

Address: _____

Phone: _____

Dentist: _____

Address: _____

Phone: _____

Please list allergies, special medical or dietary needs* or other areas of concern:

*A letter from a Doctor is required for all alternative dietary needs and medical requirements. Additional paperwork may be required.

Contacts: Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name: _____ Relationship to child: _____
Address: _____
Phone: _____

Name: _____ Relationship to child: _____
Address: _____
Phone: _____

Name: _____ Relationship to child: _____
Address: _____
Phone: _____

Name: _____ Relationship to child: _____
Address: _____
Phone: _____

- By signing below, you verify that all information on this enrollment form is complete and accurate. In the event of a change of name, address, or phone number, you agree to notify the office promptly.
- By signing below, you verify receipt of the Early Childhood Parent Handbook and understand the rules, policies and procedures that govern our program. This information includes the termination/expulsion policy, the discipline policy and your financial agreement.
- By signing below, you acknowledge and agree that personnel at your child's school will have access to your child's records. All records and files maintained by the school are confidential and remain the property of the City of Miramar.
- The information requested on the Free and Reduced-Price Meal Application is necessary so that the center may receive reimbursement for meals served to your child. Free and Reduced price Meal Applications will be placed in our files and treated as confidential information.
- By signing below, you verify that you have received these flyers and brochures. Section 402.3125 (5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), the flyer "Influenza Virus, The Flu: A Guide to Parents", the "Distracted Adult" flyer, and "Rilya Wilson Act" flyer.

Parent/Guardian's Signature: _____ Date _____

Parent/Guardian's Signature: _____ Date _____

AUTHORIZATION FOR EMERGENCY TREATMENT

I/We, _____, being the parent, legal guardian or custodian of _____, hereby give my consent to the City of Miramar to administer necessary treatment to my child in the event of an emergency at which time I cannot be reached. I further give consent for my child to be transported by ambulance and for hospital to administer necessary treatment if the situation warrants it.

Name of Child's Physician: _____ **Phone:** _____

Allergies: _____

Date of Last DPT or Tetanus: _____

Parent Signature: _____ Date: _____

For Notary Use

IN WITNESS WHEREOF, we have hereunto set our hands and seal this _____ day of _____, 20____.

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized to take acknowledgements in the State and County aforesaid, personally appeared _____ who is/are personally known to me or who have produced her/his/their driver license(s) and who executed the foregoing informed Consent Form and he/she/they acknowledged before me that he/she/they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this _____ day of _____, 20____.

Signature of NOTARY PUBLIC, State of Florida

Print Name of Notary as Commissioned

My Commission Expires: _____

**Miramarvels Early Childhood Academy
Rules of Conduct / Discipline Policy**

Children of all ages in Miramarvels Early Childhood Academy are disciplined in the same manner. The following policy will govern the types of discipline to be administered in the event a child becomes unruly or his/her actions interfere with the classroom or outdoor functions of the program.

1. Teachers discipline children by using positive redirection. Positive discipline teaches children where limits are set, how to maintain control of their bodies, and how to problem solve in the event of conflict.
2. A child shall not be subjected to severe, humiliating or frightening discipline.
3. Behavior modification shall not be associated with food, rest or toileting.
4. Children may not be denied active play as a consequence of misbehavior.
5. A record shall be kept on file in the office for any major or constantly recurring misbehavior.
6. If necessary, the misbehavior will be discussed with the parents.
7. Spanking or any form of physical punishment is prohibited.
8. If the misbehavior continues or escalates to where we can no longer guarantee the safety of your child or others, the following procedures will be implemented:
 - a) Meeting with the parent(s) to discuss a positive behavior improvement plan.
 - b) Dismissal action will be used only as a last resort.
 - c) Parent(s) will be given a written notification of the reason(s) for dismissal.
9. Weapons – A weapon includes firearms, explosives, knives and other sharp objects intended for harm.
 - a. It is illegal and strictly prohibited for any child or adult to possess or bring any weapon of any kind into a program facility.
 - b. Possession of a weapon shall be defined as knowingly, intentionally, deliberately, or inadvertently (without meaning to do it) bringing a weapon onto City property, program facilities, or any program sponsored activity.
 - c. City of Miramar Police Department will be notified.
 - d. Parents will be immediately notified and the child placed under constant supervision from the site supervisor, or designee.
 - e. Immediate expulsion from all Miramarvels Early Childhood Academy preschool programs will be taken.
10. Policy and Procedures
 - a. The City of Miramar reserves the right to dismiss any participant or family who does not comply with the policies and procedures of the Early Childhood Program.

Child's Name: _____

Parent's Signature: _____ Date _____

Site Supervisor Signature: _____ Date _____



Board of County Commissioners, Broward County, Florida
HUMAN SERVICES DEPARTMENT
Community Partnerships Division
Child Care Licensing and Enforcement Section

ALTERNATE NUTRITION PLAN

Name of Child Care Provider: Miramarmels Early Childhood Academy

Address: Silver Shores, 15700 Pembroke Road, Miramar, Florida 33027
Sunset Lakes, 2801 SW 186th Avenue, Miramar, Florida 33029
Fairway, 3700 Largo Drive, Miramar, FL 33023

Dear Parent:

In accordance with the Broward County Ordinances, parents/guardians and Child Care Providers are urged to work cooperatively to assure that children are provided with nutritious snacks and meals when they are not offered by the Provider.

The **Provider** agrees to offer a nutritious:

(Operator/Director checks those which apply)

 XXX **Breakfast**
 XXX **Lunch**
 XXX **Mid-afternoon snack**

The **parent** agrees to provide a nutritious:

 XXX **Dinner**

I have read the preceding and agree to meet the child's nutritional needs as defined above.

Early Childhood Program - Operator/Director Name **Print** **Signature**

Parent's Name **Print** **Signature**

Date

Miramarvels Early Childhood Academy
Authorization for Field Trip

I/WE, the undersigned, hereby grant my/our child:

(Child's full name)

permission to travel on Early Childhood Academy sponsored trip to:

- Fairway, 3700 Largo Drive, Miramar 33023
- Silver Shores, 15700 Pembroke Road, Miramar 33027
- Silver Lakes Elementary, 2300 SW 173rd Ave, Miramar, 33029
- Sunset Lakes, 2801 SW 186th Avenue, Miramar 33029

Activities Include: Outdoor recreational courts & fields, playground areas, indoor courts, classrooms and facilities.

Departure: 7:00 a.m. August 19, 2020

Return at about: 6:00 p.m. August 20, 2021

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

FINANCIAL AGREEMENT

Payments: Registration, payments and fees are non-refundable and non-transferable.

- * All Preschool payments are due weekly, before your child enters the center on Monday morning.
- * Afterschool payments are due in accordance with the payment schedule.
- * Payment schedule is not adjusted for Holidays or children absences.
- * Payments are due as scheduled, unless previous written arrangements have been made and approved by the Child Care Superintendent. Failure to make payment will result in your child being withdrawn from the program.
- * Payments are non-refundable and due in full at the time of registration.
- * **ACCEPTABLE FORMS OF PAYMENT ARE:** CHECK, MONEY ORDER, VISA, MASTERCARD, OR AMERICAN EXPRESS. NO CASH WILL BE ACCEPTED.
- * VPK Silver Lakes Elementary location must pay by check or money order.

Registration Fees: required at the time of registration

- * Preschool registration \$100 per school year.
- * Afterschool registration \$50 per school year.
- * Summer Camp registration \$25 per summer.
- * Registration fees will be prorated based on time of enrollment.
- * Re-enrollment fee will be based on the current registration fee.

Preschool Payments:

- * Full time weekly: Infants \$200, Wobblers \$185, Toddlers \$175, 2-Year-Olds \$155, 3/4-Year-Olds \$145, VPK \$105
- * Part Time rates are available, see Site Supervisor for availability and pricing.

VPK Extended Care Fees:

- * Registration \$100 per school year.
- * Full Time Extended Care: 7:30 a.m. to 6:00 p.m. / \$105 per week
- * Part Time Extended Care: 7:30 a.m. to 2:00 p.m. / \$80 per week
- * Part Time Extended Care: 7:30 a.m. to 9:00 a.m. or 12:30 p.m. to 2:00 p.m. / \$40 per week
- * VPK Graduate Summer Camp is \$125 per week.

Afterschool Payment Schedule:

- * 10 payments of \$160 per pay period, scheduled on following dates: August 19th, September 15th, October 12th, November 9th, December 11th, January 22nd, February 19th, March 16th, April 20th, May 14th

Teacher Planning Day, Spring Camp, Winter Camp:

- * Teacher Planning Days are \$30 each day
- * Winter & Spring Camp are \$30 per day
- * Spaces are limited. To ensure your child's place, payments are due in full at time of registration.

Late Pick-up Fee: A fee of \$1 per minute, per child will be charged for a late pick-up after the program closes, including part-time VPK dismissal and part-time preschool dismissal.

School Readiness: Refer to your School Readiness agreement for complete policies.

- * The funding agency will determine your Authorization for Care.
- * Children receiving funding are allowed three unexcused absences per calendar month, or seven excused absences. Fees will be assessed for days not paid by school readiness funding.

Returned Checks:

- * A fee will be assessed by our finance department for any returned checks.
- * A money order for the exact amount of the original check and the returned check fee is due within 3 calendar days of notice in order for your child to continue attending the program.
- * After 1 returned check on a child's account, all further payments must be paid by Credit Card or Money Order.

Withdrawal From Program: Written notification of withdrawal is required two weeks in advance. All applicable fees will be assessed if written notification is not received. Re-enrollment fees will apply if the child returns to the program after official withdrawal.

Non Resident Rates: An additional 20% will be added to all program fees for Non-residents.

Parent's Signature

Date

Physical Activity Participation

In compliance with the updated 2019 Child Care Ordinance the requirements listed below will be met at all Miramarvels Early Childhood Academy sites.

- Planned indoor and outdoor physical activity requirements for preschool aged children ages one (1) year and up to enrollment in kindergarten shall include a minimum of forty (40) minutes of combined indoor and outdoor physical activity for every 3.5 hours in care.
- Forty minutes of outdoor physical activity for every 3.5 hours in care is required for elementary school aged children.
- Children will not be prohibited from participating, or required to participate in, any physical activity as a method of punishment.
- Physical activities include but are not limited to: bike riding/ jump rope/ organized ball games/ playground equipment usage/free play/dance

Appropriate dress is required for children at all times. Children should be dressed in weather appropriate play clothes. Please remember that sneakers or rubber soled shoes provide both comfort and safety. Open toed sandals, shoes or "Crocs" are not acceptable.



By your signature you acknowledge this policy and the City of Miramar Early Childhood Academy's requirements and responsibilities.

Child's Name: _____

Parent's Signature: _____

Date: _____

CITY OF MIRAMAR WEBSITE RELEASE FORM FOR MODELS

<http://www.ci.miramar.fl.us>

I, the undersigned, do hereby give the City of Miramar, Florida ("City"), through its agents, licensees, legal representatives, successors and assignees, including any person acting under its permission and authority, the unqualified, irrevocable right, privilege and permission to use or reproduce my picture, portrait or photograph in all forms and media and in all manners, including composite or distorted representations for advertising, trade, or any other lawful purpose; including unrestricted use for purposes of publicity or promotion; to copyright or otherwise legally register the same in the name of the city or its agents, licensees, legal representatives, successors and assignees, if deemed desirable, in the sole discretion of the City; and to use my name, (or fictional name), likeness, biographic or other information concerning me in connection thereto. I waive any right to inspect or approve the finished version(s), including written copy that may be created in connection therewith.

I hereby grant, assign and transfer to the City or its agents, licensees, legal representatives, successors and assignees all my rights and interests therein. I for myself, my heirs, successors, executors, administrators and assignees, hereby remise, release and discharge the City, its agents, licensees, legal representatives, successors and assignees for and from any and all claims of any kind whatsoever on account of use of such photographs of me, including but not limited to any and all claims for damages for libel, slander and invasion of the right to privacy.

I further acknowledge that I am not to receive any financial benefits from the use of my photo in connection hereto.

I have fully read, understood and agree to each and every term contained in this Release.

Check the applicable box:

- I am eighteen (18) years or more of age, of sound mind and have read and understand this authorization and release.
- The subject child is a minor and as the parent or legal guardian I consent to the authorization on behalf of the child.

Date: _____

Signature: _____

Print Name: _____

Address: _____

Witness #1

Date: _____

Signature: _____

Print Name: _____

Address: _____

Witness #2

Date: _____

Signature: _____

Print Name: _____

Address: _____

**City of Miramar
Community Services Department
Early Childhood Program**

**Parent Acknowledgement –
Records Access for School Personnel**

I acknowledge and agree that personnel at my child's school shall have my permission to have access to my child's records.

I further understand that all Center records and information regarding students and families are to be kept confidential and divulged only to individuals within the Center with both a need to receive and authorization to receive the information.

All records and files maintained by the Center are confidential and remain the property of the City of Miramar. Employees must not disclose any confidential information which includes but is not limited to: financial records, identity information of any student, parent, current or former, or documents of any kind.

Child care professionals respect enrolled children's and family's privacy. All information concerning children and their families shared in this Center and in their respective classroom is of a very sensitive nature and should be respected as such. It is mandatory to keep ALL information discussed in classrooms and the Center related to any child in care totally confidential. It is also mandatory to keep all personal and sensitive information disclosed by adults completely confidential and to report only pertinent information to appropriate early child care professionals assisting the family.

Child's name: _____
(please print)

Parent/Guardian Name (Print)

Parent/Guardian Name (Signature)

Date _____

City of Miramar
Community Services Department
Early Childhood Program

**Authorization for Food-Related Activities
& Special Occasion Food Consumption**

There will be multiple opportunities throughout the school year that your child will engage, explore, and learn in food-related experiences. These activities may include, but are not limited to: classroom and curriculum cooking projects, parent-involvement, gardening, school-wide celebrations, cultural celebrations, and birthday parties. This consent form will serve as permission for the entire school year.

Child's name: _____

Please check one of the following:

_____ My child **DOES NOT** have a food allergies or dietary restrictions.
He or she **may** participate in **ALL** food-related activities.

_____ My child **DOES NOT** have a food allergies or dietary restrictions.
He or she **may not** participate in activities.

_____ My child **DOES** have a food allergy and/or dietary restrictions.
He or she **may** participate in activities, but **may not** eat or handle the following items (please print): _____

_____ My child **DOES** have a food allergy or dietary restrictions.
He or she **may not** participate in activities.

I understand and acknowledge that it is my responsibility to update this form if my decision for permission changes. I agree that this form will remain in effect during the term of my child's 2018-2019 school-year enrollment.

Parent/Guardian Name (Print)

Parent/Guardian Name (Signature)

Date

Miramarvels Early Childhood Academy

Authorization for Food Related Activities

I/WE, the undersigned, hereby grant my/our child:

(child's full name)

permission to participate in a food – related activities that will be a part of the Miramarvels Early Childhood Academy curriculum. These items are not part of the Child Care Food Program and will be purchased from an established source.

The items that may be served during activities this summer include:

- Cupcakes
- Ice cream
- Juice
- Chips
- Cookies
- Pretzels
- Cheese Pizza
- Candy (NO PEANUTS)
- Brownies
- Fruit
- Muffin

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Part One
Student File



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) _____

Your information is for the use of the Broward County Swim Central Program.

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
 - Swim lessons are not important
 - Schedule of lessons not convenient
 - Equipment such as swim suit, towel, goggles too expensive
 - Transportation problems
 - Lessons are too expensive
 - We are too busy

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 [Water SMART Broward Swim Instruction](#) for details.
 - No

PART ONE FOR OFFICE USE ONLY:

Broward Ordinance 2004, Section 7-8 requires parents/guardians 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 in each child's file to be monitored by the staff of the local licensing agency.

Facility Name: _____ Facility License #: _____

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 11th Place
Lauderhill, FL 33311

Form and educational handout for parent distribution can be downloaded: [Water SMART Broward](#)

CITY OF MIRAMAR
Community Services Department
Early Childhood



Policies and Procedures	Issued: Revised:
Subject: Providing Infants a Safe Sleep Environment in the Child Care Center's Infant Rooms	Approved: <u>Darci Trachtenberg, Early Childhood Superintendent</u> Department Director/Designee

Purpose: To establish a policy regarding safe sleep practices in the Early Childhood center's infant care rooms.

Policy: All personnel that care for infants must follow safe sleep practices as recommended by the American Academy of Pediatrics as referenced in "Caring for Our Children Basics Health and Safety Foundations for Early Care and Education", which is incorporated into the Child Care Standards by reference 65C-22.001(7)(v), F.A.C.

Procedure: Children up to one year of age must be in a crib or playpen/play yard with sides for napping. Crib sides must be secured while there is an infant in the crib. Crib bar spacing must not exceed two and three-eighths inches and cribs or playpen/play yards must meet the regulations as outline in the Code of Federal Regulations 2014. Cribs must be placed away from window blinds or draperies.

Cribs or playpen/play yards must have tight fitted sheets and no excess bedding, which includes but is not limited to: bumper pads, hanging mobiles, quilts, comforters, pillows, stuffed animals and cushions. Children must not be placed in cribs or playpen/play yards with any item that could pose a strangulation or suffocation risk.

While napping or sleeping, young infants who are not able to roll over must be positioned on their backs and on a firm surface to reduce the risk of Sudden Infant Death Syndrome, unless an alternate position is authorized by a physician. Written documentation of this authorization must be on file with the facility. Documentation must include the child's name, child's date of birth, description of sleep position required, description of any equipment needed and length of time the authorization is valid.

Parent Signature: _____ Date: _____



Child Care Food Program Medical Statement for Children with Disabilities

Child's Name: _____

Date: _____

Name and Address of Child Care Center: _____

Dear Parent/Guardian and Recognized Medical Authority:

Child care providers must make reasonable modifications to meals to accommodate disabilities which restrict a child's diet. A disability means any person who has a physical or mental impairment which substantially limits one or more "major life activities." "Major life activities" include eating, digestion, and feeding skills. A physical or mental impairment does not need to be life threatening to constitute a disability. Examples of a disability may include diabetes, food allergy/intolerance, developmental delay, or autism.

When substitutions are made and the meal pattern is not met, a medical statement is required and must be signed by a physician, physician's assistant (PA), or nurse practitioner (ARNP). Please return this completed form to the child care center. If you have any questions, please contact me at _____.

Sincerely, _____
Child Care Center Phone _____ Child Care Center Director _____

A recognized medical authority must complete the following information.

State and describe the disability.

How does the disability restrict the diet?

List any food(s) to be omitted from the child's diet.

List any food(s) to be substituted.

Describe any textural modification or adaptive equipment required.

Signature of Physician or Recognized Medical Authority
(For a disability – a physician, PA, or ARNP must sign)

Date

Printed Name

Phone Number

Parent must complete the following information.

This facility has not requested or required me to provide special food for my child.

Parent Signature: _____ Date: _____

Printed Name of Parent: _____