

Miramarvels Early Childhood Academy
Child Care Application for Enrollment #1/ SY 2020-2021
Select School Location: _____

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 _____

MIRAMARVELS EARLY CHILDHOOD ACADEMY
COVID-19
PROGRAM ATTENDANCE
ACKNOWLEDGMENT AND DISCLOSURE

Name of Center Location: _____

Please read and initial each statement below.

1. _____ I understand that during this COVID-19 Public Health Emergency, I will NOT be permitted to enter the facility beyond the designated drop-off and pick-up area. I understand that this procedure change is for the safety of all persons present in the facility and to limit, to the extent possible, everyone's risk of exposure. I understand that it is my responsibility to update and inform any Emergency Contact persons of the information contained herein.

2. _____ I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area, I MUST wash/sanitize my hands before entering, and wear a mask. While in the facility I must practice social distancing and remain 6feet from all other people, except for my own child.

3. _____ I understand that to enter the facility, my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear, my child will be separated from the rest of the group and placed with a Supervisor or designated person in charge. I will be contacted, and my child MUST be picked up from the facility within 30 minutes of being notified.

Symptoms include,

- fever of 100.4 degrees Fahrenheit or higher
- dry cough
- Shortness of breath
- Chills
- Loss of taste or smell
- Sore throat
- Muscle aches

These symptoms typically appear 2-7 days after being infected so please take them seriously. While we understand that many of these symptoms can also be related to non-COVID-19 issues, we must proceed with an abundance of caution during this public health emergency. Your child must be cleared by a doctor and may return to the facility with a doctor's note specifically notifying the center that your child is not contagious and presents no symptoms.

4. _____ I understand that my child's temperature will be taken every 2 hours throughout the day while on facility premises.

5. _____ I understand that my child will be required to wash their using CDC recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.

6. _____ In order to control my child's exposure in the community, I will comply with any and all state, county or local stay-at-home orders, will limit my child's contact outside of care to persons living in my household. I will only take my child out to public places when it is absolutely necessary and then only to

shop for essential items like food, medicines and toiletries and will follow any recommendations from the CDC that limits my child's risk for exposure including wearing a mask in all public areas and remaining 6ft from all other people.

7. _____ My child and I WILL NOT gather with anyone that does not live in our household. I will only have contact with persons at my place of employment, and there I will practice all recommended social distancing and exposure limiting practices recommended by the CDC. My child and I WILL NOT go to any gym, movie theater, nail or hair salon, park, beach, or other community location that is not for the purpose of getting food, medicines, toiletries or other life sustaining necessities until such time as it is determined by state and local health officials that the COVID-19 Public Health Emergency is over.
8. _____ I will immediately notify Miramarvels Academy management if I become aware of any person with whom my child or I have had contact that exhibits any of the symptoms listed in Number 3 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify Miramarvels Academy management if anyone from my place of employment is presumed positive or tests positive for COVID-19 whether or not I have had direct contact with that person.
9. _____ I understand that while present in the facility each day, my child will be in contact with children, families and other employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein. I also acknowledge that Miramarvels Academy has established certain protocols to reduce the spread of COVID-19, however, Miramarvels Academy cannot guarantee that I or my child(ren) will not become infected with COVID-19. Further, attending any program may increase my or my child(ren)s risk of contracting COVID-19. I agree not to pursue any legal action against the City of Miramar if I or my child contracts COVID-19 on City property.
10. _____ By signing this agreement, I knowingly acknowledge the contagious nature of COVID-19 and voluntarily assume the risk of exposing myself and my child(ren) to the risk of becoming infected with COVID-19, which may result in serious personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, negligence and failures to act of myself and others, including, but not limited to Miramarvels Academy and/or its past, present, and future officers, agents, employees, and volunteers (referred herein as "Releasees") whether a COVID-19 infection occurs before, during, or after my or my child(ren)'s participation in Miramarvels Academy activities.
11. _____ I understand that I will NOT hold liable the City of Miramar, Miramarvels Academy, or any representatives for any personal electronic devices, e.g., cellphones, tablets, laptops, etc. and that these items will be the responsibility of my child. I understand that any personal objects from home, e.g., toys, pillows, stuffed animals, etc. will not be allowed into the facility. I understand that any personal napping items such as blankets and sheets will be sent home daily to be laundered and disinfected for use the following day. I understand I will provide my child with two changes of clothing for ages 3-5 years old and three changes of clothing ages infants-2 years old to be maintained daily.

I, _____ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by Miramarvels Academy will result in suspension up to and including termination from the program if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

Child's Name (please print):

DOB

Parent's Name (please print):

Parent Signature

Date

Parent's Name (please print):

Parent Signature

Date

Site Supervisor/Witness

Date

**CITY OF MIRAMAR
RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT**

INSTRUCTIONS: Complete one for each participant.

DESCRIPTION OF ACTIVITY: Miramarvels Early Childhood Academy – School Year

DATE OF ACTIVITY: August 17, 2020 through August 20, 2021

PARTICIPANT'S NAME: _____

ADDRESS: _____ CITY _____ ZIP _____

HOME TELEPHONE # _____ WORK TELEPHONE # _____

EMERGENCY CONTACT _____ HOME # _____ WORK# _____

PHYSICIAN'S NAME _____ PHONE # _____

The undersigned agrees that the City of Miramar and its officers, agents and employees will not be held liable for injuries or other loss which may occur as a result of my participation in the above activity, and that the undersigned voluntarily assumes the risk of any loss, injury or damage to person or property, which in any way arises out of participation in said activity.

Further, the undersigned **WAIVES ANY CLAIM** against the City of Miramar and its officers, agents and employees arising from loss, injury or damage and does **COVENANT NOT TO SUE** the City of Miramar and its officers, agents and employees.

Further, the undersigned agrees to **RELEASE, IDEMNIFY, AND HOLD HARMLESS** the City of Miramar and its officers, agents and employees from any and all claims, actions, demands, rights, judgments or expenses arising from or by reason of any and all known or unknown damages, claims or actions arising from participation in the above-described activity.

This indemnification and hold harmless shall continue notwithstanding any negligence or comparative negligence on the part of the City of Miramar relating to such loss, injury or damage.

I hereby give permission for the City of Miramar and its officers, agents and employees to call my physician and/or arrange for transportation to a hospital in the event of any injury, although I understand that the City of Miramar and its officers, agents and employees assume no responsibility to do so. I accept full financial responsibility for payment of any and all medical services rendered.

I hereby agree that this Release Form shall be binding on my heirs, successors and assigns.

The undersigned has fully read, understood and agrees to each and every term contained in this Release, Waiver and Indemnification Agreement.

PARENT/GUARDIAN SIGNATURE

DATE

CITY, STATE, ZIP CODE

TELEPHONE

WITNESS

PRINT NAME

ADDRESS

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 _____

Administrative Discipline Matrix Elementary (adapted from Broward County Schools)

Type of Incident	1st Consequence	2nd Consequence	3rd Consequence	4th Consequence
Removal of facial mask (without exceptions)	Verbal warning	Parent contact	Immediate parent pick up	Expulsion from program
Tardiness, Habitual (more than 2x week)	Parent contact	Parent consultation	Attendance contract	Expulsion from program
Leaving site without permission	Parent contact	Parent consultation	Expulsion from program	n/a
Out of assigned area	Parent contact	Parent consultation	Expulsion from program	n/a
Electronic devices (offensive, unlawful use or publication)	Parent contact and confiscation	Parent consultation and behavior contract	Expulsion from program	n/a
Cell phone violation	Parent contact and confiscation	Parent consultation and ban of device	Behavior contract	Expulsion from program
Disruptive (Unruly) Behavior/Play	Parent contact and verbal warning	Immediate parent pick-up and behavior contract	Expulsion from program	n/a
Bullying or Harassment	Expulsion from program	n/a	n/a	n/a
Disobedience/Insubordination	Verbal warning	Parent contact and/or parent pick up	Behavior contract	Expulsion from program
Defiance of Authority, Habitual	Verbal warning	Parent contact and/or parent pick up	Behavior contract	Expulsion from program
Profanity – use of insulting or obscene language towards peer	Verbal warning	Parent contact and/or parent pick up	Behavior contract	Expulsion from program
Profanity – use of insulting or obscene language towards staff member	Parent consultation and/or parent pick up	Behavior contract	Expulsion from program	n/a
Physical fighting or confrontation	Parent pick up and behavior contract	Expulsion from program	n/a	n/a
Physical or harmful threatening	Parent pick up and behavior contract	Expulsion from program	n/a	n/a

Vandalism/Theft/Damage to property	Parent consultation and restitution	Expulsion from program	n/a	n/a
Weapons	Expulsion from program	n/a	n/a	n/a

I have read and understand the above discipline guidelines. Furthermore, I have reviewed the discipline guidelines with my child. We both agree to adhere to the above discipline matrix. I understand in the event that my child needs to be picked up from his/her location due to a disciplinary infraction, I or an assigned pick-up contact will arrive within 30 minutes.

Parent Name (Please print)

Parent Signature

Date

Child's Name (Please print)

Grade



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

**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 2019-2020 school-year enrollment.

Parent/Guardian Name (Print)

Parent/Guardian Name (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

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

<https://www.miramamarfl.gov>

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 _____