

2019 – 2020 School Year

**YEARLY ENROLLMENT UPDATE**

The Learning Place Preschool  
8518 Lawrence Road  
Boynton Beach, FL 33436  
(561) 742-3236  
6:45am–6:00pm, Monday–Friday

Today's Date: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Home Address (if different): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Home Address (if different): \_\_\_\_\_

Child lives with:      Both Parents      Mother      Father      Guardian      Other

New Authorized Individuals for Pickup/Emergencies:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Remove From Previous Pickup/Emergencies Approval:

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

**I have received the “Know Your Childcare Facility” pamphlet.**

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

**I have received the yearly “Influenza Virus” pamphlet.**

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

Expected Time of Arrival: \_\_\_\_\_ Expected Pickup Time: \_\_\_\_\_

Mon.

Tues.

Wed.

Thur.

Fri.

## **RELEASE FORM**

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

List the people who are permitted to pick up your child. Please keep these phone numbers current.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

If the people listed above do not provide The Learning Place Preschool with a valid form of identification, we will not release your children.

If either parent is not permitted to pick up your child, we must have a copy of the court order restriction.

Mother permitted to pick up child: Yes No

Father permitted to pick up child: Yes No

If there is a court order restricting visitation of your child, please list the individuals restricted from visiting/picking up your child:

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

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHILD DAY CARE LICENSING**  
**ALTERNATE NUTRITION PLAN AGREEMENT**

Name of Facility: THE LEARNING PLACE PRESCHOOL

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Indicate special dietary requirements:

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Indicate any allergies:

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I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's dietary needs:

(Mark P for parents provide, or C for center provides)

Breakfast: \_\_\_\_\_ Lunch : \_\_\_\_\_ Snack: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to provide the parents with a suggested meal pattern and menus and to discuss any problems that might develop in the Alternate Nutrition Plan.

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **GUIDANCE POLICY**

The Learning Place Preschool seeks to follow a loving approach to discipline. Discipline is necessary not only for the center to run smoothly, but primarily for each student's safety. It is our purpose to guide our children to behave appropriately so that they may enjoy a meaningful experience at our school.

Good discipline is a result of the guidance given at home as well as the guidance we provide at our preschool. We start at a young age by teaching the child what is right and what is wrong. The key to good discipline is to praise positive behavior. We want to draw attention to those who are behaving appropriately. Those who are not will soon learn that they need to change their behavior so they can also receive praise from their teacher. In other words, "catch them doing good."

If a child is behaving inappropriately we will redirect the child. The teacher will discuss the misbehavior with the child and try to direct them towards a more positive behavior and action. Discipline is a learning process, which requires consistency between parents, children, and teachers.

Continuous misbehavior will be discussed between the parents and the director in a parent-teacher conference. If a problem persists, we will then have to take more specific measures to work with you and your child. If this does not correct the misbehavior, there is a possibility that we may not be able to keep your child in our preschool. However, we do not want your children to feel that they are "bad," therefore we will make every reasonable effort to redirect them towards more positive behavior.

### **We do not permit corporal punishment.**

We, \_\_\_\_\_, the parents of \_\_\_\_\_ have read, understand, and approve the Guidance Policy implemented at The Learning Place Preschool.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **DISCIPLINE POLICY**

Discipline works in favor of the child's physical safety as well as his/her emotional security. Discipline is based on self-control and respect for others. In our center, we believe in a positive approach to discipline based on teaching the child acceptable limits, by offering choices and encouraging good behavior. In the event of a non-acceptable situation, a staff member will intervene to redirect the child, helping him/her to achieve self-control and understanding of his/her actions. If necessary, the child will be seated apart from the group for a short period. If a behavior problem persists, the teacher will meet with the parents and the center director to discuss alternative solutions.

Under no circumstances will physical punishment of any kind be allowed as a disciplinary procedure in our center. We do not use food as a source of punishment. We do not use humiliating or harsh tones when communicating with your child at any time. Also, under no circumstances will a child be denied the restroom.

Age 1: the child will be redirected or a distraction method will be used, such as singing. The teacher will continue to use this method until the child has calmed down and is under control.

Age 2: the child will be redirected and/or the teacher will try and talk with the child about the unwanted behavior and give the child a second chance. If this doesn't work, the teacher will try and redirect again and repeat until the child is under control.

Age 3-5: the child will be redirected and given the chance to make a better choice regarding his/her behavior. The teacher may make suggestions for techniques for the child to gain his/her composure, such as breathing exercises or possibly drawing a picture. The teacher will continue this until the child is ready to rejoin the group.

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

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **SICK CHILD ATTENDANCE LIMITATIONS**

### **Communicable Diseases**

Students having or suspected of having a communicable disease or infestation which can be transmitted to others may be excluded from school, based on the decision of the Department of Health, and not allowed to return unless they have been successfully treated and/or present a note from a physician indicating that they are no longer contagious.

### **Immunizations**

A Certificate of Immunization (DH680) indicating compliance with the current required schedule of immunizations must be presented prior to enrollment in school. A religious exemption (DH681) obtained only from the Palm Beach County Health Department may also be presented.

### **Illness During the Second Day**

The school office will maintain a folder of health information containing the student's record of immunizations and physical. Because Florida State law requires you to supply your child's medical records, there will be no exceptions. When there are health problems that need to be addressed during the school day, the student's teacher will notify the director or the assistant director. In case of emergency, the parent will be notified and asked to pick up the student immediately.

Please do not send your child to school if he/she has any of the following symptoms:

- Diarrhea
- Persistent or severe coughing
- A whooping cough
- Difficulty breathing
- Rapid breathing
- Excessive green/yellow runny nose
- Fever of 100° F or higher
- Vomiting
- Pink eye
- Flu-like symptoms

## **NON-MEDICATED PHYSICAL BARRIER POLICY**

I have been informed by The Learning Place Preschool that I am only allowed to bring the Non-Medicated Physical Barriers as required by the Florida Department of Health. These barriers are as listed:

A&D Ointment, Balmex, Desitin, Vaseline, and Diaparene

All others will not be permitted at this child care facility unless they have a prescription label attached. We must also have a medication permission form filled out with the “to and from” dates listed on the form in order to use these prescriptions on your child.

I have read and will adhere to this Physical Barrier Policy as required by the Florida Public Health Department.

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

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **PARENT ORIENTATION POLICY AND PROCEDURES**

For all parents who enroll their child into The Learning Place Preschool, we have a brief orientation that consists of a meeting with your child's teacher and the director Cathy Freeland, or the assistant director. At this time, you will receive the Parent Handbook, the class, and an explanation of the food plan. We will also hold an open house at the beginning of every school year so that you can get to know your child's teachers and their teaching styles. Because we have an open door policy, feel free to come to the school at any time to express your concerns, check up on your child, or talk to the director.

The Parent Handbook is an aid for parents to understand our policies. By accepting the handbook, you are acknowledging that you understand The Learning Place Preschool's policies. If you have any concerns about policies that the handbook covers or an issue that is not covered in the handbook, feel free to contact someone in the front office or the director Cathy Freeland at (561) 742-3236 at any time.

By signing below, you are acknowledging that you have received the Parent Handbook.

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

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **MEDICAL HISTORY**

Please list all food allergies or other allergies that your child has, as well as dietary issues:

1.	
2.	
3.	
4.	
5.	

Please list any health, developmental concerns that you have for your child that The Learning Place Preschool should be aware of:

1.	
2.	
3.	
4.	
5.	

\*Please include a copy of your child's updated physical and shot record.

## **ADMISSION AGREEMENT FORM**

I hereby agree to comply with the rules and regulations of The Learning Place Preschool regarding fees, health, absences, and other procedures specified in the Parent Handbook issued to every newly enrolled child. I am aware of the scheduled holidays.

I agree to pay a weekly fee of \$\_\_\_\_\_ (part-time / full-time) which is due on Friday of each week for the following week. A late fee of \$10.00 will be added for each day payment is late. I also understand there are no allowances made for absences or weeks when there is a holiday.

I agree to pay an annual registration fee of \$\_\_\_\_\_ every year hereafter on the date my child was registered.

I agree to notify the director two weeks in advance of withdrawal, should such event occur.

I agree to provide a record physical exam and immunization within 30 days of enrollment. If I do not, my child will not be allowed to attend school until such record is on file. I agree to update my child's physical exam records every two years.

I agree to pay a late charge of a dollar per minute if my child is not picked up by 6:00 p.m., which is closing time for the school. This will be due at the time I pick up my child.

I give authorization for emergency medical care in the event of serious illness or accident. The following steps will be taken:

1. Contact parents or the emergency contacts.
2. Contact child's physician if parents cannot be reached.
3. If we cannot contact your physician, your child will be taken to the Emergency Room of **Bethesda Hospital** at parents' expense.

I agree to notify The Learning Place Preschool of ANY changes of information on the Enrollment Application or Immunization Record.

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

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Parents,

To avoid getting a parking ticket, please do not park in our handicap parking spots without a handicap parking tag clearly displayed. Also, remember there are children in the area. Please do not rush into the parking lot; the speed limit is 5 miles. Rules will be enforced.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PHOTO AUTHORIZATION**

I hereby authorize The Learning Place Preschool to take photos of my child \_\_\_\_\_. These photos will be used in the decoration of classrooms and hallways. They will also be used in other school related activities, such as graduation.

I hereby release and hold harmless The Learning Place Preschool from any reasonable expectation of privacy or confidentiality for my child. Further, I attest that I am the parent or legal guardian of the child listed above and that I have full authority to consent and authorize The Learning Place Preschool to use their photos and name.

I acknowledge and agree that any publication of my child done by The Learning Place Preschool belongs to the school.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TRANSPORTATION LIABILITY WAIVER**

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

We give permission for our child to ride The Learning Place Preschool bus/van to and from school and on fieldtrips.

Contact number in case of emergency: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_