

Dear Parents and Caregivers,

Thank you for your interest in choosing *Kids' Corner Preschool* for your child's educational needs. We have been serving the community for over 30 years, and we look forward to having your child as part of our program.

Children are eligible for the class that corresponds with their age as of September 1. Please complete the attached form necessary to hold a spot for your child in the 2021-2022 school year. Registration is open to the public on Monday February 1st. **Registration fees & supply fees are due at registration.** *First month's tuition will be due on August 1st.* If full Annual tuition is paid by August 1st a 5% discount will be given. Monthly tuition is due the first of every month. *Please keep this page for your records.*

CLASSES OFFERED

Our regular daily program begins at 9:00 a.m. and ends at 12:15 p.m.

Tuition is an annual tuition based on *10 equal monthly payments.*

	2 day (T/TH)	3 days (M/W/F)	5 day
<u>Two Years Old</u> (must be 2 years old by 9/1)	\$200.00	\$250.00	If available \$340.00
<u>Three Years Old*</u> (must be 3 years old by 9/1)	If available \$200.00	\$250.00	\$340.00
<u>VPK or Pre-K</u> (must be 4 years old by 9/1)	N/A	N/A	Voucher

*Your child MUST be toilet trained to be in the Three Years Old program.

Lunch Bunch is available and extends the day until 2:15 p.m. for children in the 3 Years Old program and VPK. This is not a drop-in program and the additional price is:

- 2 days – \$85.00 per month (Tuesday and Thursday)
- 3 days – \$100.00 per month (Monday, Wednesday and Friday)
- 5 days – \$125.00 per month
- VPK 5 day – \$150.00 per month

Non-refundable Fees due at Registration:

Annual Registration fee: \$100.00 per child

- No registration fee for VPK
- No registration fee for active church members

Annual Supply and Activity Fee: \$100.00 per child

- Suggested but not required for VPK

If you have questions, please contact:

Laura Garcia

Kids' Corner License #C860622

2875 State Road 580 Clearwater, FL 33761

schooldirector@northwoodpc.org or 727-723-7679

Kids' Corner Preschool 2021-2022

Student's Full Name _____

Age _____ D.O.B _____ Age on September 1, 2021 _____

Parent/Guardian Name _____ Telephone _____

Address _____ Cell/Business _____

City _____ State _____ Zip _____ e-mail address _____

Parent/Guardian Name _____ Telephone _____

Address _____ Cell/Business _____

City _____ State _____ Zip _____ e-mail address _____

We may take pictures for special events or projects. We may live stream programs and ceremonies. Please indicate your choices by initialing below.

I give permission to have my child photographed. I give permission to be in the class directory.
 Please do not photograph my child. Please do not include me in the class directory.

Monthly Tuition

Tuition is an annual tuition based on 10 equal monthly payments.

Please circle choice.

9:00 a.m. -12:15 p.m.	2 day (T/TH)	3 days (M/W/F)	5 day
<u>Two Years Old</u> (must be 2 years old by 9/1)	\$200.00	\$250.00	If available \$340.00
<u>Three Years Old*</u> (must be 3 years old by 9/1)	If available \$200.00	\$250.00	\$340.00
<u>VPK or Pre-K</u> (must be 4 years old by 9/1)	N/A	N/A	Voucher

*Your child MUST be toilet trained to be in the Three Years Old program.

Lunch Bunch extended day until 2:15 p.m., please select option if desired. Lunch Bunch can only be added at the beginning of a month. This is not a drop-in program.

- 2 days – \$85.00 per month (Tuesday and Thursday)
- 3 days – \$100.00 per month (Monday, Wednesday and Friday)
- 5 days – \$125.00 per month
- VPK 5 day – \$150.00 per month

Non-refundable Fees due at Registration:

Annual Registration fee: \$100.00 per child

VPK (No registration fee)

I am a current/active Northwood Presbyterian Church member (No registration fee)

Annual Supply and Activity Fee (Suggested but not required for VPK): \$100.00 per child

Please return this page.



CHILD'S ENROLLMENT RECORD

DIRECTOR'S USE ONLY

Date enrolled _____

Child's full legal name _____
First Middle Last Nickname

Date of Birth _____ Sex _____

Primary Hours of Care From _____ To _____ Days of Week in Care _____

Child's Physical Address _____
Street Address (number, apartment #, street) City State Zip Code

Family Information:

Child Lives with _____

Parent's Name _____ Parent's Name _____

Address: _____ Address _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone _____ Cell _____ Work Phone _____ Cell _____

Custody: Mother _____ Father _____ Both _____ Other _____ Name _____

Emergency 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 children's center in case of illness, accident or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.

CONTINUED ON BACK
CHILD'S ENROLLMENT RECORD
(Back Page)

Medical Information:

Child's Physician/Health Resource _____

Telephone Number _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Hospital Preference _____

Name of Dentist _____ **Telephone** _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Meals typically served while in care: Breakfast AM Snack Lunch PM Snack Supper

Emergency Care Plan instructions (if applicable) _____

MISCELLANEOUS INFORMATION

List all known allergies _____

List all identifying scars, birthmarks, skin discolorations _____

Special medical or dietary needs of child _____

List any areas of concern _____

My signature below verifies that:

I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.

I have received a copy of the "Know Your Child's Children's Center" brochure.

I was notified in writing of the disciplinary and expulsion policies used by the children's center.

I was provided the food and nutrition policies used by the children's center.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Custodial Parent or Legal Guardian **Date**



EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

Please Print Information

Child's Full Name: _____ Birthdate: _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Custodial Parent(s)/Legal Guardian(s): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Family Physician's Name/Health Care Resource: _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Telephone () _____

Hospital Preference: _____
Name City

Medical Insurance Company: _____

Policy #: _____ Expiration Date: _____

Emergency Contact (if custodial parent/guardian cannot be reached): _____

Address: _____
Street Address (number, apartment #, street) City, State, Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____



Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child

_____, in the event of an emergency at which time
(Child's Full Name)

I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this _____
(Month) (Day) 20 (Year)

by means of physical presence or online notarization by _____ who is personally known
(Name of Affiant)

to me or has produced _____ as identification.
(Type of Identification)

SEAL OF NOTARY

Signed: _____ (Signature of Notary)

**Kids' Corner and Northwood After School Care
Student and Parent 2021-22
Wellness Responsibilities and Expectations**

The safety and well-being of all students and families remains the highest priority of Kids' Corner and Northwood After School Care. Aligned with the Centers for Disease Control and Prevention (CDC) recommendations regarding COVID-19, we are asking for your support in maintaining a safe school environment by monitoring your student(s) every day before sending them to school. People with COVID-19 may have a wide range of symptoms. These may appear 2 to 14 days after exposure to the virus. Be on the lookout for the following new onset symptoms, and keep your child(ren) home any days they exhibit one of more of the following symptoms:

- Fever of greater than 100. F
- Shortness of breath/difficulty breathing
- New or sudden loss of taste or smell
- Sore throat (new or worsening)
- Congestion or runny nose (new or worsening)
- Cough (new or worsening)
- Extreme fatigue
- Headache
- Nausea/vomiting/diarrhea

Students should also not attend school if, within the last 14 days, they have:

- Been in close contact with anyone who has been diagnosed with COVID-19;
- Been placed on quarantine for possible contact with COVID-19;
- Travelled to a location where it is recommended to self-quarantine as noted by State of Florida (found at <https://floridahealthcovid19.gov/travelers/>); or
- A COVID-19 test pending at the recommendation of a healthcare provider or due to symptoms consistent with COVID-19.

If your child shows any of these symptoms or conditions, it is extremely important to keep your child home from school and contact their healthcare provider for guidance. If your child exhibits symptoms or becomes ill during the day, arrangements must be made by the parent/guardian to pick them up from school as soon as possible. **Any time your child has symptoms listed on this form, even if your child has been diagnosed with seasonal allergies, you will still need to have a doctor's note clearing them to return to school.** **Parents/Guardians:** please review the information above, sign and return to school. A separate form should be completed for each child.

I, _____, parent/guardian of _____ who attends Kids' Corner and/or Northwood After School Care, affirm that I have reviewed the Student and Parent 2021-22 Wellness Responsibilities and Expectations information regarding the symptoms of COVID-19 and will monitor my student daily before sending them to school. By sending my student to school, I am affirming that my student is well enough to attend school that day. If my student becomes ill during the school day, I will make the necessary arrangements to pick them as soon as possible following notification from the school.

Parent/Guardian Signature: _____ Date: _____

A change in daily routine, lack of sleep, stress, fatigue, cell phone use, and simple distractions are some things parents experience and can be contributing factors as to why children have been left unknowingly in vehicles...

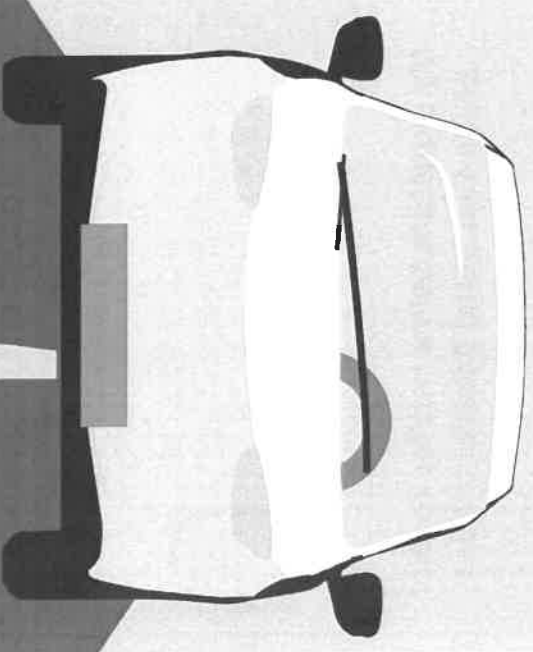


Developed by:

The Office of Child Care Regulation

www.myflfamilies.com/childcare
CFPI 175-12, May 2018

When life happens... Don't be a
**DISTRACTED
ADULT**





FACTS ABOUT

HEATSTROKE:

It only takes a car **10 minutes to heat up 20** degrees and become deadly.

Even with a **window cracked**, the temperature inside a vehicle can cause heatstroke.

The body temperature of a child increases **3 to 5 times faster** than an adult's body.

⚠️ PREVENTION TIPS:

- Never leave your child alone in a car and call 911 if you see any child locked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.



During the 2018 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

Child's Name:

Date:

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

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 (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



How can I protect my child from the flu?

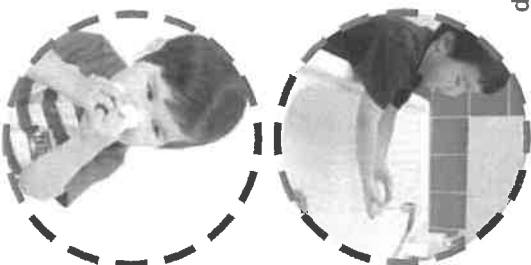
A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving 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/>

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.

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 or contact your local licensing office below:

CF/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**

Name of Parent _____

Name of Child _____

The child will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following person must be someone other than the custodial parent(s) or legal guardian(s) and is authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:

Additional persons I give permission to have my child released to:

Date Added: _____

Signature of Parent: _____

Name _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Additional persons I give permission to have my child released to:

Date Added: _____

Signature of Parent: _____

Name: _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

Additional persons I give permission to have my child released to:

Date Added: _____

Signature of Parent: _____

Name: _____

Home Phone _____ Cell Phone _____

Address _____
Street Address (number, apartment #, street) City State Zip Code

