



Exploration & Discovery Camp

Registration Form

2023

Child's Name: _____ DOB: _____

Parent's Name: _____ email: _____ phone: _____

Hours

I am registering my child for the following:

		Select time			
Session 1	June 5 -25	<input type="checkbox"/>	9:00 - 2:00	<input type="checkbox"/>	8:00 - 5:30
Session 2	June 26 -July 14	<input type="checkbox"/>	9:00 - 2:00	<input type="checkbox"/>	8:00 - 5:30
Session 3	July 17 - Aug. 4	<input type="checkbox"/>	9:00 - 2:00	<input type="checkbox"/>	8:00 - 5:30

Camp closed Monday, June 19th & Tuesday, July 4th

Fees

Early Arrival \$10 per day - \$25 a week - \$75 a session

Session Fees

9:00-2:00 \$950

8:00-5:30 \$1050

Sibling discount - \$10 a week

A non-refundable deposit of \$300 dollars per session is required

Weekly drop-ins are only available if space permits @ \$400 a week

(no sibling discount for weekly drop-ins)

If you are out for any reason, you are still responsible for the entire session.

Camp Themes

Session 1

Week 1 - Pirates

Week 2 - Superheroes & Princesses

Week 3 - Unicorns & Dragons

Session 2

Week 4 - Happy Birthday America

Week 5 - Blast off to Outer Space

Week 6 - Little Chef

Session 3

Week 7 - Under the Sea

Week 8 - Mad Scientist

Week 9 - Goodbye Summer

After your registration form is processed, you will receive a confirmation and the required forms to complete your registration. If we receive a registration form for a full session, you will be notified immediately and given the option to be put on a waitlist. **If you sign up for a session you are responsible for the entire session, as we save that space for your child.** In May, you will receive a parent email with detailed information. All children must have an updated medical form on file. Payments are by due upon receipt of billing. ALL PAYMENTS MUST BE PAID PRIOR TO THE BEGINNING OF THE SESSION. IF PAYMENTS ARE NOT MADE, YOUR CHILD'S SPACE WILL BE GIVEN TO SOMEONE ON THE WAITLIST.

Payments are non-refundable/non-transferable. Three-year-olds must be potty trained, or there will be an additional charge of \$100 per session until they are potty trained. **ALL FEES ARE NON REFUNDABLE.**

Parent/guardian Signature

Date



Enrollment Form

Child's Full Name: _____ Age: _____
(First) (Middle) Last

Preferred Name _____ Birthday _____ Gender: Male or Female

Address Where Child Lives: _____

City _____ State _____ Zip Code _____

Parent Marital Status: Married ☐ Separated ☐ Divorced ☐

Name of person with legal custody of child* _____

***In order to enforce custody issues, the school must have on file, copies of all legal documentation.**

Parent Information

Parent 1 Name _____ Cell Phone _____

Address _____ email: _____

Occupation _____ Employer _____ Business Phone _____

Parent 2 Name _____ Cell Phone _____

Address if different from Parent 1 _____ email _____

Occupation _____ Employer _____ Business Phone _____

Name of Siblings and ages: _____

Child's previous preschool experience: _____



Medical Information

Current health forms are required to start school

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

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital Preference: _____

List any allergies, special medical or dietary need, serious accidents, operations etc. that your child has had.

List all identifying birthmarks your child has by size and location (example: Mongolian birthmark).

Emergency Care Plan Instructions: including symptoms, medication, and notification in the event of an actual emergency ie. allergic reaction. _____

Please list special cares concerning your child (fears, likes, dislikes, etc.) or any other significant information, which would further contribute to a better understanding of your child and his/her needs.

SIGNATURE OF PARENT/GUARDIAN

DATE

Permission to use photo and share information with other families

☐ **YES** ☐ **NO** I give permission for BPS to use my child's picture on the school website, brochure, & school advertisements.

☐ **YES** ☐ **NO** You may share my home phone and/or email with my child's classmates family.

SIGNATURE OF PARENT/GUARDIAN

DATE



Emergency Contact Form

This form is very important to ensure the proper care of your child in the event of an emergency, this form must be filled out completely and accurately.

Child's Name: _____

Parent 1/Guardian Name: _____

Parent 2/ Guardian Name: _____

Child will be release only to the custodial parent or legal guardian and the persons listed below. _____ Parent's initials

Authorized Pick-up

The following people will also be contacted and are authorized to remove the child from the facility in case if illness, accident, or emergency, if for some reason the custodial parent or legal guardian can not be reached please contact a person listed below.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

List individuals specifically not authorized to pick up your child from school:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

In cases of custody issues: The school must have copies on file of all legal documentation regarding custody issues for enforcement.

_____ **Parent's initials**



Procedures & Policies

There is no reduction of fees for absences, vacations, school breaks, or natural disasters, or pandemics. Tuition is based on an annual amount. We divide the payments up in 10 monthly equal payments for your convenience. Payable August - May. _____ Parent's Initials

- All children are to be signed in and out using the Brightwheel app. Any authorized person picking up must have a valid picture ID with them to pick up.
- Late Fee pickup charges:
 - 9 - 2 you are late after 2:10 pm - \$15 per hour (This is the daily drop-in rate for after school care).
 - 8:00 -5:30 you are late at 5:31 - \$5 per minute until the child is picked up.
- Children must be kept home if they have a fever of 100 degrees or higher, vomiting, diarrhea, constant cough, wheezing green runny nose, or contagious illness. Children can not return to school until they are fever-free without medicine for 24 hours. This policy is non-negotiable. _____ **Parent's initials**
- No medication can be administered to a child without written authorization from a parent. All medication must be given to the office staff (I will not put medication in my child's lunchbox or backpack _____ **Parent's initials**
- Our designated Emergency Evacuation relocation site is located across the street in the church parking lot located on 113th Street.
- In the event of an emergency, including off-site relocation, you will be notified via text message or the Brightwheel app.
- All children need a complete change of clothing including shoes & socks left at school in case of accidents. All items must be marked with the child's name.
- Children 12 months - 2-year-olds nap. **Children over 2 years old do not nap.** If your child naps bring a crib sheet, blanket, and any other item they need to help them sleep. All bedding will be sent home Friday and returned Monday.
- All children 3 and older must be potty trained, or there will be a \$100 charge per session until they are potty trained.
- The Director is to be notified one month in advance before a child is to be withdrawn. Parents must pay for that one month regardless of when the child leaves school.



Procedures & Policies cont'd

- All Tuition and Fees ARE NON-REFUNDABLE ____ **Parent's initials.**
- If, after a reasonable period of time, a child is unable to adjust to the School, the School reserves the right to request the withdrawal of the child. This decision is left to the discretion of the Director.
- Parents need to inform the school of changes in addresses, phone numbers, employment, emergency information, or any changes in family situations.
- It is a state mandatory requirement that current health forms are required to start school. If not replaced prior to expiration, your child cannot attend school until current forms are turned in to the office. The reason for this policy is that DCF fines the school for not having up-to-date records.
- I hereby consent for childcare personnel to access my child's records.

Parent Signature

Date

(Signature signifies acknowledgment and agreement to follow Policy & Procedures of School)



Policy on Discipline

In accordance with the state rule Section 65C-22.006(3) (C) 2., F.A.C., which requires child care facilities to notify parents in writing concerning the disciplinary practices used by the facility, the following policy applies:

To ensure a safe and successful program, discipline is a must. Our program will ensure that age-appropriate, constructive disciplinary practices are used for your child. This care will allow the child time to look over reflect upon his or her behavior. We will encourage children to choose alternatives to improper behavior.

The following steps will be used for behavior modification:

- Children will be corrected and asked to change their behavior.
- Children will be redirected from situation.

The following practices are prohibited at Biscayne Park School & Early Learning Center

- Discipline that is severe, humiliating , or frightening.
- Discipline associated with food, rest or toileting.
- Spanking or receiving any other form of physical punishment.
- Be denied active play as a consequence of misbehavior.

Signature of Parent of Guardian

Date



Acknowledgement of Receipt

Section 7.1 and 7.2, of the Child care Facility Handbook, requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment. The parents or legal guardian's signature verifies compliance:

Section 7.3 of the Child Care Facility Handbook, requires that parents must receive a copy of the Child Care FACility Brochure, "KNOW YOUR CHILD'S DAY CARE FACILITY." The parent's or legal guardians signature verifies receipt of the child care brochure.

Section 7.3 of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the childcare facility.

Section 2.8 of the Child Care Facility Handbook, requires that parents/guardians be notified in writing of the disciplinary and expulsion policies used by the childcare facility practices used by the childcare facility.

I HAVE READ AND WILL ABIDE BY THE BISCAYNE PARK SCHOOL & EARLY LEARNING CENTER PROCEDURES AND POLICIES.

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

Child's Name: _____

Signature of Parent/Guardian

Date



Summer Camp Tuition 2023

9:00 - 2:00 \$900 per 3-week session

8:00 - 5:30 \$1000 per 3-week session

Sibling discount \$10 per week.

Drop-in ASC \$15 per hour

Session payments are due before the first day of camp.

Payment is the only way to secure your child's spot.

Early Arrival 8:00 am \$75 a session

Early Arrival Drop-in \$10 a day

All Deposits and payments are
non-refundable and non-transferable.

Forms of payment accepted.

Cash, Venmo, Brightwheel

Please note there are fees associated with using
Brightwheel to make payments. Checks \$0.60 per check

Credit Card 2.9%

I have read and fully understand the above instructions regarding the rates and due dates:

All forms must be submitted with payment in order to be considered registered.

All payments and fees are non-refundable or transferable. A late fee of \$15 a day will be charged to your account and after 5 days from the first day of each session. if a check is used and returned you will be charged a returned check fee of \$50.

Signature of Parent/Guardian

Child's Name

Printed Name of Parent/Guardian

Date



Child Day Care Licensing Alternate Nutrition Plan Agreement

Biscayne Park School & Early Learning Center (BPSELC) is a nut free environment. Any product made with nuts, peanut butter, tree nuts, or any other type of nut will be confiscated, and a nut free snack will be given in its place. Also, any products that were made in a facility that used any nut products will also be confiscated.

Child's Name: _____
First Last Age

List any special dietary requirements: _____

I agree to abide by the following meals and snacks to meet my child's nutritional and dietary needs. Parents provide - Breakfast, snacks, lunch, dinner, evening snack and when applicable formula.

I understand and approve the use of the Alternate Nutrition Plan

Signature of Parent/Guardian

Date

We agree to provide the parent with a suggested meal pattern and menus and to discuss any problems, which might develop in the use of the Alternate Nutrition Plan.

Signature of Owner /Operator

Date



POLICY FOR EXCLUSION OF ILL CHILDREN

1. Temperature over 100 Degrees:

Children can't return to school until they are fever free and symptom free for 24 hours without medication.

2. Behavior:

If a child looks or acts differently; awake all night and crying, unusually tired, pale, lack of appetite, irritable or restless.

3. Respiratory:

Breathing difficulties, e.g. wheezing

4. Vomiting:

More than usual infant "spitting up"

5. Diarrhea:

Is characterized by frequent watery bowel movements. If child has more than 1 loose bowel movement, they will be sent home.

6. Rash:

Undiagnosed rash other than mild diaper rash.

7. Sore Throat:

Sore throat that needs culturing because other signs are present.

8. Eyes:

Redness, swelling, and/or discharge in eyes.

9. Re-admittance to school for the following communicable diseases shall be:

a. Chickenpox - all lesions are dry and crusted.

b. Impetigo (blisters covered with honey colored crusts) at least 48 hours after the start of medication and a Administrative staff can override Doctors note for readmittance.

c. Conjunctivitis: pink eye - redness of eye with burning and thick purulent discharge) at least 24 hours after the start of medication and no drainage present. Physician's note required for re-admittance.

d. Lice and Scabies - No Nit Policy.

e. Pinworms - no restrictions following the start of treatment. Physician's note required for re-admittance.

f. Hepatitis - Physician's note required for re-admittance.

g. Strep Throat - return after 48 hours after start of medication. Physician note required for re-admittance.

h. Hand, Foot, Mouth - All Lesions are to be dried and crusted. Administrative staff can override Doctors note for readmittance.

Signature of Parent/Guardian

Date



Probationary Agreement

Biscayne Park School & Early Learning Center believes in supporting and facilitating our students in every way possible in order for each individual to reach their full potential. It is with great pleasure to accept your child into our school. However, there is a minimum of ten-day Probationary Period where the students are evaluated, and a final decision is concluded. We reserve the right to extend the time frame beyond ten days at our discretion, which includes the dismissal of a student after the ten-day mark or beyond.

I have read and understand the Probationary Agreement of BPS&ELC School and agree to abide by this policy.

Signature of Parent/Guardian

Print Name



Expulsion & Suspension Policy

2023-2024

Name of Child: _____

Signature of Parent: _____

Unfortunately, there are sometimes reasons we have to ask that a child be removed from our program whether 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 in order to prevent this policy from being enforced.

WHEN A CHILD IS HAVING A PROBLEM IN THE CLASSROOM

- Staff will try to redirect child from negative behavior.
- Staff will reassess classroom environment, appropriateness of activities, and 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.
- 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.

Schedule for Expulsion or Suspension

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 regarding the length of the suspension or expulsion. The parent/guardian will be informed about the expected behavioral changes required in order for the child to return to the school.

Parental Actions for Child's Expulsion

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

Child's Actions for Expulsion

- Continual defiance of staff
- Continual lack of respect for staff
- Ongoing physical abuse to staff or children
- Verbal abuse of staff and children



Nut Policy

Biscayne Park School & Early Learning Center is a Nut Free Environment. Do not provide any nut products, this includes but not limited to the following:

- Peanuts
- Peanut butter
- Tree nuts
- Food made in a facility that may process nuts
- Foods that contains nuts

If your child brings any type of food that contains nuts they will not be allowed to eat it and we will replace it with something nut free.

This practice has been implemented to address the needs of children who have a life threatening allergy to nuts.

I have read and understand the nut free policy of BPS&ELC and agree to abide by this policy.

Parent/Guardian Signature

Date



Participation in Food Related Activities

Child's Name: _____

To comply with Child Care Licensing and Enforcement Ordinance 65C-22.005(1)(c)2, parents and legal guardians of children attending BPS&ELC must be advised in advance that children may participate in food-related activities during the school year. Parent consent to participate in special occasion food events such as group snack provided by a parent, birthday celebrations, and/or similar events where food will be served, must be obtained in writing. Consent must also be obtained for children to participate in learning activities where food may be consumed, such as classroom cooking activities. Signed consent forms will be maintained in each child's file (one consent form must be completed for each child enrolled in the program).

☐ Yes ☐ No I give permission for my child to participate in classroom food-related learning activities such as cooking.

☐ Yes ☐ No I give permission for my child to participate in group snack events where food is provided by a parent following the guidelines of BPS&ELC.

☐ Yes ☐ No I give permission for my child to participate in special occasion food events such as birthday treats.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian _____

Date: _____

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.
- Equip 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.



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

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: CM111M2470t

License Issue 10/1/16 1/2023

License Expires on 10/15/2024

For more information regarding the compliance history of this child care provider, please visit:

MyFLFamilies.com/childcare



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

CF/PI 175-24, 03/2014

This brochure was created by the
Florida Department of Children and Families,
Office of Child Care Regulation and Background Screening



Know Your
Child Care
Facility

MyFLFamilies.com/ChildCare



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 cause, 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.

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.

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/>

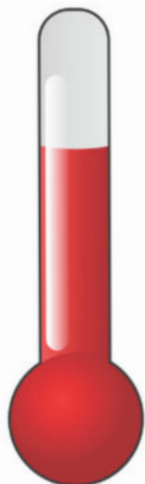


FACTS ABOUT HEATSTROKE:

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.



Participation in Enrichment Activities

I hereby give permission for my child_____ to participate in Music Class, Cooking Class, Yoga, Little Athletes, Soccer, and Ballet provided by a child service enrichment provider of the schools choice.

Parent/Guardian Signature

Date



COVID-19 PUBLIC HEALTH EMERGENCY SPECIAL ACKNOWLEDGMENT AND DISCLOSURE

FAMILY/CHILD: This must be initialed and signed by BOTH parents.

Please read and initial each statement below.

1. _____ I understand that during this COVID-19 Public Health Emergency I may or may not be permitted to enter the facility beyond the designated drop-off and pick-up area depending on current conditions of COVID 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 inform any emergency contact persons of the information contained herein.

2. _____ I understand that to enter upon the facility premises 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 people in the center. 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 degrees Fahrenheit or higher
- · Dry cough
- · Shortness of Breath
- · Chills
- · Loss of taste or smell
- · Sore Throat
- · Muscle aches
- · Runny or Stuffy Nose

3. While we understand that many of these symptoms can also be related to non-COVID-19 related issues we must proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously. Your child will need to be symptom-free without any medications for 24 hours before returning to the facility.



**COVID-19 PUBLIC HEALTH EMERGENCY
SPECIAL ACKNOWLEDGMENT
AND DISCLOSURE**

3. _____ 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.

4. _____ I understand all adults must wear a face mask at drop off and pick up depending on the conditions of the pandemic. s

5. _____ I understand that if a student or staff member tests positive for Covid-19 families will be notified that there has been a Covid-19 case in connection with the school. We will not identify the affected individual unless that individual gives us permission.

6 _____ I understand if we are notified of a Covid-19 positive result, we will follow the appropriate guidelines according to the CDC, for disinfecting and sanitizing all areas prior to re-entry. This may mean we will need to close for a couple of days.

7. _____ I understand that as protocols and DCF rules change there will be new addendums.

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 Biscayne Park School & Early Learning Center will result in termination of enrollment.

Child's Name: _____ DOB: _____

Parent 1 Name: _____

Parent 1 Signature _____ Date _____

Parent 2 Name _____

Parent 2 Signature _____ Date _____

Management Team Witness _____ Date _____