

**KRADLE TO KINDERGARTEN PRESCHOOL I &  
KRADLE TO KINDERGARTEN PRESCHOOL II  
ENROLLMENT APPLICATION**



<p><b>Kradle To Kindergarten Preschool I, Inc.</b> 2500 North State Road 7 Lauderdale Lakes, FL 33313 Office 954.835.5228 ~ Fax 954.916.7026 www.kradletokindergartenpreschool.com email address: kradletokindergarten@yahoo.com</p>	<p><b>Kradle To Kindergarten Preschool II, Inc.</b> 1269 NW 40th Avenue (Inside Lauderhill Mall), Lauderhill, FL 33313 Office 954.999.5003 ~ Fax 954.999.5844 www.kradletokindergartenpreschool.com email address: kradletokindergarten@yahoo.com</p>
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**KRADLE TO KINDERGARTEN PRESCHOOL I & II  
ENROLLMENT PACKET**



**KRADLE TO KINDERGARTEN PRESCHOOL I &  
 KRADLE TO KINDERGARTEN PRESCHOOL II  
 ENROLLMENT APPLICATION**



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**KRADLE TO KINDERGARTEN PRESCHOOL I & II**

**Enrollment Application**

**Table of Content**

Title.....

Enrollment Application .....

Information Note .....

Emergency Contact Form .....

Parent Handbook Acknowledgement Form .....

Password System: Authorized Pick-Up List .....

Password System: (Undocumented) Authorized Pick-Up.....

Authorization for Emergency Medical Treatment.....

Alternate Nutrition Plan (if applicable) .....

Meals Schedule.....

Food Related Activities & Food Allergy Form.....

Discipline Policy.....

Expulsion Policy.....

Hours Of Operation.....

Physical Activity Policy & Participation Form.....

Safe Sleep Policy.....

Shaken Baby Syndrome & Abusive Head Trauma Policy.....

School Uniform Agreement.....

Field Trip Liability Waiver Form .....

Bus/Van Rider Express Agreement.....

Do Not Park: Drop Off & Pick Up Agreement.....

Distracted Adult Brochure - HIPPA Compliance

**PDFs**

- The Flu: A Guide for Parents
- Know Your Child Care Facility
- Distracted Adult Brochure

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ID#: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone#: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ SS#: \_\_\_\_\_

**FAMILY INFORMATION**

Mother/Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ SS#: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Father/Guardian's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ SS#: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Marital Status (circle one): Single Married Divorced Separated  
**Parent permitted to remove child? Mother: (circle one) Yes No / Father: (circle one) Yes No**  
**Other person(s):** 1) Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
 2) Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_

**After Care Services Needed** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Future Date** \_\_\_\_\_

**MEDICAL INFORMATION**

Health Insurance/Medicaid: \_\_\_\_\_ Policy/ID#: \_\_\_\_\_  
 Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Medication being taken: \_\_\_\_\_  
 Allergies to Medicine/Food \_\_\_\_\_  
 Significant Medical Conditions: \_\_\_\_\_

I acknowledge that I have received the **parent handbook/school calendar/guidelines for proper nutrition/swim central form** and agree to abide by all policies and procedures for parents contained in the handbook and those indicated on page 2 of this Enrollment Application.

\_\_\_\_\_  
 Print Name: Parent/Guardian \_\_\_\_\_ Date

\_\_\_\_\_  
 Signature: Parent/Guardian \_\_\_\_\_ Date

**FOR OFFICE USE ONLY**

Start Date: \_\_\_\_\_ Redetermination **Date1:** \_\_\_\_\_ Program1: \_\_\_\_\_  
 Redetermination **Date2:** \_\_\_\_\_ Program2: \_\_\_\_\_ Termination Date: \_\_\_\_\_  
 Class: \_\_\_\_\_ Teacher: \_\_\_\_\_ After School: (Express Bus Rider) \_\_\_\_\_  
**FEES: Registration Fee: \$ \_\_\_\_\_ Daily Fee: \$ \_\_\_\_\_ Fee Change: \_\_\_\_\_ Date: \_\_\_\_\_**

**Data Entered:** \_\_\_\_\_ **Date of Data Entry:** \_\_\_\_\_

\_\_\_ Attendance \_\_\_ School File FORMS: 3040 \_\_\_\_\_ 680 \_\_\_\_\_  
 \_\_\_ Transportation Book \_\_\_ Billing File **Staff Name:** \_\_\_\_\_

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**ENROLLMENT APPLICATION (continued, page 2)**

1. In case of an accident or emergency, I hereby give permission for medical treatment for my child. I will assume all responsibility for all charges not covered by insurance. **I give consent for the emergency contact person listed on the appropriate form(s) to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.** I understand that the need for an emergency transfer to a hospital may become necessary and appropriate. I hereby give permission for such transfer if deemed necessary by **any - assigned staff member or designated Authorized Agent or entity.**
2. I have read ALL Kradle to Kindergarten Preschool's guidelines and procedures as stated in the brochure including **discipline policies** and I agree to adhere to all of these policies.
3. I have read the Child Care Facility Brochure Statement (Chapter 402.312).
4. Any damage to property or facility by a **Student** shall be the **responsibility of that Student** and his/her Parent(s)/Legal Guardian(s) and shall be billed accordingly.
5. Kradle to Kindergarten Preschool is hereby granted permission to use any individual or group photo/video taken at the school or a designated Facility, for public relation purposes, showing my child (ren) involved in the School/Facility activities.
6. I give my permission for my child to be transported to any scheduled field trips.
7. Registration fees are non-refundable. If a child is withdrawn due to unforeseen circumstances, it will be left to the discretion of Kradle to Kindergarten Preschool/the Facility to determine the tuition balance.

**Authorization to Release Information:** I/We authorize release of medical and other information as required for collection of benefits by Insurance Carrier or other third-party sources of payment in connection with the illness or injury of the patient.

**Special Care Plan:** I will obtain a special care plan for my child (ren) if applicable.

- a) I will obtain health assessments for my child according to the schedule recommended by the Florida Department of Health.
- b) I will cooperate by following up of any medical, dental or developmental need of my child (ren).
- c) I will sign my child (ren) in and out every time my child arrives and departs with me or a person I authorize.

**Release:** I/We hereby release the admitting facility and its associate facilities together with their employees, consultants, physicians and other medical personnel, and the owners, officers, and directors of said facilities from any claim for damages as a result of any injuries arising from any activity participated in by my admitted child. - **I have read and understand all information contained herein.**

**Parent/Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**INFORMATION NOTE**

1. If your child is sent home from school because of a **temperature 100 degree and above** or a possible contagious disease, you must bring a written note from your doctor stating that he/ she was examined and they are not contagious and may return to school. (The return date and the doctor's phone number must be on this note). **THIS IS A MUST!**
2. Please note that if your child is sent home because of **diarrhea or vomiting**, they may return to school after a 24-hour period. (YOUR CHILD MUST BE FEVER FREE OR HAVE NO DIARRHEA/VOMITING FOR A 24 HOUR PERIOD). This is in the best interest for all the children as well as the staff.
3. If your child is placed on an **"over the counter "medicine**, it must have a typed prescription label on it (You will need to have your doctor write the prescription and then have your pharmacy label and attach it to the medicine). This medicine must also be accompanied with a doctor's "Return to School" note.
4. Our policy regarding prescription medicine is: You must bring a doctor's note stating what the medicine is for and that your child is not contagious. If we do not have this note, we will be unable to administer this medicine to your child. We will only **administer medicine** that has a prescription label on it.
5. If you are taking your child to the doctor for a checkup or to receive shots, please remember to bring in your updated Blue Medical **Form (DH 680)** and School Entry Health Exam **Form (DH 3040)**. These forms are MANDATORY and are enforced by Childcare Licensing.
6. Each time your child's **Blue Form** is updated your expiration date must also be updated.
7. Your child's School Entry Health Exam (**YELLOW) Form** must be updated every 2 years.

We would appreciate a telephone call from you if your child is going to be **absent from school** due to sickness, vacation or just to stay home with mom or dad. This will enable us to staff each classroom accordingly.

**Name of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION**

It is your **ongoing responsibility** to provided us with a current, direct-contact telephone number where we can reach you or a designated person in case of an unforeseen emergency or a late pick-up issue.

If we are unable to reach a responsible party in a timely matter in either event, we will have **no other choice but to contact the local authorities.**

**PRIMARY CONTACT PERSON**

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

Date of Birth: \_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_

Contact **PRIMARY** Telephone Number \_\_\_\_\_

Contact **Alternate** Telephone Number \_\_\_\_\_

**Signature of Parent/Legal Guardian:** \_\_\_\_\_

**SECONDARY CONTACT PERSON**

Secondary Contact Name: \_\_\_\_\_

Contact **PRIMARY** Telephone Number \_\_\_\_\_

Contact **Alternate** Telephone Number \_\_\_\_\_

Are there any Siblings attending our school(s)? Yes \_\_\_\_ No \_\_\_\_ **[If yes, list name(s)]**

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

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

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

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

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**PARENT HANDBOOK  
ACKNOWLEDGEMENT FORM**

By signing below, I, \_\_\_\_\_, the Parent/Legal Guardian of (Print Student Name) \_\_\_\_\_ agree to visit Kradle to Kindergarten Preschool I & Kradle to Kindergarten Preschool II website that is listed below to print my Parent Handbook, all other pertinent forms and documents, and to review all notices and special events information. I further agree to adhere to and abide by all Policies, Rules & Regulations set forth in all documentations stated and set forth therein and above.

Website: [www.kradletokindergartenpreschool.com](http://www.kradletokindergartenpreschool.com)

Parent/Legal Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature-Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**AUTHORIZED PICK-UP LIST**

I, \_\_\_\_\_ (Parent/Legal Guardian), authorize the following persons listed below to **pick-up my child** (\_\_\_\_\_) from school at any time without **(any other additional)** prior authorization and assume responsibility for my child if I am unable to be reached, in the event of an emergency, and if you are unable to contact me – directly- in a timely manner or should any other unforeseen occurrence happen.

**Contacts are listed in the order of preference.**

**NAME #1:** \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Cell Phone #:** \_\_\_\_\_ **Alternate Phone #:** \_\_\_\_\_

**NAME #2:** \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Cell Phone #:** \_\_\_\_\_ **Alternate Phone #:** \_\_\_\_\_

**NAME #3:** \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Cell Phone #:** \_\_\_\_\_ **Alternate Phone #:** \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Password System:(Undocumented) AUTHORIZED PICK-UP**

OUR PASSWORD SYSTEM IS USED FOR THE PROTECTION OF YOUR CHILD WHEN AN UN-DOCUMENTED / AUTHORIZED PICK-UP IS NECESSARY.

Sometimes, an unforeseen circumstance may occur when you will need someone that is not listed on your child's Enrollment Form to take your child from our facilities. When this circumstance occurs, it is imperative that you call and inform us of your instructions.

At this time, you will be asked to provide us with your pre-determined, written password. Informing us of your password will enable us to carry out your instructions. If you do not provide us with the correct password or you fail to remember your password, we may not be able to carry out your instructions over the telephone.

The password that you provide is a private code between staff and parent. Its sole purpose is to enable us to follow your instructions over the phone regarding the release of your child since your or an authorized pick-up contact are not available to pick-up your child.

**Reminder ALERT: The password for your child should not be given out at random or without careful consideration to any other individual.**

PASSWORD: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Director Name/Signature: \_\_\_\_\_

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**EMERGENCY MEDICAL SITUATION**  
**FILE - UNUSUAL INCIDENTS AND ACCIDENTS FORM**  
**AUTHORIZATION FOR EMERGENCY TREATMENT**

If a child becomes injured or ill requiring hospitalization or EMERGENCY MEDICAL TREATMENT, the **CHILD'S teacher** will NOTIFY the Director and stay with the injured child. Another staff member will call 911, secure an onsite First Aid Kit and/or apply CPR - as needed. A responsible staff member will contact the parent/guardian or an alternate emergency contact person.

TO WHOM IT MAY CONCERN:

I hereby give permission to transport my child, \_\_\_\_\_, to the (Name of Hospital) \_\_\_\_\_, or to the hospital nearest to your current location. In addition, I authorize said Hospital to administer the necessary treatment to my child, \_\_\_\_\_, in the event of an emergency (at which time) I cannot be reached.

**I give consent for my child to be transported by ambulance – if the situation warrants  
Emergency Ambulance Transportation.**

Name of Child's Physician: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

Child Allergies (list known allergies): \_\_\_\_\_

Date of last DPT or Tetanus: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness- Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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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: **KRADLE TO KINDERGARTEN PRESCHOOL I & II**

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

Date: \_\_\_\_\_

Dear Parent/Guardian:

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)

- Breakfast \*\*
- Mid-morning snack
- Lunch \*\*
- Mid-afternoon snack \*\*
- Dinner
- Evening snack
- No meals or snack

The parent agrees to provide a nutritious:

(Parent checks those which apply)

- Breakfast
- Mid-morning snack
- Lunch
- Mid-afternoon snack
- Dinner
- Evening snack \*\*

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

\_\_\_\_\_  
 Parent/Guardian Print

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Operator/Director Print

\_\_\_\_\_  
 Operator/Director Signature

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**MEALS SCHEDULE**

We provide your child with breakfast (including milk), lunch & afternoon snack.

**INFANTS:** Infants are fed via an On-Demand feeding schedule.

Parent/Guardian, please provide ready to serve formula for your infant as well as jar food –when necessary, and label all formula & foods with your child’s name & date.

**(CAUTION: Please do not add cereal to infant’s formula).**

**BREAKFAST:**

Breakfast is served from 7:00am to 8:45am. Any child arriving during this time will be served breakfast. Child must be at school no later than 8:45am to eat breakfast,

**NO EXCEPTIONS.**

**LUNCH:**

Lunch is served from 11am to 12:30pm (according to child’s age group)

**SNACK:**

Snack is served from 2pm to 3pm (according to child’s age group)

**ALLERGIES...**Parents must submit a note from the child’s doctor specifying any food allergies, including milk or other food-related products.

**CHILD CARE FOOD PROGRAM (CCFP):**

**ALERT: NO FOOD IS ALLOWED FROM THE OUTSIDE....** unless, your child’s doctor sends a signed medical statement or signs our medical condition statement form indicating that your child needs to bring home food –**a pack lunch.**

**See Attachment: Medical Condition Statement Form**

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**FOOD RELATED ACTIVITIES PERMISSION FORM  
&  
FOOD ALLERGY DISCLOSURE FORM**

I, \_\_\_\_\_, parent of \_\_\_\_\_ give permission for my child to participate in all food related activities. These activities may include cooking projects, birthday parties and/or holiday celebrations.

Items that would be served at these events would be listed:

1. Cake/Cupcakes
2. Potato Chips
3. Cheese Puffs
4. Ice Cream
5. Cheese Pizza
6. Chicken
7. Fresh Fruit
8. Cookies
9. Juice
10. Ice Pops

**FOOD ALLERGY DISCLOSURE FORM**

DOES YOUR CHILD HAS A FOOD ALLERGY? Yes \_\_\_\_\_ No \_\_\_\_\_

**IF YES - PLEASE LIST BELOW:**

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Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**DISCIPLINE POLICY**

Daily, we encourage students to develop a sense of fair play, good sportsmanship, teamwork & sharing. We hope to teach our students the value of winning & losing in an appropriate manner. Any breach of Good Behavior will be addressed on an individual, age-appropriate basis.

In our efforts to redirect Poor Behavior, we will initiate a cooling off period. Our cooling off techniques involves guiding a child through positive ways to correct inappropriate behavior, together with positive reinforcement.

During our prescribed "TIME OUT" period, student will be given simple rules and boundaries to follow; subsequently, these tools will demonstrate the need for sharing and respecting one another. In addition, we will stress positive solutions to problem solving & encourage student to verbally communicate their feelings among themselves so we can reach a solution.

Kradle To Kindergarten Preschool I & II will work together with parents to resolve behavior problems through parent- teacher conferences, behavior charts & other positive reinforcements.

**As stated in our Parent Handbook, DISCIPLINE IS NOT PUNISHMENT AND WE NEVER USE CORPORAL PUNISHMENT. HEREIN, please be advised that as a last resort, we reserve the right to suspend a child for inappropriate or frequent misbehavior.**

Parent/Legal Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Director Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**KRADLE TO KINDERGARTEN PRESCHOOL I &  
KRADLE TO KINDERGARTEN PRESCHOOL II  
ENROLLMENT APPLICATION**



<p><b>Kradle To Kindergarten Preschool I, Inc.</b> 2500 North State Road 7 Lauderdale Lakes, FL 33313 Office 954.835.5228 ~ Fax 954.916.7026 www.kradletokindergartenpreschool.com email address: kradletokindergarten@yahoo.com</p>	<p><b>Kradle To Kindergarten Preschool II, Inc.</b> 1269 NW 40th Avenue (Inside Lauderhill Mall), Lauderhill, FL 33313 Office 954.999.5003 ~ Fax 954.999.5844 www.kradletokindergartenpreschool.com email address: kradletokindergarten@yahoo.com</p>
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## EXPULSION POLICY

Every effort will be made to prevent the expulsion or dismissal of children from our program. However, Kradle to Kindergarten Preschool I & II reserves the right to cancel the enrollment of a child for the following reasons, not limited to, but including:

- Non-payment or excessive late payment of fees/tuition.
- Failure to adhere to policies and procedures as outlined in the program's Parent Handbook.
- The child has needs, which we cannot adequately meet with our current staffing patterns.
- The child's behavior threatens the health and safety of him/herself, the other children or program staff.
- The parent/guardian exhibits behavior, which is detrimental to the health and well-being of the children and staff in classroom and/or program. This includes but is not limited to: vulgarity, intimidation, harassment, or violation of child care licensing regulations.
- Not meeting attendance Requirements/Excessive Tardiness

I, **(print Parent/Legal Guardian name)**, \_\_\_\_\_, have read and understand the Rules & Regulations outlined above concerning the expulsion policy and further agree to abide by them as set forth.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**KRADLE TO KINDERGARTEN PRESCHOOL I &  
 KRADLE TO KINDERGARTEN PRESCHOOL II  
 ENROLLMENT APPLICATION**



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## HOURS OF OPERATION

<b>Monday</b>	<b>7:00am-6:00pm</b>
<b>Tuesday</b>	<b>7:00am-6:00pm</b>
<b>Wednesday</b>	<b>7:00am-6:00pm</b>
<b>Thursday</b>	<b>7:00am-6:00pm</b>
<b>Friday</b>	<b>7:00am-6:00pm</b>
<b>SATURDAY</b>	<b>CLOSED</b>
<b>SUNDAY</b>	<b>CLOSED</b>

**Parent/Guardian Name:** \_\_\_\_\_ **Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**PHYSICAL ACTIVITY POLICY  
&  
PARTICIPATION FORM**

As per licensing rules from the Department of Children and Families, it is mandatory to provide our preschool children with 40 minutes of physical activities every three and a half hours during the day. Therefore, as licensed preschool, we will provide physical activities throughout the day during our outdoor and indoor activity schedule.

Please remember to send your children with the proper closed-toe shoes and clothing, which allows your child to participate fully on our daily activity schedule.

By signing below:

I, (print **Parent/Legal Guardian** name) \_\_\_\_\_,  
am granting my child, (print **Child** name) \_\_\_\_\_,  
to participate in all daily physical activities.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

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## **SAFE SLEEP POLICY**

The purpose of the safe sleep policy is to maintain a safe sleep environment that reduces the risk of sudden infant death syndrome (SIDS) and unexpected infant deaths (SUIDS) in children less than one year of age. The Broward County Ordinance No. 2018-02 has stricter safe rule regulations. All personnel that care for infants must follow safe sleep practices as recommended by the America Academy of Pediatrics (AAP) as referenced in caring for our children basics health and safety for early care and education, which is incorporated by reference in 65C-22,001 (7) (V), F.A.C. Cribs or Playpens/play yards must have tight fitted sheets and no excess bedding, which includes but is not limited to bumper pads, hanging mobiles, quilts, comforters, pillows, stuffed animals and cushions. Child care providers can maintain safer sleep environments that help lower the chances of SIDS. Our goal is to take proactive steps to reduce the risk of SIDS in child care and to work with parents to keep infants safer while thy sleep. To do so, this facility will practice the following safe policy:

### **Safe Sleep Practices**

1. Infants, less than one (1) year of age, will always be placed on their backs to sleep.
2. When napping or sleeping, young infants who are not able to roll over will be position on their backs and on a firm surface to reduce the risk of (SIDS), unless an alternate position is authorized by a physician with the child's name, date of birth and length of time for the position authorized.
3. If at any case your baby should roll over, he/she will be repositioned on their back.
4. No bibs, bottles or toys will be allowed in crib or play yard.
5. Cribs and play yards will always be 18inches apart.
6. Supervision always present.
7. Children 12 months and over will be required to have an individual standard 2-inch sleeping mat with their own fitted sheet and blanket.

05-17-18

Effective Date

**KRADLE TO KINDERGARTEN PRESCHOOL I &  
KRADLE TO KINDERGARTEN PRESCHOOL II  
ENROLLMENT APPLICATION**



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**PREVENTION OF SHAKEN BABY SYNDROME AND ABUSIVE HEAD TRAUMA POLICY**

We at Kradle to Kindergarten Preschool I and II believe that preventing, recognizing, responding to, and reporting shaken baby syndrome and abusive head trauma (SBS/AHT) is an important function of keeping children safe, protecting their healthy development, providing quality child care, and educating families.

**Background**

SBS/AHT is the name given to a form of physical child abuse that occurs when an infant or small child is violently shaken and/ or there is trauma to the head. Shaking may last only a few seconds but can result in severe injury or even death. According to Broward County Ordinance No. 2018-02, each child care facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT.

**Procedure/Practice**

Recognizing:

- Children are observed for signs of abusive head trauma including irritability and/or high-pitched crying, difficulty staying awake/lethargy or loss of consciousness, difficulty breathing, inability to lift the head, seizures, lack of appetite, vomiting, bruises, poor feeding/sucking, no smiling or vocalization, inability of the eyes to track and/ or decreased muscle tone. Bruises may be found on the upper arms, rib cage, or head resulting from gripping or from hitting the head.

Responding to:

- If SBS/ABT is suspected, staff will:
  - Call 911 immediately upon suspecting SBS/AHT and inform the director.
  - Call the parents/guardians.
  - If the child has stopped breathing, trained staff will begin pediatric CPR.

Reporting

- Instances of suspected child maltreatment in child care or in the home are reported to Florida Abuse Hotline by calling 1-800-962-2873 or fax to 1-800-914-0004 or report on line at <https://reportabuse.dcf.statefl.us/> or 1-800-955-8771 Relay 711 or TTY.

**Prevention strategies to assist staff in coping with crying, fussing, or distraught child**

Staff first determines if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change.

**KRADLE TO KINDERGARTEN PRESCHOOL I &  
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- Rock the child, hold the child close, or walk with the child.
- Stand up, hold the child close, and repeatedly bend knees.
- Sing or talk to the child in a soothing voice.
- Gently rub or stroke the child's back, chest, or tummy.
- Offer a pacifier or try to distract the child with a rattle or toy.
- Take the child for a ride in a stroller.
- Turn on music or white noise.

**Prohibited behaviors**

Behaviors that are prohibited include (but are not limited to):

- Shaking or jerking a child
- Tossing a child into the air or into a crib, chair, or car seat
- Pushing a child into walls, doors or furniture
- Forcing a child to eat.

**Strategies to assist staff members to understand how to care for infants:**

All Staff who care for infants/toddlers must have completed training on the DCF website on How to Care for Infants and Toddlers in addition they must have completed The Shaken Baby Syndrome Training upon hiring.

**Application**

This policy applies to children up to five years of age and their families, operators, early educators, substitute providers and uncompensated providers.

05-17-18

Effective Date

This policy was reviewed and approved by:

**Tommie B Butts, Jr.**  
Director/Owner

**05-17-18**  
Date

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**Prevention of Shaken Baby Syndrome and Abusive Head Trauma Policy**

I \_\_\_\_\_ (Name) acknowledge that I have read, understand, and received a copy of the facility's Shaken Baby Syndrome/Abusive head Trauma Policy.

\_\_\_\_\_  
Date policy given/explained to parent/guardian

\_\_\_\_\_  
Print name of parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Safe Sleep Policy**

**Parent/Guardian Acknowledgement Form**

I \_\_\_\_\_ (Name) acknowledge that I have read, understand, and received a copy of the facility's Safe Sleep Policy.

\_\_\_\_\_  
Date policy given/explained to parent/guardian

\_\_\_\_\_  
Print name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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## **SCHOOL UNIFORM AGREEMENT**

It is imperative that all parents remain in compliance with all policies, rules & regulations of Kradle to Kindergarten Preschool I & Kradle to Kindergarten Preschool II.

All children must be in complete uniform when entering Kradle to Kindergarten Preschool - daily. *School Uniform consist of a Kradle to Kindergarten Preschool Polo Shirt and a bottom garment.*

**Bottom garment colors are khaki, navy or black – ONLY.**

If your child is not dressed in the proper uniform attire, we will issue a uniform shirt and add a charge of \$18.00 to your weekly bill.

It is also mandatory that parents bring all items that are listed on their supply list, especially pamper and wipes. If your child runs out of baby wipes, pampers and/or pulls-ups there will be a charge of \$1.75 per pamper/pull-up and a charge of \$0.50 for each baby wipe. These charges will be added to your weekly bill.

It is mandatory when bringing your child to school that your child is not left with a soiled/wet diaper or pull-up.

### **URGENT Alert:**

All Late Arrivals must be taken to the rest room before entering his/her classroom.

**All items brought in MUST BE LABELED with your child's name – at ALL Times.**

Parent/Legal Guardian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FIELD TRIP PARTICIPATION/ LIABILITY WAIVER FORM  
 (PHOTOGRAPH & VIDEO RELEASE WAIVER)**

I/We, release, indemnify and hold harmless Kradle To Kindergarten Preschool I and Kradle To Kindergarten Preschool II, Inc., its agents, employees, directors, officers, etc. from any and all liability for mishap or injury that may occur while traveling to and/or from any designated school/another facility or Kradle To Kindergarten Preschool I and/or Kradle To Kindergarten Preschool II, Inc. Also during any field trips, this indemnification extends from the time of departure to the time of return. I/We, release, indemnify, and hold harmless Kradle To Kindergarten Preschool I and Kradle To Kindergarten Preschool II, Inc., its agents, employees, directors, officers, etc. from any and all actions and claims for personal injury and damages of any kind resulting from the transportation of my child whether caused in whole or in part by the negligence of Kradle To Kindergarten Preschool I and Kradle To Kindergarten Preschool II, Inc.

In the event my child needs medical treatment and/or services which requires my consent and I/we cannot be reached, I/we hereby authorize, appoint, and empower the Center's designated agent to seek and provide all necessary and/or emergency care services. The same appointed agent will furnish any written or oral authorization for medical treatment and/or services as deemed advisable by authorized medical professionals. All parties involved agree that my child will receive the very best possible care. My child may participate fully in all activities and travel to any field trip or other assigned trip in any vehicle owned or leased by Kradle To Kindergarten Preschool I and Kradle To Kindergarten Preschool II, Inc. I/we understand that my/our child will be always under adult supervision –.

**PHOTOGRAPH & VIDEO RELEASE WAIVER:** I/We hereby grant authorization to Kradle To Kindergarten Preschool I and Kradle To Kindergarten Preschool II, Inc. to record, snap or use photographs and videos of any event, during or after an event of my child for publicity purposes.

Mother/Guardian (Print) \_\_\_\_\_ Primary Telephone # \_\_\_\_\_  
 Email address: \_\_\_\_\_ Alternate Telephone # \_\_\_\_\_  
**Signature: (Mother/Guardian)** \_\_\_\_\_ **Date:** \_\_\_\_\_

Father/Guardian (Print) \_\_\_\_\_ Primary Telephone # \_\_\_\_\_  
 Email address: \_\_\_\_\_ Alternate Telephone # \_\_\_\_\_  
**Signature: (Father/Guardian)** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**BUS/VAN RIDER EXPRESS  
RULES & CONSEQUENCES**

Parent/Guardian, it is important that your child understands these rules so that we can ensure they get to and from school -On Time, Safely and Securely, Every Time. Please help us transport SAFELY by discussing the following rules with your child prior to the start of School.

Rules defining student(s) conduct are designed to protect the passengers and shall be observed -at all times. Bus/van safety rules shall include - but not be limited to - the following:

1. The bus/van driver is in charge of student(s) on the bus/van. Student(s) shall follow the bus driver, bus coordinator, bus monitor and/or an adult leader's directions at all times.
2. Only authorized personnel and eligible bus/van student(s) assigned to a specific bus/van are permitted to ride the bus/van.
3. Bus/van will stop at established stops only. Student(s) will not be permitted to leave the bus/van until the bus/van arrives at an established bus/van stop or the appropriate school. Student(s) shall load and unload at their designated bus/van stop only.
4. Student(s) will wait for a bus/van by remaining on the sidewalk. If there is no sidewalk, student(s) will wait next to (but not in) the street. Student(s) must wait until the bus/van comes to a full stop before boarding or leaving the bus/van.
5. Student(s) will wear assigned seat belt, remain properly seated, not block the center aisle, keep their hands, head, feet, and personal objects inside the bus/van at all times. Any or all student(s) may be assigned seats.
6. Student(s) are not to engage in any other conduct that disrupts the safe operation of the bus/van. Littering, throwing items inside or from the bus/van is prohibited.
7. Student(s) are not allowed to consume food, drink, or chew gum on the bus/van. The possession or use of any drugs, alcohol, and tobacco products is prohibited.
8. Student(s) shall not deface or vandalize the bus/van or related equipment. Parent/Guardian will be required to pay for damages.
9. Student(s) are not to engage in the use of profanity, 'off color' conversations & gestures, bullying, yelling, name-calling, spitting, or fighting on the bus/van or at their stop(s).
10. Student(s) are not allowed to bring animals or harmful objects on the bus/van (i.e., knives, guns, fireworks, or weapons of any kind, etc.). Student(s) must refrain from using electronic devices, and cellphones.
11. Student(s) shall remain at school after arriving, not leaving the school for any reason.
12. Written parental consent must be given to the bus/van driver/coordinator by the parent or legal guardian if Bus Rider has another way of getting home.



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**BUS/VAN RIDER EXPRESS  
 RULES & CONSEQUENCES (continued)**

**CONSEQUENCES FOR MISBEHAVIOR**

In addition to incident report will be completed, at least one of the following will happen if student(s) fail to follow rules listed above:

- Student will be asked by an adult to correct behavior; parent may be contacted.
- Student will be asked to sit next to an adult - if needed.
- Transportation maybe suspended until further notice.

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Mother/Guardian (Print) \_\_\_\_\_ Primary Telephone # \_\_\_\_\_  
 Email address: \_\_\_\_\_ Alternate Telephone # \_\_\_\_\_  
**Signature: (Mother/Guardian)** \_\_\_\_\_ **Date:** \_\_\_\_\_

Father/Guardian (Print) \_\_\_\_\_ Primary Telephone # \_\_\_\_\_  
 Email address: \_\_\_\_\_ Alternate Telephone # \_\_\_\_\_  
**Signature: (Father/Guardian)** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**DO NOT PARK: DROP OFF & PICK UP AGREEMENT**

The Manager/Owner of either or both Facilities (listed above) does not allow anyone to park in the Fire Lanes, alongside the building or in other unauthorized parking spaces.

Please **REMEMBER** when you are picking up and/or dropping off your child(ren) to school, **DO NOT PARK** in the Fire Lane or the Authorized Personnel Parking Spaces.

This agreement acknowledges that I the Parent(s) were told that I cannot park in the Fire Lanes or the Authorized Personnel parking areas at either or both facilities. As well, I agree to inform whomever I send to pick up my child(ren) that they are obligated to abide by all **DO NOT PARK** policies & procedures during Drop Off & Pick Up per Management.

Unauthorized Standing or Parked Vehicles are subject to being TOWED or issued a TICKET/Violation for failure to follow MANAGEMENT'S Parking Rules & Regulations.

Parent/Legal Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**DISTRACTED ADULT BROCHURE  
(Distribution Agreement between -  
APRIL and SEPTEMBER Each Year)  
CONSENT FORM**

By signing below, I, (Print Name: Parent/Legal Guardian), \_\_\_\_\_  
acknowledge and agree that the provider listed above has explained the New Law -  
information outlined on the Distracted Adult Brochure that was issued during the  
2018 Legislative Session. I, also, agree that this brochure has been shared with me  
between the months of April and September.

**HIPPA COMPLIANCE - Consent To Access Child Records**

By signing below, I, (Print Name: Parent/Legal Guardian), \_\_\_\_\_  
agree that all authorized staff at Kradle to Kindergarten Preschool I & II has been  
granted written permission to access my child/children records.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_