**Bugaboos Kids Club & Learning Center**

**Child Care Application for Enrollment**

**Student Information**: Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_ Date of Enrollment: \_\_\_\_\_\_\_\_\_\_\_

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

Last First Middle Nickname

**Child**'s Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City Zip

Bugaboos Kids Club & Learning Center will be monitoring your child’s learning and growth as he/she reaches new milestones. We need to know if your child was a **full term baby or premature**. If your child was born early, **please tell us how many weeks early for adjustment of milestones. \_\_\_\_\_\_\_**

**Family Information**: Child Lives With: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Ext\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Ext:\_\_\_\_\_\_\_\_\_\_

Custody: Mother \_\_\_\_\_\_\_\_ Father \_\_\_\_\_\_\_\_ Both \_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_

**Medical Information**:

I hereby grant permission for the staff of this facility to contact the following medical personnel to

obtain emergency medical care if warranted.

Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Care Plan: Please list **allergies**, special medical or dietary needs, or other areas of concern:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contacts**:

Child will be released only to the custodial parent or legal guardian (listed above) and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name Relationship to child Address Work# Cell/Home#

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name Relationship to child Address Work# Cell/Home#

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name Relationship to child Address Work# Cell/ Home#

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name Relationship to child Address Work# Cell/Home#

**School Readiness & VPK students that miss more than 3 days/month will be responsible for payment**

**At Bugaboos regular rates for any days NOT paid by the Early Learning Coalition of SW Florida.**

**Helpful Information about your Child:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a family history of childhood deafness or hearing impairment? \_\_\_\_\_ Yes \_\_\_\_\_No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a family history of childhood vision impairments? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Hours of Care: From: \_\_\_\_\_\_ To: \_\_\_\_\_ Days of the Week in Care: M T W Th F S

**Bugaboos Requires: *Parents to PROVIDE A LABELED BLANKET, LABELED* CRIB *SHEET, WIPES & 2 CHANGES OF CLOTHING for EACH child.* All blankets, sheets and soiled clothing will be sent home on Fridays to be cleaned & returned on Monday.**

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in all food related activities**. \_\_\_\_** My Child does **NOT** have a food allergy or dietary restriction**.**

\_\_\_\_ My Child **DOES** have a food allergy or dietary restriction. He/She may participate in activities, but may not eat or handle the following items: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_ My child **DOES** have a food allergy or dietary restriction. He/She may **NOT** participate.

\_\_\_\_\_\_ Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040-“ Yellow”) and Immunization record (Form 680 or 681 “blue”) within **30 days of enrollment**.

\_\_\_\_\_\_ Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility

Brochure, "Know Your Child Care Facility” (CF/PI 175-24).

\_\_\_\_\_\_ Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

**Yes/No**  I would like to have my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_ have insect repellant applied to exposed areas

before going outside daily. I understand that I will need to provide insect repellent for my

child (labeled with name please).

**Yes/No** I would like to have my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have sunscreen applied to exposed skin

areas before going outside daily. I understand that I need to provide sunscreen for my child.

(Labeled with name please)

Your signature below indicates that you have received the above brochures, read all information requested and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff to this facility to access to my child’s records.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian

***BUGABOOS KIDS CLUB & LEARNING CENTER, POLICIES***

***DISCIPLINE:*** *Our staff works hard to provide a positive learning experience for all children. Intervention before a problem occurs, redirection and positive reinforcement of acceptable behavior are our first steps. “Think Time” is used when the redirection or positive re-enforcement (a sticker) has not worked. The teacher and child talk about the inappropriate behavior and the appropriate way to handle the situation if the behavior continues. If “Think Time” is necessary, the time limit will not exceed more than one minute per year of age. . If your child’s behavior is harmful to him/herself or others you will be called to pick your child up. If your child’s behavior is an ongoing problem Bugaboos Kids Club & Learning Center Inc. reserves the right to withdraw your child without notice. Spanking and any other form of physical punishment is prohibited.*

*A parent’s failure to maintain proper contact information, violation of child care licensing regulations, inappropriate parent behavior and delinquent accounts may lead to suspension or expulsion. There is no discount or credit given due to a child’s suspension.*

***MEDICATION:*** *Bugaboos Kids Club and Learning Center.* ***does not administer any medications at any time, there could be an exception in a case by case.****.*

***ILLNESS/ Accidents:*** *Effective control and prevention of the spread of illness in the childcare setting is dependent upon clear communication between parents and the center staff daily. Parents and legal guardians agree to the following stipulations which include, but are not limited to the following;*

1. *When notified by the center that your child is ill and must be picked up, the child must be picked up within 1 hour of receiving notice.*
2. *Children who have uncontained Diarrhea (more than 2 x/ day), active Vomiting, running a Fever of 101 or more, Bodily Fluids draining (from ears or sores) ,severe Coughing, difficult or Rapid Breathing, Stiff Neck, Yellowish Skin or Eyes, Pink Eye, Any other Unusual sign or symptom of Illness or children who are not able to participate in regularly scheduled activities (ex: a child who needs to rest indoors instead of going outside) may NOT remain in the center. Children must be symptom free for a minimum of 24 hours before returning to the center. A doctor’s note may be required in some instances.*
3. *A child with a recent fever must be fever free for a minimum of 24 hours to prevent sharing illness with others. In some cases a doctor’s note may be required for return.*
4. *If children are exposed to a communicable illness, parents and legal guardians will notify the center immediately upon diagnosis.*
5. ***If your child sent home because they are ill, they cannot return until they are symptom free for 24 hours,NO Exceptions.***
6. *In the event of a medical emergency or child illness, we will first attempt to contact the parent or legal guardian, and then we will attempt to contact the listed emergency contact person(s). If we are unable to make contact with anyone listed on the registration forms and we feel the need for an ambulance, we will call one. Any expenses incurred will be the responsibility of the child’s parent or guardian.*
7. *Parents will be notified in writing of minor accidents and steps taken to treat the issue. Notification will be at the time of pick-up at the end of the day.*
8. *There is no discount or credit given due to a child’s illness*

***CLOTHING****: Your children should always wear weather appropriate clothing.* Our children go outdoors daily, (weather permitting). Sneakers or closed toed shoes are required. We recommend that you select shoes with Velcro closings until your child is ready to learn to tie his/her own shoes. During cooler months, we request you leave a jacket at Bugaboos so we are prepared for weather changes. We also request a complete change of clothing (labeled with your child’s name). Young children learning to do things on their own can sometimes have a spill. Soiled clothing may be picked up in the office as you sign out. Please remember to replace them.

***Immunization Requirements:*** *The FL Department of Children and Families (DCF) requires that Bugaboos Kids Club & Learning Center Inc. keep on file your child’s immunization and/or physical forms (DCF forms 3040 and 680) as listed on rate sheet, it is the custodial parent’s responsibility to keep these forms current. Children may not attend if their immunization and/or physicals are out of date. Children will be readmitted when forms are updated. Tuition will still be required during this absence.*

**As child care providers, we are mandated by law to report our suspicions of child abuse, neglect or abandonment to the Florida Abuse Hotline in accordance with s.39.201 of the Florida Statues (F.S). We are not required to notify parents of any reports to the hotline.**

***NAPS****: All children at Bugaboos rest after lunch. Parents need to provide a* ***labeled*** *fitted crib sheet & a* ***labeled*** *blanket to cover the children while they rest/sleep on our cots (2’x4’). Blankets and sheets will be sent home each Friday to be laundered and returned with the child on Monday mornings. Sheets & Blankets not taken home for cleaning will be laundered at a fee of $10.00 per child. Children may have their special blanket or item that they cannot sleep without during nap time only. The item will be in their cubby the remainder of the day. Children without a sheet &/or a blanket will be loaned one of ours at a fee of $10.00 per child.*

***DROP OFF & PICK UP:*** *An authorized adult must sign each child* ***in and out*** *daily on the attendance sheets in the front office. A child should never be left unattended. Children will not be allowed to enter or leave our building with being escorted by the parent or an adult (over 18 yrs) authorized by the parent(s) or school personnel. Please always notify the teacher of your child’s arrival and when you leave. This is for more than security reasons, children need goodbye hugs!* ***Bugaboos tries to know all families, but for your children’s safety, please do not be offended if we ask for photo identification****.*

*Bugaboos is open from 6:30 AM to 6:00 PM Monday through Friday. Staff may be in the building prior to or after business hours, however, they are not available to care for children during the posted hours of business. Children who are not picked up by 6:00 PM will be charged a $2.00 per minute late fee. No grace periods are given for late pick up****. Florida law requires that caregivers call authorities for any children left for one hour past closing time without contact from a parent or guardian****. Late Pick Up fees are due the next day of attendance.*

***ABSENCES:*** *Notify us when your child will not be attending due to illness or emergency plans. We do have a phone recorder where you can leave a message if the office staff is not available to the phone. Advance notice is always appreciated. All absences require a written note of explanation or a doctor’s note for the child’s absence for our files upon return to Bugaboos. In some cases a doctor’s note may be required for return to Bugaboos. There is no discount or credit given due to a child’s absence.*

***Arrival Time****: In order to benefit from our educational program, all children need to be in attendance* ***by 8:30 AM*** *. Children arriving after 9:30 AM will not be allowed to attend for the day. There are some exceptions, please see Ms. Lynne or Ms. Stephanie for assistance with your particular situation.*

***PAYMENT****: Payment of your weekly contracted amount is due the morning of your first day of attendance for the week. Bugaboos accepts cash, personal checks, credit/debit cards, money orders and cashier checks for payment.* ***Late payment fee is $10.00 per day. If payment is not made by Friday your child may not be allowed to attend the following Monday. The Returned Check Fee is $25.00 plus the appropriate late payment fees.*** *After a returned check, we will no longer accept your check.*

***School Readiness & VPK students that miss more than 3 days per month will be responsible for payment at Bugaboos regular rates for any days not paid by the Early Learning Coalition of SW Florida.***

***CUSTODY:*** *It is the custodial parent’s responsibility to notify Bugaboos Kids Club & Learning Center Inc. of any legal custody information about the enrolled child/children by providing a copy of the court order for our files. Without legal documents, we cannot restrict parent access to children. Bugaboos will not violate a valid court order.*

*Legal disputes involving child custody, visitation, etc. of children enrolled at Bugaboos may occur. Employees may be subpoenaed for testimony or depositions. Bugaboos is required at times to provide child attendance reports or other reasonable documents in a child’s file. The cos to the parent requesting these services will be as follows: For each employee required to be out of the center for depositions or testimony, the cost will be $25.00 per hour plus travel expenses including mileage at the highest rate allowed. Preparation and copies of children’s records will be $1. per page*

***FIELD TRIPS:*** *The older children (age 4 and up) may go on the occasional field trip. You will receive advance notice of all trips. Trips are well supervised and all precautions are made for the safety and well-being of the children. Unless money is specifically requested, please do not send any money with your children. If you would like to participate, please notify us so that you have proper information of when and where we will be. Children will be transported in the Bugaboos Van.* ***Bugaboos******follows******state law in regards to car and booster seat requirements –***

***NO EXCEPTIONS.*** *Please be sure to write your child’s LAST NAME on your car or booster seat.*

***FOOD:***  *Breakfast, Lunch & Afternoon Snack are provided at no additional charge to all children. We participate in the Federal Child Care Food Program which requires a Free & Reduced-Price Meal Application for every child in our care. The forms are required to be renewed annually.* ***NO*** *food may be brought in to the center without advance consent. Please see Ms. Lynne or Ms. Stephanie for guidelines and permission.*

***PICTURES****: Photos/Videos are taken of special events and daily activities at Bugaboos Kids Club & Learning Center Inc. Those pictures/video’s are used in newsletters, advertising on our web page, Facebook page and displays at the center.*

***HOLIDAYS:*** *Bugaboos will be closed only for major holidays; New Years, Memorial Day, Independence Day, Labor Day, Thanksgiving & Friday after, Christmas Eve and Christmas Day, New Year’s Eve. Reminders will be posted in the office for parents. There is no reduction in tuition fees for holiday closings due to fixed costs. Weekly contracted tuition will be due on the first day in the week.*

***VACATIONS:*** *Vacation time will be available after 52 consecutive paid weeks from the child’s enrollment date. We honor 1 week of unpaid vacation time, without the child in attendance. If a child is withdrawn or un-enrolled, vacation time will be based on the most current enrollment date. Beyond the one week, parents will need to pay their contracted amount to hold their child’s place. This policy is due to fixed business costs.*

***PERSONAL INFORMATION:*** *It is the custodial parent’s responsibility to notify us of any changes to cell, home and work phone numbers, or work locations and emergency contacts in writing when leaving a child with Bugaboos Kids Club & Learning Center Inc.*

***LICE:*** *Any child with lice will have to leave the center as quickly as possible and can return only after complete treatment and removal of all nits. Lice is a fact of life in SW Florida, it is not a reflection on you or your lifestyle. Young children share everything, especially space, so if one child has it, it is probable that others will too. Prompt, thorough treatment is the key to getting through the experience successfully. Chidlren will be checked upon arrival at the center. Proof of treatment is required.*

***PERSONAL BELONGINGS:*** *Please do not send any sippie cups or personal toys. We are not responsible for personal items.*

***WEATHER RELATED EMERGENCY CLOSINGS:***  *If the public schools are closed, we are closed for safety We will announce on local*

*media outlets ASAP.*

***BIRTHDAYS:*** *Parents are welcome to provide a special snack for their child’s birthday. Special snacks must arrive by 11 AM in order to be served that day. Due to allergies, all treats must be store bought with the ingredient label attached. Small cupcakes or frosted cookies are preferred. The teachers will try to make every child’s birthday a special day.*

***WITHDRAWAL NOTICE****: Bugaboos requires a one week written, paid notice of plans to withdraw from the center.*

**HANDBOOK**

**15250 South Tamiami Trail #116, Fort Myers Florida 33908**

**US 41 South - South of Lowes in Regal Plaza**

**Across from Jamaica Bay \* Turn on North Bay Dr. at light by Speedway station**

**Phone: 239-245-8920 Fax: 239-362-0798**

**Email: Bugabooskidsclub@yahoo.com Web site: Bugabooskidsclub.com**

**License # C20LE0155**

**OUR PHILOSOPHY & MISSION STATEMENT**

**TO PROVIDE THE STEPPING STONES FOR A SAFE, CLEAN, FRIENDLY, CARING, LEARNING ENVIRONMENT *WHILE HAVING FUN*. TO MAINTAIN A STAFF WITH THE EXPERIENCE, DEDICATION AND A POSITIVE ATTITUDE TO ENSURE YOUR CHILD AND/OR CHILDREN HAVE A WONDERFUL POSITIVE EXPERIENCE WHILE ATTENDING OUR PRE SCHOOL THAT WILL HELP PREPARE THEM FOR THEIR FUTURE JOURNEY.**

**Hours: Mon – Fri 6:30 AM - 6:00 PM**

**Late pick up fees:**

**$ 2.00 for every minute past closing at 6:00 PM**

**After 60 minutes we WILL call Lee County Sherriff’s Office~**

**These fees are PER CHILD & MUST be paid**

**before your child can stay at Bugaboos Kids Club.**

***BUGABOOS KIDS CLUB & LEARNING CENTER***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Annual registration fee $80.00 due upon registration and every July first.**  **Pro-rated registration**  **July to Sept- $80.00 Oct to Dec $60.00 Jan to March $40.00 April to June $20.00** | | | | | |
|  | **Weekly** | | **Part -Time 3 Full days** | | **Daily** |
| **Infant** | **$180.00** | | **N/A** | | **N/A** |
| **One year Old** | **$155.00** | | **$120.00** | | **$45.00** |
| **2 year Old** | **$145.00** | | **$110.00** | | **$40.00** |
| **3 year Old** | **$140.00** | | **$105.00** | | **$38.00** |
| **4 year Old** | **$135.00** | | **$100.00** | | **$35.00** |
| **5 year old** | **$130.00** | | **$95.00** | | **$35.00** |
| **VPK Wrap** | **$90.00** | | **N/A** | | **$25.00** |
|  | | **Non VPK days/Weeks = regular rates will apply** | | | |
| **After School** | **$60.00 per week** | | | | |
| **Early Release** | **$10.00 additional per half day** | | | | |
| **No School / VPK** |  | | | **$35.00 additional per full day** | |
| **Summer Camp 5 and older** |  | | | **$120.00 per week plus field trips cost (optional)** | |

**Van Pick Up for After School Students Available from:**

**Elementary Heights Elementary & Rayma C. Page Elementary**

**Forms we must have current and on file per the FL Department of Children & Families (DCF):**

**Enrollment form ~ Rate Sheet Form ~ Form 3040 (old yellow) physical exam ~ Form 680 or 681 (old blue) immunization record/DCF Flu Form.**

***Your weekly tuition rate:* \_\_\_\_\_\_\_ + \_\_\_\_\_\_\_ + \_\_\_\_\_\_\_\_ +\_\_\_\_\_\_ Total $\_\_\_\_\_\_/ Week**

**Child’s Name: 1st child \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd child\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3rd child \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4th child\_\_\_\_\_\_\_\_\_\_**

School Readiness Children: SR Pays\_\_\_\_/day x 5 =\_\_\_\_\_ Bugaboos Rate = \_\_\_\_\_/ week= Difference \_\_\_\_\_\_

Parent Fee = $\_\_\_\_\_/day x 5 = $\_\_\_\_\_\_\_ Difference + Parent Fee = **$\_\_\_\_\_\_\_\_\_ Tuition/ Week**

***RETURNED CHECK FEE*: $25.00 PLUS LATE PAYMENT FEES\* See policy for returned checks**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature Parent/Guardian Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed name of Parent/Guardian Printed Name of Parent/ Guardian**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Date**