



Dear Parents:

Please remember to bring the following items to school on your child's first day:

FROM HOME:

- Registration Packet, completed and signed (on or before the first day);
- 2 Full changes of clothes, including underwear and socks (labeled and placed in a plastic zip-lock bag);
- Morning snack (include a healthy snack every day);
- Lunches:
 1. Hot Lunches are available if you choose to include lunch in your child's tuition
 2. Or you may pack a healthy lunch from home
- Fitted crib sheet and a blanket;
- Children who are not potty trained will need diapers, wipes and optional diaper cream, with a #5 Form from the front office;
- Any other supplies your teacher requests.

FROM THE DOCTOR'S OFFICE (within 2 weeks of registration)

- Original Blue Immunization form (#680) signed and stamped by the doctor's office;
- Original Yellow Physical Health Exam Form (#3030) signed and stamped by the doctor's office.

FROM PACESETTER ACADEMY

- Medication forms (#5) are available at the front office for the children who need diaper cream or prescription medication;
- Afternoon snack is provided by Pacesetter Academy after 3:00 PM.

**Please label EVERY ITEM with your child's name using a permanent marker!
Refer to your Parent Handbook for additional information.**

Thank you,

Pacesetter Academy

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Board of County Commissioners, Broward County, Florida BROWARD COUNTY
SOCIAL SERVICES DIVISION CHILD CARE PROGRAM
CHILD ENROLLMENT INFORMATION

PASSWORD

Preferred Name: _____ **Date of Enrollment** ____/____/____

Child's Name _____

Address _____ **City/Zip** _____

Sex: M or F **D.O.B.** ____/____/____

NAME	HOME ADDRESS	HOME PHONE
Mother _____	_____	() _____ - _____
Father _____	_____	() _____ - _____
Guardian _____	_____	() _____ - _____

Mother Cell Phone (____) _____ **Father Cell Phone** (____) _____

Email Address _____ **Email Address** _____

Mother _____ () _____
Place of employment Occupation Phone/extension

Father _____ () _____
Place of Employment Occupation Phone/extension

Parents Marital Status: S M D or W

Child's Physician _____

Address of Physician _____ **Phone** _____

May the center call another physician if unable to contact the above? _____

Persons permitted to remove child: Mother: Yes or No Father: Yes or No

In case of an emergency or illness, other persons to be notified and permitted to remove child from center: (Must be 18 years of age to remove child from center)

Name _____ **Address** _____ **Phone** _____

Name _____ **Address** _____ **Phone** _____

Name _____ **Address** _____ **Phone** _____

Signature of person enrolling child: _____

EMERGENCY INFORMATION

Name of Child: _____ D.O.B. _____

Name of Child's Doctor: _____ Phone: _____

Persons authorized to act for parents in case of emergency:

First Choice:

Name: _____ Home Phone: _____ Work: _____

Address: _____

Second Choice:

Name: _____ Home Phone: _____ Work: _____

Address: _____

Medical History:

Measles: Yes or No

Mumps: Yes or No

Chicken Pox: Yes or No

Convulsions: _____

Allergies (food, medicine, etc.): _____

Any evidence of hearing difficulty? Yes or No Explain: _____

Any evidence of visual difficulty? Yes or No Explain: _____

Birthmark: Yes or No Explain: _____

Speech disabilities? Yes or No Explain: _____

Hospitalizations? Yes or No Explain: _____

Operations? Yes or No Explain: _____

Other illnesses? _____

Does your child have any physical handicaps or conditions which might affect his/her schooling? _____

Please describe: _____

Briefly describe your child as a person: likes, dislikes, favorite past times, toys, friends, toilet habits, napping needs, etc. In essence, please include anything that will help us understand your child and help him/her grow:



Classroom: _____

Individual Information

Child's Name: _____ Nickname: _____

Date of Birth: _____ Age: _____

***Tuition Payment Plan: I will be paying Weekly _____ Monthly _____
I understand that I may change my method of tuition only once during the school year.***

Parent's Names: _____

Does your child have any allergies, food restrictions, or medical problems?

What are your child's favorite foods?

What are your child's favorite activities?

Is your child: shy ___ outgoing ___ aggressive ___ cry easily ___ easily frustrated ___

Are there any areas of difficulty that you would like your child to work on?

**Please use the back of this sheet to list any additional information you feel would be helpful in caring for your child



PASSWORD FORM (Applies to all Students)

To ensure your child’s safety at dismissal, PACESETTER ACADEMY, in compliance with DCF regulation, has instituted a “password program”. This program is designed to ensure that an authorized person is picking up your child.

Please choose a word that will be easy for you to remember. This password should only be given to those whom you authorize to pick up your child. Please fill in the form below and return it to the office as soon as possible.

CHILD’S NAME _____ DATE _____
PASSWORD _____
PARENT’S SIGNATURE _____
PARENT’S DRIVERS LICENSE NUMBER _____

AFTER SCHOOL CARE PERMISSION FORM

I give Pacesetter Academy permission to pick up my child _____
At _____ Elementary School.

Parent Signature: _____ Date: _____

FIELD TRIP PERMISSION SLIP

I give permission for my child _____ to go on all field trips.
I understand that I must notify PACESETTER ACADEMY in writing if I do not want my child to go on a certain trip.

Parent Signature: _____ Date: _____



Authorization for Emergency Treatment

Today's Date: _____

To whom it may concern,

I hereby give my consent to _____ (name of Hospital)
to administer necessary treatment to my child, _____ (name of child) in the
event of an emergency at which time I cannot be reached. I give consent to transport by
ambulance if the situation warrants it.

Name of Physician: _____ Phone: _____

Allergies of Child: _____

Date of last DPT or Tetanus: _____

Insurance Company Covering Child: _____

Policy Number: _____ Expiration Date: _____

Signature of Parent or Legal Guardian

Date

Sworn to and subscribed before me this _____ day of _____, 20____,

By _____ (name of Person Acknowledged).

My Commission Expires:

Signature of Notary Public, State of Florida

Personally Known

Produced Identification

Type: _____

: _____



PERMISSION TO PHOTOGRAPH

Today's Date _____

Child's name: _____

Child's Date of Birth: _____

Photographs and videos of the children are taken on different occasions such as birthdays, holidays and special occasions. We may use these pictures/videos in our school for teaching, arts & crafts, albums, labels and/or advertising.

_____ I give permission to _____ I do NOT give permission to

Pacesetter Academy to take **photographs** of my child for the purposes stated above.

_____ I give permission to _____ I do NOT give permission to

Pacesetter Academy to take **videos** or have videos taken of my child for the purposes stated above.

I understand that these photos and/or videos **WILL NOT** be sold, distributed or shared with any other individual or business.

Parent/Guardian Name (Please print)

Parent/Guardian Signature



PROGRAM REGISTRATION

Participant's Name:	SSN#:
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Participant's Age:	Date of Birth:	Male / Female (circle)
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Please circle one of the following:

African American Pacific Islander/Asian Hispanic White Native American Other_____

Parent's Legal Guardian(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work/Cell Phone # _____

School Name:	Session Date:
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Name of Municipality/agency providing lessons:
Name of Pool:

NOTICE: WAIVER/ RELEASE OF LIABILITY

I, undersigned do hereby expressly acknowledge that the Program's activities involve risks, and I, on behalf of myself and my minor child/ward named herein as the participant, do hereby voluntarily assume any and all risks such of injury to my person and property, or that of my minor child/ward, which may result directly or indirectly from my minor child/ward's participation in these activities, including such injuries caused by the negligence of Broward County, the above named municipality/agency and their respective officers, servants, agents, and employees. I understand that my personal insurance bears primary responsibility in case of an accident involving myself or my minor child/ward. I, on behalf of myself and my minor child/ward, do hereby voluntarily release, waive, discharge and covenant not to sue Broward County and the above named municipality/agency and their respective officers, servants, agents and employees, for and any all claims, liability and causes of action whatsoever which, I, my heirs, assigns, or successors may have against any of them by reason of my or my child/ward's participation in the Program's activities, including such claims against Broward County and the above named municipality/agency and their respective officers, servants, agents, and employees, for damages whether caused in whole or in part by the negligence of Broward County and/or the above named municipality/agency. The information relating to water safety education lessons for my child/ward, may be released to the various state, county and local government agencies.

Parent/Guardian Signature:	Date:
Municipality/Agency Authorized Representative / Instructor Signature:	Date:



Water Safety Education Questionnaire

Date _____

Facility Name: _____

Facility License: 50182

Child's Name: _____

D.O.B. _____

Parent's Name & Address: _____

Parent Signature & Date: _____

1. Has your child ever taken swim lesson? Yes ____ No ____
2. Can your child roll over and float on his/her back? Yes ____ No ____
3. Can your child swim to the side of the pool? Yes ____ No ____
4. Have you taken a Community Water Safety Course? Yes ____ No ____
5. Is anyone in your household certified in CPR? Yes ____ No ____
6. Did you know drowning is the leading cause of death among children? Yes ____ No ____
7. Are you able to swim yourself? Yes ____ No ____
8. Has your child's doctor talked to you about drowning prevention & water safety? Yes _ No _

Additional Comments: _____

Simple Steps to Save Lives:

- Supervision
- Extra Layers of Protection, such as door alarms, self-closing gates and swimming lessons
- Be Aware of all Water Hazards
- Know How to Respond to an Emergency
- Talk to your Child
- Take Action Now and Think: "I know this could happen to my child and I will do whatever it takes to prevent it"



Tricycle/Helmet Permission Form

For the protection of your child, we ask that you sign and return this form allowing your child to ride the tricycles on our playground.

Please chose one:

I give permission

I DO NOT give permission

For my child _____ to ride a tricycle at Pacesetter Academy.

Please check one:

I give permission for my child to use one of the school helmets.

I will send my child's helmet to school, clearly labeled.

Parent's Signature _____

Print Name _____

Date _____



Permission for Food-related Activities & Special Occasion food consumption

Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations, and birthdays.

I _____ (parent or guardian) give/decline permission for my child _____ (child's name) to participate in food related activities and special occasions where food is consumed, subject to the conditions indicated below.

Permission Options: (Select and initial one of the options below):

- My child DOES NOT HAVE a food allergy or dietary restriction. He or she **may participate** in activities.
- My child DOES NOT HAVE a food allergy or dietary restriction. He or she **may not participate** in activities.
- My child HAS a food allergy or dietary restrictions. He or she **may not participate** in activities.
- My child HAS a food allergy or dietary restriction. He or she **may participate** in activities, but **must not eat or handle** the following items (please list below):

Type of Permission: (Select one):

- Specific Permission Only for: _____ (food activity or Event) _____ (date)
- General Permission

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

Parent or Guardian

Date

Board of Broward County Commissioners, Broward County Florida
SOCIAL SERVICES DIVISION
CHILD CARE PROGRAM

ALTERNATE NUTRITION PLAN

Date _____

Name of Facility: Pacesetter Academy
Address: 10950 Pembroke Road
Miramar, FL 33025

Dear Parent,

In accordance with the Broward County Child Care Ordinance, parents and the child care facility are urged to work cooperatively to assure that children are provided with nutritious snacks and meals where lunches are not provided by the facility. Please read the following carefully, sign and return as soon as possible to Pacesetter Academy.

The facility agrees to provide a nutritious:
(Director checks those which apply)

_____ breakfast
_____ mid-morning snack
_____ x _____ mid-afternoon snack
_____ no meals or snacks

The parent agrees to provide a nutritious:

_____ x _____ mid-morning snack
_____ x _____ lunch
_____ mid-afternoon snack

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

Child Name

Caretaker/School Director Signature

Parent/Guardian Signature

Parent - Please tear and keep this portion:

Meals provided by parents must consist of the following:

- A. Meat/Poultry/Fish - 2 ounces
or cheese - 2 ounces
or eggs - 1 egg
or dried beans and peas - 1/2 cup
- B. Fruits (2 or more) - 1/2 cup
or vegetables - 1/2 cup
or fruits and vegetables - 3/4 cup total amount and
vegetables must equal 3/4 cup
- C. Bread - 1 slice
- D. Butter 1 teaspoon
- E. Milk 1 cup - 8 oz.