

**USF Preschool for Creative Learning Enrollment Information Form**

Child's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Sex:  M  F Child's Legal Guardian: \_\_\_\_\_

**Parent/Guardian** USF ID: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Check which phone should be called first in an emergency.  
 Home \_\_\_\_\_  
 Cell \_\_\_\_\_  
 Work \_\_\_\_\_  
 Email: \_\_\_\_\_  
**Status:** Student Faculty/Staff Community

**Parent/Guardian** USF ID: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Check which phone should be called first in an emergency.  
 Home \_\_\_\_\_  
 Cell \_\_\_\_\_  
 Work \_\_\_\_\_  
 Email: \_\_\_\_\_  
**Status:** Student Faculty/Staff Community

**Medical Information**

**I give my permission for PCL staff to obtain emergency medical care for my child from the following providers:**

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

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

Medical Concerns: \_\_\_\_\_

Hospital Preference:

\_\_\_\_\_

**The persons listed below can be contacted in case of an emergency, accident or illness when a legal guardian cannot be reached.**

**The child can also be released to the persons listed below:**

**Contact 1**

Name: \_\_\_\_\_  
 Phone \_\_\_\_\_ :  
 Alt. \_\_\_\_\_ Phone:  
 Relationship to Child: \_\_\_\_\_  
 Medical Release Authorization: YES / NO

**Contact 2**

Name: \_\_\_\_\_  
 Phone \_\_\_\_\_ :  
 Alt. \_\_\_\_\_ Phone:  
 Relationship to Child: \_\_\_\_\_  
 Medical Release Authorization: YES / NO

**Contact 3**

Name: \_\_\_\_\_  
 Phone \_\_\_\_\_ :  
 Alt. \_\_\_\_\_ Phone:  
 Relationship to Child: \_\_\_\_\_  
 Medical Release Authorization: YES / NO

**I/we have received a copy of the USF Preschool for Creative Learning Parent Handbook, Know Your Childcare Center Brochure, Flu Brochure, Discipline policy and I/we agree to abide by the USF PCL Policies and Procedures.**

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## USF Preschool for Creative Learning

### FINANCIAL AGREEMENT

This agreement is intended to fully inform you regarding your financial obligations to the USF Preschool for Creative Learning for the \_\_\_\_\_ school year.

**Monthly Payment** \_\_\_\_\_

#### **Understanding your tuition fees:**

It is important to understand that the monthly tuition that you pay USF Preschool for Creative Learning is to reserve your child's space in the center. The tuition is calculated on the basis of 50 weeks of service divided into 11 equal payments. When the fees are calculated, ***we do not include the week for Christmas break.*** No refunds, prorates or credit is given to accommodate individual family vacations, changes in family schedules, or absences due to illness or injury. In short, by enrolling your child you are agreeing to the monthly tuition fee for as long as your child is enrolled, irrespective of the actual number of hours you and your child use the service. Tuition is automatically raised to the community rate when a parent is not enrolled as a student at the University of South Florida.

Tuition rates are assessed according to parent status. To receive the full-time student rate, undergraduate parents must be registered for a minimum of 12 hours. For graduate student parents to receive the full-time student rate, they must be registered for a minimum of 9 semester hours. Tuition fees for Graduate students working on thesis or dissertation taking less than 9 hours will be decided on a case by case basis. If a student parent is not enrolled during the summer semester, the parent must provide documentation of full-time enrollment in the previous Spring Semester and full-time enrollment in the coming Fall semester to receive the full time student rate. Parents who are enrolled as special students may receive student rates for two semester or 12 hours whichever comes first. Community rates will be automatically assessed until the degree-seeking status is obtained.

Your financial obligation begins when you accept the enrollment by completing and signing the enrollment agreement. Your signature on the enrollment agreement obligates you for the two weeks tuition fees whether your child attends or not. A \$75.00 non-refundable registration fee, \$25.00 non-refundable activity fee is due at the time of registration.

#### **Registration Fee**

**A \$75.00 non-refundable registration fee is due at the time of registration.**

#### **Activity Fees**

**A \$25.00 non-refundable activity fee is due at the time of registration.**

#### **Tuition Payments**

Tuition is payable in advance, without demand or billing at the preschool on or before the first day of each calendar month, except for the month of August. Tuition is late if not received by the USF Preschool for Creative Learning by the first working day of the month. After the first working day (except August), unpaid tuition fees are delinquent and an additional \$10 late fee will be charged. Payments can only be made online at [www.coedu.usf.edu/pcl](http://www.coedu.usf.edu/pcl) . **If a child's enrollment date begins in the middle of the month, the first month's tuition is not prorated.**

#### **Past Due Payments**

Unpaid, past due accounts, including any late fees, are placed on the University-wide accounts receivable system as a delinquent account for collection of the full amount due. This may result in a registration and/or

transcript block. Parents will be asked to withdraw their child from the program if tuition is two months past due. Once the child has been withdrawn from the center as a result of failure to pay, parents must prepay the entire tuition for the semester to re-enroll their child.

**30 Day Written Notice**

A thirty day written notice must be given to avoid incurring tuition fees past the date you plan to have your child participate. The notice must be in writing. Other notifications such as verbal communication with staff members will not be considered valid notices. Once a withdrawal form has been submitted, changes to an earlier date will not be accepted. Failure to give the required thirty day notice will result in monetary charges for a full month's tuition whether the child attends or not. This allows the center and families' adequate time to prepare for the child's departure from the center and new family's adequate time to enroll.

**Late Pick Up Fees**

Parents are expected to pick up their child a few minutes before closing time. A charge will be assessed at the rate of \$10.00 per every 15 minute interval for late pick up, beginning the 1<sup>st</sup> minute following closing. Charges are assessed when incurred, and will be charged on your next billing cycle. If the child has not been picked up one hour after closing and parents or emergency contacts cannot be located or reached the USF Police department will be contacted for their assistance.

If you have any questions, please contact the USF Preschool for Creative Learning.

My signature certifies that I have received, read, understood and agree to comply with the policies stated above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Student #

\_\_\_\_\_  
Please Print Child's Name

## Health and Safety Policy

Every child enrolled in our Center is required to maintain current State of Florida Student Examination Form (Gold Form from the Dr.'s Office) and Immunization Record (Blue Form from the Dr.'s Office) on file. Parents must notify the center immediately if their child has any allergies, special medical problems, any communicable disease, or any injury or illness prior to arriving at the center. A physician's written clearance note is required before a child may return to the center in the case of any contagious illness. Children must be free of any symptoms for a minimum of 24 hours before returning to the center.

Since illnesses are most contagious before full onset, we ask that you please keep your child home where he/she is most comfortable and not expose other children if:

- Your child has any discharge from eyes, ears or nose
- Your child has any fever, 101 degrees or above
- Your child has any symptoms of a communicable disease
- Your child is generally not feeling well or not him/or herself

Should your child become ill at the center with any of the following symptoms, the child will be isolated and you and/or your emergency contacts called to pick up the child within 1 hour.

- Your child has a fever 101 degrees or above
- Your child has 2 loose stools within the day
- Your child has a rash
- Your child is vomiting
- Your child has pink eye (conjunctivitis)
- Your child has lice
- Your child has any discharge from eyes, ears, or nose
- Your child has a persistent cough
- Your child has a sore throat
- Your child has any other sign or symptom of illness

The USF Preschool for Creative Learning may refuse to administer medication at any time. PCL staff **may** administer medication to your child provided the "Authorization for Medication" form has been completed by you, the parent. Prescription and non-prescription medication must be in the original container. Prescription medication must have a label stating the name of the physician, child's name, name of the medication, and medication directions. All prescription and non-prescription medication will be dispensed only according to the written directions on the prescription label. Non-prescription medicines will only be administered if accompanied by a current physician's note along with correct dosage.

Scratches, minor cuts or insect bites will be treated with soap and water only. Band-aids will be used as necessary. If more serious treatment is needed, parents will be notified.

My signature certifies that I have received, read, understood and agree to comply with the policies stated above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print your Child's Name

## Discipline Policy

Our discipline policy begins with prevention. The Center Director and teachers carefully arrange the physical aspects of the classrooms and common spaces to support children's positive interactions. Teachers are **careful** and **attentive** observers of the children in their classroom and are prepared to help redirect children's behaviors as dictated by the child's personality, temperament and needs. Should **challenging behaviors** occur, the teachers will work closely with the child and his/her family to find out what the child is trying to communicate through his/her behavior and develop appropriate strategies to teach the child how to communicate his/her needs in an acceptable manner. No **harsh** or **physical punishments** are used at the center nor may children be spanked, slapped, pinched, shaken, teased, make fun of or threatened in any way. Food may not be withheld as punishment nor are children punished for accidents related to toileting. Parents may not administer physical punishment in the center or on center grounds. USF Preschool for Creative Learning reserves the right to request the withdrawal of any child in order to protect the health, safety and welfare of all those who are in our care.

My signature certifies that I have received, read, and understood the policies stated above.

\_\_\_\_\_  
Signature of Parent (s) or Guardian (S)

\_\_\_\_\_  
Date

## Parent Acknowledgement and Permission USF Child Development Program as a Teaching and Research Site

The mission of the USF Preschool for Creative Learning (PCL) is to provide a site to demonstrate, observe, study and teach exemplary practices in early childhood education. The PCL improves the education of young children and their teachers. Our center also participates in extensions of current knowledge about early childhood education through collaboration and cooperation with various USF academic departments and their various research projects.

**My signature below acknowledges that I have been informed of this participation and agree to my child's participation. This permission slip also serves as a photo release for research at the USF Preschool for Creative Learning.**

\_\_\_\_\_  
Signature of Parent (s) Guardian (s)

\_\_\_\_\_  
Date

**Parent Policy and Procedures Agreement**

I, \_\_\_\_\_, parent (or guardian) does hereby enroll my child,  
\_\_\_\_\_ in the USF Preschool for Creative Learning Program.

My signature below acknowledges that I have received, understood, and agreed to abide fully with the policies and procedures as contained in the parent handbook and other enrollment materials. I understand that the USF Preschool for Creative Learning reserves the right at its sole and complete discretion to terminate this Parent Agreement at any time provided the center gives the parent (s) reasonable written notice of termination.

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

**Alternate Nutrition Plan Agreement**

I understand and approve the use of the alternate nutrition plan. I agree to provide the following meals and/or snacks to meet my child’s nutritional and dietary needs:

Parent	Center	Parent	Center	Parent	Parent
<b>Breakfast</b>	<b>A.M. Snack</b>	<b>Noon Meal</b>	<b>P.M. Snack</b>	<b>Dinner</b>	<b>Evening Snack</b>

Indicate special dietary requirements:

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

\_\_\_\_\_  
Date

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

## GRANT Information

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

1. Please circle your child's age group.

2 years to 3 years  
3 years to 4 years  
4 years to 5 years

2. Please circle the status of each parent.

**Parent**

Marital Status

Single, Head of Household  
Married  
Single, Dependent Student  
(i.e. live at home with  
parents or guardian)

**Parent**

Marital Status

Single, Head of Household  
Married  
Single, Dependent Student  
(i.e. live at home with  
parents or guardian)

**Current Academic Classification**

Undergraduate

Freshman  
Sophomore  
Junior  
Senior

**Current Academic Classification**

Undergraduate

Freshman  
Sophomore  
Junior  
Senior

Graduate

Master's  
Doctorate

Graduate

Master's  
Doctorate

Non - Student

Non - Student

**Are You:**

\_\_\_\_ A Pell Grant Recipient  
\_\_\_\_ Pell Grant Eligible

**Are You:**

\_\_\_\_ A Pell Grant Recipient  
\_\_\_\_ Pell Grant Eligible

**Please circle one of the following**

American Indian or Alaskan Native  
Asian American  
Black or African American  
Hispanic or Latino  
Native Hawaiian/Other pacific Islander  
White  
Other: \_\_\_\_\_

**Please circle one of the following**

American Indian or Alaskan Native  
Asian American  
Black or African American  
Hispanic or Latino  
Native Hawaiian/Other pacific Islander  
White  
Other: \_\_\_\_\_

**Income Level, Circle One**

\$0 – 5,000  
\$5,001 - 15,000  
\$15,001 – 25,000  
\$25,001 – 35,000  
\$35,001 – 45,000  
\$45,001 – 50,000  
\$50,001 – and above

**Income Level, Circle One**

\$0 – 5,000  
\$5,001 - 15,000  
\$15,001 – 25,000  
\$25,001 – 35,000  
\$35,001 – 45,000  
\$45,001 – 50,000  
\$50,001 – and above

**ALLERGY FORM**

**Child's Name**

**Date of Birth**

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If this is a food related allergy, the USDA Child Care Food Program Medical Statement for Children with Disabilities and Special Dietary Conditions form must be completed by the Child's physician.

My child is allergic to:

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To prevent reactions, my child should not:

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If my child has an allergic reaction, his/her symptoms will be:

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**Teachers should respond to an allergic reaction by:**

Δ Call parent at this number: \_\_\_\_\_

Δ Call 911 \_\_\_\_\_

Δ Other

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Δ Other

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**BUG REPELLANT/PHOTO/SUNSCREEN/WALK RELEASE**

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**Bug Repellant Release**

If you would like your child's teacher to apply bug repellant, please supply a bottle of spray or lotion with your child's name on it and sign below giving us written permission to apply it. I give permission for USF PCL staff to apply insect repellant to \_\_\_\_\_ as needed.  **YES**  **NO**

**Name of repellent** \_\_\_\_\_ **Parent Signature** \_\_\_\_\_

**Child's Name** \_\_\_\_\_

**Photo/Video Release**

I give permission for the my child to be photographed and/or videotaped while attending USF Preschool for Creative Learning. I understand that these photographs or videos may be used in several different types of media publications as well as research. This may include, but is not limited to brochures, newspaper articles, TV spots and the USF PCL website.  **YES**  **NO**

**Child's Name** \_\_\_\_\_ **Parent Signature** \_\_\_\_\_

**Sunscreen Release**

If you would like your child's teacher to apply sunscreen , you will need to supply a bottle of spray or lotion with your child's name on it and give us written permission to apply it. I give permission for USF PCL staff to apply sunscreen, to \_\_\_\_\_ as needed.  **YES**  **NO**

**Name of sunscreen** \_\_\_\_\_ **Parent Signature** \_\_\_\_\_

**Child's Name** \_\_\_\_\_

**Walk Release**

I give permission for USF Preschool for Creative Learning (ERCCD) at the University of South Florida to take my child walks around the University of South Florida campus. I understand that my child may ride on the Bull Runner shuttle or walk. Children are always accompanied by their teachers.  **YES**  **NO**

**Child's Name** \_\_\_\_\_ **Parent Signature** \_\_\_\_\_