



GUARDIAN ANGEL PRESCHOOL

Preparing Children for School, Preparing Children for Life

POLICIES & PROCEDURES

Guardian Angel Preschool will strive to provide qualified and loving teachers for your children. We also intend to instruct your children in Christian values and maintain a safe & wholesome environment, so that you as parents can have peace of mind while at work.

Discipline Guidelines

Positive reinforcement will always be stressed. If, and when, discipline is necessary, it will always be done with dignity and love. If a child misbehaves, the child will first be given a verbal warning. If the behavior continues after a verbal warning, the time-out method will be used. No child will ever be subjected to discipline which is severe, humiliating or frightening. A child will not be denied active play as a consequence of misbehavior.

Tuition Payment

Your tuition payment is due each Monday, even if your child is out sick. Each child receives one vacation week per year after six consecutive months of attendance.

Sickness

Guardian Angel Preschool will follow the Health Department Guidelines regarding communicable diseases. If your child has a fever, is vomiting or has diarrhea, you will be expected to pick him or her up. The child must remain at home until free of symptoms for 24 hours.

Rates

Guardian Angel Preschool accepts children from 12 months to age 11 years. After school care will be provided only if there is available space.

Annual Registration	\$50
Enrollment	\$90
Full-time Preschool	\$208/week
Part-time Preschool (based upon availability)	2 days/\$95 a week, 3 days/\$130 a week
Before & After School Care	\$85/week
VPK Wrap Around	\$135/week
Late Pickup	\$10 per 10 minutes late
Late Payment	\$20

Guardian Angel Preschool is closed on the following holidays.
Full tuition is still due on those weeks.

New Year's Eve & Day
Martin Luther King Day
President's Day

Good Friday
Memorial Day
July 4th

Labor Day
Thanksgiving Day & Friday After
Christmas Eve & Christmas Day



State of Florida
Department of Children and Families
CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: Sex: Date of Enrollment:

Full Name: Last First Middle Nickname

Child's Physical Address:

Primary Hours of Care: From To

Days of the Week in Care: M T W Th F Sa Su

Meals Typically Served While in Care: Breakfast AM Snack Lunch PM Snack Supper

Family Information: Child Lives With:

Parent/Guardian Name: Parent/Guardian Name:

Address: Address:

Home Phone: Home Phone:

Employer: Employer:

Address: Address:

Work Phone: /Cell: Work Phone: /Cell:

Relationship to the child: Relationship to the child:

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:

Please list allergies, special medical or dietary needs, or other areas of concern:

Emergency Care Plan instructions including symptoms, medication, and notification in the event of an actual emergency (if applicable):

Emergency Contacts: Child will be released only to the custodial parent(s) or legal guardian(s) 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(s) or legal guardian(s) cannot be reached:

Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#

Helpful Information About Child:

- Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or**
- Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 7.3, C.3 of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.
- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, **or**
- Section 2.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

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

Signature of Parent/Guardian

Date



New Student Orientation

CHILDRENS FILES

- _____ • Application for enrollment
- _____ • Insurance Affidavit
- _____ • probation agreement
- _____ • Tuition payment policy
- _____ • Attendance policy
- _____ • Immunization record
- _____ • Physical
- _____ • USDA Food program papers

GUARDIAN ANGEL PRESCHOOL POLICIES

- _____ • Parent handbook
- _____ • Program hours(late pick up fees)
- _____ • Sick child policy
- _____ • Vacation time
- _____ • Holidays
- _____ • Medicine policy
- _____ • Discipline policy
- _____ • Two week withdrawel notice
- _____ • Expilsion policy
- _____ • Parent email
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I have reviewed the above policies and am in agreement with them. I also give permission for my child to be assessed at the begining and end of the school year. I understand that my child may be photographed during normal school activities and these photographs may be posted on Guardian Angel's Facebook page and used during Guardian Angel programs.

Parent Signature _____

Insurance Affidavit

Under penalties of perjury for the State of Florida, I swear the following statements to be true:

My child is enrolled as a student at Guardian Angel Preschool. I am the legal parent or guardian of this child. I currently have health and accident insurance coverage for child. I will maintain insurance coverage for my child at all times while he or she is enrolled at Guardian Angel Preschool. I realize that my child cannot attend this school without insurance coverage.

My child is covered by the following:

Insurance company or plan name _____

Policy or I.D Number _____

Child's name _____

Parent/Guardian Name _____

Parent signature _____

Date _____

Expulsion Policy

Name of Child _____

Signature of Parent _____ Date _____

Unfortunately, there are sometimes reasons we have to ask that a child be removed from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced.

WHEN A CHILD IS HAVING A PROBLEM IN THE CLASSROOM

Staff will try to redirect child from negative behavior.

Staff will reassess classroom environment, appropriate of activities, supervision.

Staff will always use positive methods and language while disciplining children.

Staff will praise appropriate behaviors.

Staff will consistently apply consequences for rules.

Child will be given verbal warnings.

Child will be given time to regain control.

Child's disruptive behavior will be documented and maintained in confidentiality.

Parent/guardian will be notified verbally.

Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.

The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.

SCHEDULE OF EXPULSION

If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the school.

The parent/guardian will be informed regarding the length of the expulsion policy.

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

PARENTAL ACTIONS FOR CHILD EXPULSION

Failure to pay/habitual lateness in payment.

Failure to complete required forms including the child's immunization records.

Verbal abuse to staff.

Parent threatens physical or intimidating actions toward staff members.

CHILD'S ACTIONS FOR EXPULSION

Failure of child to adjust after a reasonable amount of time.

Uncontrollable tantrums/angry outbursts.

Ongoing physical abuse to staff or other children

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 _____ give/decline permission for my child _____
(Parent or Guardian) (Child's Name)
to participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

_____ 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 DOES have a food allergy of dietary restriction. He or she may participate in activities, but may not eat or handle the following items (please list below):

_____ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities

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

(Parent or Guardian) (Date)



Medication Authorization/Modification Form

2.7 INDICATOR: Medications and Illness

Select One:

- Medication Authorization
- Medication Modification
- Medication Discontinuation

Effective Date: ____

Child's Name: _____

Medication Name: Cutter Bug Spray

Dosage Amount: Arms and Legs

Time(s) to be Given: As needed, when going outdoors

Date(s) to be Given: _____

Side Effects/Anticipated Reactions: _____

Special Instructions/Circumstances for Administering (if applicable):

Parent's Signature Date

Please note the following requirements, if not followed, the medication will not be administered.

- Medication MUST be in its original container.
- Medication must bear a printed label clearly stating the name of the child to whom
- the medication has been prescribed.
- All information above MUST be completed.
- Medication Authorization/Modification Form to be updated, by parents, as changes occur or at least every three months
- Medications must not be expired. Parents must replace expiring or depleted medications in a
- timely manner.
- The Center reserves the right to decline to administer medication that appears to pose a potential harm or non-traditional medications.

Please complete a different form for each change