

14390 Orange Blvd. Loxahatchee, Florida 33470

Effective 8/7/2025

Pre- K Tuition Rate Sheet

REGISTRATION FEES (non-refundable annual fees) Pre-K \$200/\$300 Family							
PROGRAM FOR SCHOOL	YEAR VPK**	(Book F	Fee of \$70.00	for A Beka Progra	ım)		
FULL TIME: EXT. TIME: PART TIME: 3 Hour AM 3 Hour PM * Thanksgiving, Spring Bre ** \$10/day extra for teacher		* (* (Break (\$24		:00 p.m.) 2:30 p.m.) 1:00 a.m.) 2:30 p.m.)	ucher)		
Acknowledgement of T		SIGN &	RETURN				
I have received a copy o due on the Friday <u>prior</u> to		ites and	understand th	nat my child's tuiti	on payment is		
Parent / Guardian Signat	ture			Date	_		
Name of Child/Children_							

Prices are reflected in check or debit card prices. 3% will be automatically added for credit card payments



Early Learning Center, Inc.

14390 Orange Blvd Loxahatchee, Florida 33470

VPK APPLICATION SHEET

Child's Name	Date	Date of Birth:				
My child wishes to attend All- request the schedule that I had may not be able to switch to a	ave checke	d below. <u>I u</u>	nderstand that we			
REGISTRATION FEES (non-refundable	e annual fee)	Pre-K \$2	00/\$300 Family			
VPK - Full Time	(6:30 am -	6:30 pm)				
VPK – Ext. Program	(6:30 am -	- 2:00 pm)				
VPK – Part Time	(6:30 am -	- 12:30 pm)				
VPK – 3 Hours	(8:00 am -	- 11:00 am)	(Free with Voucher)			
VPK – 3 Hours	(11:30 am	– 2:30 pm)	(Free with Voucher)			
Parent/Guardian Signature						
 Date						

^{*} Spring Break and Winter Break (\$240/\$200/\$185/week)

^{** \$10/}day extra for teacher workdays and school holidays (with school year VPK voucher)



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OFFICE USE ONLY
STARTING DATE
CLASS
DATE REG. PD:
WEEKLY TUITION

REGISTRATION FORM

Non-refundable fee must accompany application

				or any orph			
Child's Name				В	irthdate		
Age years	months	Female	Male	C	ode Word		
Child Resides with	Both Parents	Mother	Father	Other			
Mother's Name			_	Father's Name:_			
Mother's E-Mail:			_	Father E-Mail: _			
Address:				Address:			
City/State/Zip:				City/State/Zip:			
Res. Phone:	Cell:			Res. Phone:	Cell:		
Employer's Name:				Employer's Nam	e:		
Occupation:				Occupation:			
Bus. Phone:	Other:		_	Bus. Phone	Other:		
In Case of emergenc	y, persons autho	rized to p	ick up you	r child from the fac	ility, when you cannot be reached:		
Name		ddress		Phone	Relation		
Name	A	Address		Phone	Relation		
Has your child been in childcare before? Where? Number of other children in family:							
Name		A	.ge	School			
Name		A	.ge	School			
Child's Physician				Р	hone		
Hospital Preference					hone		
Does your child have any ALLERGIES? How does it present: Asthma Hay Fever Hives Other							
MUST ATTACH CURRENT SHOT RECORD AND PHYSICAL FORM FROM FLORIDA DR. OFFICE							
Any other Medical/HOME/or Developmental situation that we should be aware of?							
	ne emergency nu				the school is unable to contact my administration to make whatever		
Parent's Signature _				Date:			
Witness:							



Early Learning Center, Inc.

RELEASE FORM

CHII	LD'S NAME:				
1.	It is legal for either pa of a court order restr MotherYes	icting visi	tation.		
2.	Is there any Court Or Please list the person				
	Name:		Relationsh	nip:	
3.	Think of a code word file at the Center. Whethis word to the personal Code Word:	nen you ar on you ins	e unable t	pick up	your child, give
4.	List the person(s) per numbers current.	mitted to	pick up yo	ur child.	Keep phone
	Name	Р	hone		
	Name	P	hone		
	Name	Р	hone		
Pare	ent's Signatures((s):			
X				Date:	
Dire	ctor's Signature	:		_ Date	:



PARENT AGREEMENT

Α

As the parent (or guardian) of, I have the rules and regulations listed below:	carefully read, understand and will abide by
1. TUITION Tuition is due in advance of the period covered. Therefore, all late fee will be charged it if is not paid by Tuesday. Tuition is all fyour child does not attend any portion of the week M to F a variety tuition rate will be charged. Each child is entitled to 4 vacation 2. HOLIDAYS ALL-STAR KIDS will be closed on the following days: *New Year's Day *Memorial Day *Memorial Day *Labor Day *Christmas Day *If the holiday falls on a Saturday, school will be closed closed on Monday. HOLIDAYS DO NOT REDUCE TUITION.	due regardless of attendance and holidays. vacation tuition equal to one-half of the on weeks per school year at the ½ rate. vay
3. SECURITY – DROP OFF / PICK UP	a domanti ura
Parents are required to sign in upon arrival and sign out upon 4. <u>DISTRACTED ADULT AND FLU BROCHURE</u> My signature below verifies receipt of the Distracted Adult broguide to Parents" brochure.	
5. "KNOW YOUR CHILD CARE CENTER" I have received and read a copy of the "Know Your Child Care	e Center" pamphlet (Chapter 402.3125 F.S.)
6. ALTERNATE NUTRITION PLAN The facility agrees to provide nutritious: Mid-morning and Mid provide a nutritious: Lunch and Drink (in non-glass container nutritional guidelines. WE DO NOT WARM UP FOOD. If you we thermos. I have carefully read and understand the USDA nutritional tiles my responsibility to provide a nutritious lunch for my	r). Parent has received a copy of the USDA vant your child's food warm, please use a ritional guidelines brochure. I understand
7. PARENT HANDBOOK I have received and read the "All-Star Kids" Parent Handbook understand that the school reserves the right to dismiss any sparents do not cooperate with the educational process or sch	students who do not cooperate, or whose
8. LATE PAYMENT AND LATE PICK UP My signature below verifies that I have agreed to pick up my olate pick-up fee of \$10 for the first 5 minutes and \$1 for every addition, a Late Payment fee of \$15 will be assessed if the tuit week.	minute thereafter will be assessed. In
We understand that ALL-STAR KIDS has an open-door policy	and we can visit our child at any time.
Parent's Signatures(s):	
X Da	ite:



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DISCIPLINE POLICY

Dear Parent(s):

HRS requests that we notify all parents of children enrolled in our school of the disciplinary actions used by All-Star Kids. The disciplinary actions are as follows:

- 1. Quiet Time-out: Child is removed from the group for a short period of time.
- 2. Notification of parent(s) of any disciplinary problems with the child.
- 3. Corrective action conference scheduled with parent, teacher and child.

The following disciplinary protocol will be followed at all times:

- 1. The child will not be subjected to discipline that is severe, humiliating, or frightening.
- 2. Discipline will not be associated with food, rest or toileting.
- 3. Spanking, or any other form of physical punishment is prohibited.

Child's Name:	Date :	_
Parent or Guardian Signature:		



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August 1, 2020

Dear Parents:

To assure the safety of your child (children) we have developed an emergency evacuation plan. This plan stated that if we had to evacuate the school we would take the children to:

Pierce Hammock Elementary School 14255 Hamlin Blvd. Loxahatchee, FL 33470 (561) 633-4500

This school is a designated shelter for Palm Beach County. You could contact us on our cellular phone at (561) 301-7606.

Please sign the bottom of this form so that we may put it in your child's

Thank you.

Michelle S. O'Neill
Owner/Director

I have been informed of the All Star Kids evacuation plan. In case of evacuation, my child will be taken to Pierce Hammock Elementary School.

X ______ Parent Signature _____ Date Child's Name

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus*, The Flu, A Guide to Parents:

Name:

Child's Name:

Date Received:

Signature:_

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- · Has a high fever or fever that lasts a long time
 - · Has trouble breathing or breathes fast
 - · Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: http://www.cdc.gov/flu/ or http://www.immunizeflorida.org/

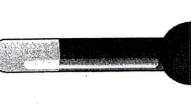


FACTS ABOUT HEATSTROKE:

It only takes a car 10 minutes to heat up 20 degrees and become deadly.

Even with a window cracked, the temperature inside a vehicle can cause heatstroke.

The body temperature of a child increases 3 to 5 times faster than an adult's body.



A PREVENTION TIPS:

- Never leave your child alone in a car and call 911
 if you see any child locked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work. school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent ask them to contact you if your child

During the 2018 legislative session, a new law was passed that requires child care facilities, family day care homes and large family of care homes to provide parents, during the months April and September each year, with information regarding the potential for distracted adults to fall to drop off a child at the facility/home and instead leave them in the adult's vehicle.

My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

Child's Name:

Date:

Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records.