



KRADLE TO KINDERGARTEN PRESCHOOL II
KINDERGARTEN - ENROLLMENT PACKET
2024 – 2025

"A Foundation of Excellent Learning"

www.kradletokindergartenpreschool.com

Email Address: kradletokindergarten@yahoo.com



Kradle To Kindergarten Preschool II - KINDERGARTEN

1269 NW 40th Avenue

Lauderhill, FL 33313 (**INSIDE - Lauderhill Mall**)

Office: 954.999.5003 Fax: 954.999.5844



Kradle To Kindergarten Preschool II, Inc. -Kindergarten
 1269 NW 40th Avenue
 (Inside Lauderhill Mall), Lauderhill, FL 33313
 Office 954.999.5003 ~ Fax 954.999.5844
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ID#: _____ Last Name: _____ First Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone#: _____ Birth Date: _____ Sex: M ___ F ___ SS#: _____

FAMILY INFORMATION

Mother/Guardian's Name: _____ Cell Phone: _____
 Employer: _____ SS#: _____ Work Phone: _____
 Father/Guardian's Name: _____ Cell Phone: _____
 Employer: _____ SS#: _____ Work Phone: _____
 Marital Status (circle one): Single Married Divorced Separated
Parent permitted to remove child? Mother: (circle one) Yes No / Father: (circle one) Yes No
Other person(s): 1) Name: _____ Primary Phone: _____
 2) Name: _____ Primary Phone: _____

Emergency Contact: _____ **Daytime Phone:** _____

After Care Services Needed Yes No Future Date

MEDICAL INFORMATION

Health Insurance/Medicaid: _____ Policy/ID#: _____
 Doctor's Name: _____ Phone: _____
 Medication being taken: _____
 Allergies to Medicine/Food _____
 Significant Medical Conditions: _____

I acknowledge that I have received the **parent handbook/school calendar/guidelines for proper nutrition/swim central form** and agree to abide by all policies and procedures for parents contained in the handbook and those indicated on page 2 of this Enrollment Application.

 Print Name: Parent/Guardian _____
 Date

 Signature: Parent/Guardian _____
 Date

FOR OFFICE USE ONLY

Start Date: _____ Redetermination **Date1:** _____ Program1: _____
 Redetermination **Date2:** _____ Program2: _____ Termination Date: _____
 Class: _____ Teacher: _____ After School: (Express Bus Rider) _____
FEES: Registration Fee: \$ _____ Daily Fee: \$ _____ Fee Change: _____ Date: _____

Data Entered: _____ **Date of Data Entry:** _____

__ Attendance __ School File FORMS: 3040 _____ 680 _____
 __ Transportation Book __ Billing File **Staff Name:** _____





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ENROLLMENT APPLICATION (continued, page 2)

1. In case of an accident or emergency, I hereby give permission for medical treatment for my child. I will assume all responsibility for all charges not covered by insurance. **I give consent for the emergency contact person listed on the appropriate form(s) to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.** I understand that the need for an emergency transfer to a hospital may become necessary and appropriate. I hereby give permission for such transfer if deemed necessary by **any - assigned staff member or designated Authorized Agent or entity.**
2. I have read ALL Kradle to Kindergarten Preschool’s guidelines and procedures as stated in the brochure including **discipline policies** and I agree to adhere to all of these policies.
3. I have read the Child Care Facility Brochure Statement (Chapter 402.312).
4. Any damage to property or facility by a **Student** shall be **the responsibility of that Student** and his/her Parent(s)/Legal Guardian(s) and shall be billed accordingly.
5. Kradle to Kindergarten Preschool is hereby granted permission to use any individual or group photo/video taken at the School or a designated Facility, for public relation purposes, showing my child (ren) involved in the School/Facility activities.
6. I give my permission for my child to be transported to any scheduled field trips.
7. Registration fees are non-refundable. If a child is withdrawn due to unforeseen circumstances, it will be left to the discretion of Kradle to Kindergarten Preschool/the Facility to determine the tuition balance.

Authorization to Release Information: I/We authorize release of medical and other information as required for collection of benefits by Insurance Carrier or other third-party sources of payment in connection with the illness or injury of the patient.

Special Care Plan: I will obtain a special care plan for my child (ren) if applicable.

- a) I will obtain health assessments for my child according to the schedule recommended by the Florida Department of Health.
- b) I will cooperate by following up of any medical, dental or developmental need of my child (ren).
- c) I will sign my child (ren) in and out every time my child arrives and departs with me or a person I authorize.

Release: I/We hereby release the admitting facility and its associate facilities together with their employees, consultants, physicians and other medical personnel, and the owners, officers, and directors of said facilities from any claim for damages as a result of any injuries arising from any activity participated in by my admitted child. - **I have read and understand all information contained herein.**

Parent/Legal Guardian’s Signature: _____ **Date:** _____





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INFORMATION NOTE

1. If your child is sent home from school because of a **temperature 100 degree and above** or a possible contagious disease, you must bring a written note from your doctor stating that he/ she was examined and they are not contagious and may return to school. (The return date and the doctor's phone number must be on this note). **THIS IS A MUST!**
2. Please note that if your child is sent home because of **diarrhea or vomiting**, they may return to school after a 24-hour period. (YOUR CHILD MUST BE FEVER FREE OR HAVE NO DIARRHEA/VOMITING FOR A 24 HOUR PERIOD). This is in the best interest for all the children as well as the staff.
3. If your child is placed on an **"over the counter "medicine**, it must have a typed prescription label on it (You will need to have your doctor write the prescription and then have your pharmacy label and attach it to the medicine). This medicine must also be accompanied with a doctor's "Return to School" note.
4. Our policy regarding prescription medicine is: You must bring a doctor's note stating what the medicine is for and that your child is not contagious. If we do not have this note, we will be unable to administer this medicine to your child. We will only **administer medicine** that has a prescription label on it.
5. If you are taking your child to the doctor for a checkup or to receive shots, please remember to bring in your updated Blue Medical **Form (DH 680)** and School Entry Health Exam **Form (DH 3040)**. These forms are MANDATORY and are enforced by Childcare Licensing.
6. Each time your child's **Blue Form** is updated your expiration date must also be updated.
7. Your child's School Entry Health Exam **(YELLOW) Form** must be updated every 2 years.

We would appreciate a telephone call from you if your child is going to be **absent from school** due to sickness, vacation or just to stay home with mom or dad. This will enable us to staff each classroom accordingly.

Name of Parent or Guardian: _____ **Date:** _____

Signature of Parent or Guardian: _____ **Date:** _____





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EMERGENCY CONTACT INFORMATION

It is your **ongoing responsibility** to provided us with a current, direct-contact telephone number where we can reach you or a designated person in case of an unforeseen emergency or a late pick-up issue.

If we are unable to reach a responsible party in a timely matter in either event, we will have **no other choice but to contact the local authorities.**

PRIMARY CONTACT PERSON

Child's Name: _____

Date of Birth: _____

Name of Parent/Legal Guardian: _____

Contact **PRIMARY** Telephone Number _____

Contact **Alternate** Telephone Number _____

Signature of Parent/Legal Guardian: _____

SECONDARY CONTACT PERSON

Secondary Contact Name: _____

Contact **PRIMARY** Telephone Number _____

Contact **Alternate** Telephone Number _____

Are there any Siblings attending our school(s)? Yes ____ No ____ **[If yes, list name(s)]**

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____



PARENT HANDBOOK ACKNOWLEDGEMENT FORM

By signing below, I, _____, the Parent/Legal Guardian of
(Print Student Name) _____ agree to visit Kradle to
Kindergarten Preschool II - Kindergarten website that is listed below to print
my Parent Handbook, all other pertinent forms and documents, and to review
all notices and special events information. I further agree to adhere to and
abide by all Policies, Rules & Regulations set forth in all
documentations stated and set forth therein and above.

Website: www.kradletokindergartenpreschool.com

Parent/Legal Guardian Name: _____ Date: _____

Signature-Parent/Legal Guardian: _____ Date: _____



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TUITION AGREEMENT

Name of student: _____

Address _____

Tuition Amount: **\$8,070.00**

Please read carefully and select your tuition payment option.

Payment Plan Options:

Option 1 One-Time Payment in Full

To be paid in full by **August __, 20__** by either cash, or money order directly to the school

Option 2 Installment Payment Plan through Procure (via telephone/in person)

Please select the number of installments.

Semiannual (due August and January)

Ten monthly installments from August through May

Scholarship Recipient 100%

All installment payments must be processed and paid through our Procure (via telephone/in person)

Transfer from a designated checking, savings account or credit card. If you decide to withdraw your child from our facility you will be required to endorse your child's final scholarship check. If for any reason you don't authorize payment or sign check over to our facility to complete your child's tuition balance, you will be asked to pay remaining balance out of pocket or we will be forced to take legal action.

I acknowledge that I have read, understand and agree to the **20__-20__** tuition and fee schedules and payment obligations detailed in my tuition statement. In exchange for the admission of my child in Kradle to Kindergarten Preschool II. I hereby agree to pay, as scheduled, the tuition due.

I further understand that I am responsible for the full balance of tuition and any related fees regardless of any scholarship awards that may be available. Should such scholarship awards not cover the entire balance due or otherwise not become available or used to cover the full tuition expense, I understand and acknowledge that I remain responsible for the full amount of tuition and fees.

At the end of each quarter, parents with past due tuition/fees balance will be notified by the school office of the past due amount and the minimum payment required. If all financial obligations are not current, the school will:

- Not allow the student to take mid-term/final exams.
- Not issue report cards, diplomas and/or transcripts and release grades.
- Disenroll the student from the school.

Further, I agree to cooperate with the school in the interpretation and enforcement of the policies outlined in the Handbook. I also understand that the school has the ultimate authority over the administration of the school and the interpretation of school's rules and policies. The administration reserves the right to terminate a student's enrollment at any time.

 Print Parent Name

 Parent Signature

 Date





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PASSWORD SYSTEM: AUTHORIZED PICK-UP LIST

I, _____ (Parent/Legal Guardian), authorize the following persons listed below to **pick-up my child** (_____) from school at any time without **(any other additional)** prior authorization and assume responsibility for my child if I am unable to be reached, in the event of an emergency, and if you are unable to contact me - directly- in a timely manner or should any other unforeseen occurrence happen.

Contacts are listed in the order of preference.

NAME #1: _____ Relationship: _____

Address: _____

Cell Phone #: _____ **Alternate Phone #:** _____

NAME #2: _____ Relationship: _____

Address: _____

Cell Phone #: _____ **Alternate Phone #:** _____

NAME #3: _____ Relationship: _____

Address: _____

Cell Phone #: _____ **Alternate Phone #:** _____

Parent/Legal Guardian Signature: _____ Date: _____





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PASSWORD SYSTEM: (Undocumented) AUTHORIZED PICK-UP

OUR PASSWORD SYSTEM IS USED FOR THE PROTECTION OF YOUR CHILD WHEN AN UN-DOCUMENTED / AUTHORIZED PICK-UP IS NECESSARY.

Sometimes, an unforeseen circumstance may occur when you will need someone that is not listed on your child’s Enrollment Form to take your child from our facilities. When this circumstance occurs, it is imperative that you call and inform us of your instructions.

At this time, you will be asked to provide us with your pre-determined, written password. Informing us of your password will enable us to carry out your instructions. If you do not provide us with the correct password or you fail to remember your password, we may not be able to carry out your instructions over the telephone.

The password that you provide is a private code between staff and parent. Its sole purpose is to enable us to follow your instructions over the phone regarding the release of your child since your or an authorized pick-up contact are not available to pick-up your child.

Reminder ALERT: The password for your child should not be given out at random or without careful consideration to any other individual.

PASSWORD: _____

Parent Name: _____ Date: _____

Parent Signature: _____ Telephone #: _____

Director Name/Signature: _____





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EMERGENCY MEDICAL SITUATION
FILE - UNUSUAL INCIDENTS AND ACCIDENTS FORM
AUTHORIZATION FOR EMERGENCY TREATMENT

If a child becomes injured or ill requiring hospitalization or EMERGENCY MEDICAL TREATMENT, the **CHILD'S teacher** will NOTIFY the Director and stay with the injured child. Another staff member will call 911, secure an onsite First Aid Kit and/or apply CPR - as needed. A responsible staff member will contact the parent/guardian or an alternate emergency contact person.

TO WHOM IT MAY CONCERN:

I hereby give my (Name of Hospital) _____ consent to administer necessary treatment to my child, _____, in the event of an emergency at which time I cannot be reached. I give consent for my child to be transported by ambulance – if the situation warrants Emergency Ambulance Transportation. (Revised 11/1/2014 Child Care- Enforcement Section)

Or, as well, I give permission to transport my child, _____, to the hospital nearest to your current location. In addition, I authorize said Hospital to administer necessary treatment in the event of an emergency at which time I cannot be reached

Name of Child's Physician: _____

Primary Telephone: _____ Alternate Telephone: _____

Allergies of Child _____

Date of last DPT or Tetanus: _____

Insurance Company Covering Child: _____

Insurance Policy Number: _____ Expiration Date: _____

Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____ Date: _____

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

Personally Known _____ Produced Identification _____ Type of ID _____

My Commission Expires: _____ (Print Name/Commission Seal) _____

Signature of Notary Public, State of Florida: _____ Date: _____





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Board of County Commissioners, Broward County, Florida
HUMAN SERVICES DEPARTMENT
 Community Partnerships Division
 Child Care Licensing and Enforcement Section
ALTERNATE NUTRITION PLAN

Name of Child Care Provider:
KRADLE TO KINDERGARTEN PRESCHOOL II – Kindergarten
 Name of Child: _____
 Date: _____

Dear Parent/Guardian:
 In accordance with the Broward County Ordinances, parents/guardians and Child Care Providers are urged to work cooperatively to assure that children are provided with nutritious snacks and meals when they are not offered by the Provider.

The Provider agrees to offer a nutritious:
 (Operator/Director checks those which apply)

- Breakfast **
- Mid-morning snack
- Lunch **
- Mid-afternoon snack **
- Dinner
- Evening snack
- No meals or snack

The parent agrees to provide a nutritious:
 (Parent checks those which apply)

- Breakfast
- Mid-morning snack
- Lunch
- Mid-afternoon snack
- Dinner
- Evening snack **

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

 Parent/Guardian Print

 Parent/Guardian Signature

 Operator/Director Print

 Operator/Director Signature

Revised 1/16/20





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MEALS

We provide your child with breakfast (including milk), lunch & afternoon snack.

BREAKFAST:

Child must be at school no later than 7:50am to eat breakfast, **NO EXCEPTIONS.**

LUNCH:

Lunch is served from 11am to 11:30am

SNACK:

Snack is served from 2pm to 3pm for all Aftercare Students.

ALLERGIES...Parents must submit a note from the child's doctor specifying any food allergies, including milk or other food-related products.

Students are allowed to bring a pack nutritious lunch/snack to school. Note: No glass, cans or anything that needs to be microwaved. Thermos is acceptable to keep all food items hot and/or cold.





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FOOD RELATED ACTIVITIES PERMISSION FORM & FOOD ALLERGY DISCLOSURE FORM

I, _____, parent of _____ give permission for my child to participate in all food related activities. These activities may include cooking projects, birthday parties and/or holiday celebrations.

Items that would be served at these events would be listed:

- | | |
|------------------|----------------|
| 1. Cake/Cupcakes | 6. Chicken |
| 2. Potato Chips | 7. Fresh Fruit |
| 3. Cheese Puffs | 8. Cookies |
| 4. Ice Cream | 9. Juice |
| 5. Cheese Pizza | 10. Ice Pops |

FOOD ALLERGY DISCLOSURE FORM

DOES YOUR CHILD HAS A FOOD ALLERGY? Yes _____ No _____ IF

YES - PLEASE LIST BELOW:

Signature of Parent/Legal Guardian: _____ Date: _____





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DISCIPLINE POLICY

Daily, we encourage students to develop a sense of fair play, good sportsmanship, teamwork & sharing. We hope to teach our students the value of winning & losing in an appropriate manner. Any breach of Good Behavior will be addressed on an individual, age-appropriate basis.

In our efforts to redirect Poor Behavior, we will initiate a cooling off period. Our cooling off techniques involves guiding a child through positive ways to correct inappropriate behavior, together with positive reinforcement.

During our prescribed "TIME OUT" period, student will be given simple rules and boundaries to follow; subsequently, these tools will demonstrate the need for sharing and respecting one another. In addition, we will stress positive solutions to problem solving & encourage student to verbally communicate their feelings among themselves so we can reach a solution.

Kradle To Kindergarten Preschool II - Kindergarten will work together with parents to resolve behavior problems through parent- teacher conferences, behavior charts & other positive reinforcements.

As stated in our Parent Handbook, DISCIPLINE IS NOT PUNISHMENT AND WE NEVER USE CORPORAL PUNISHMENT. HEREIN, please be advised that as a last resort, we reserve the right to suspend a child for inappropriate or frequent misbehavior.

Parent/Legal Guardian Name: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Owner/Director Name/Signature: _____ Date: _____





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EXPULSION POLICY

Every effort will be made to prevent the expulsion or dismissal of children from our program. However, Kradle to Kindergarten Preschool II - Kindergarten reserves the right to cancel the enrollment of a child for the following reasons, not limited to, but including:

- Non-payment or excessive late payment of fees/tuition.
- Failure to adhere to policies and procedures as outlined in the program's Parent Handbook.
- The child's behavior threatens the health and safety of him/herself, the other children or program staff.
- The parent/guardian exhibits behavior, which is detrimental to the health and well-being of the children and staff in classroom and/or program. This includes but is not limited to: vulgarity, intimidation, harassment, or violation of child care licensing regulations / Broward County School Board Policies.
- Not meeting attendance Requirements/Excessive Tardiness.

I, **(print Parent/Legal Guardian name)**, _____, have read and understand the Rules & Regulations outlined above concerning the expulsion policy and further agree to abide by them as set forth.

Parent/Legal Guardian Signature: _____ Date: _____

Owner/Director Signature: _____ Date: _____





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HOURS OF OPERATION

Monday	8:00am-2:00pm
Tuesday	8:00am-2:00pm
Wednesday	8:00am-2:00pm
Thursday	8:00am-2:00pm
Friday	8:00am-2:00pm
SATURDAY	CLOSED
SUNDAY	CLOSED

Parent/Guardian Name: _____ Parent/Guardian Signature: _____ Date: _____





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PHYSICAL ACTIVITY POLICY & PARTICIPATION FORM

As per licensing rules from the Department of Children and Families, it is mandatory to provide our preschool children with 40 minutes of physical activities every three and a half hours during the day. Therefore, as licensed preschool, we will provide physical activities throughout the day during our outdoor and indoor activity schedule.

Please remember to send your children with the proper closed-toe shoes and clothing, which allows your child to participate fully on our daily activity schedule.

By signing below:

I, (print **Parent/Legal Guardian** name) _____,
 am granting my child, (print **Child** name) _____, to
 participate in all daily physical activities.

 Parent/Legal Guardian Signature

 Date





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SCHOOL UNIFORM AGREEMENT

It is imperative that all parents remain in compliance with all policies, rules & regulations of Kradle to Kindergarten Preschool I & Kradle to Kindergarten Preschool II.

All children must be in complete uniform when entering Kradle to Kindergarten Preschool - daily. *School Uniform consist of a Kradle to Kindergarten Preschool Polo Shirt and a bottom garment. Spirit shirts will be available for purchase. Spirit shirts can only be worn on Fridays (No Exceptions).*

Bottom garment color are khaki or black - ONLY.

If your child is not dressed in the proper uniform attire, we will issue a uniform shirt and add a charge of \$18.00 to your weekly bill.

URGENT Alert:

All Late Arrivals must be taken to the rest room before entering his/her classroom.

All items brought in MUST BE LABELED with your child's name - at ALL Times.

Parent/Legal Guardian's Name: _____ Date: _____

Parent/Legal Guardian's Signature: _____ Date _____





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FIELD TRIP PARTICIPATION/ LIABILITY WAIVER FORM (PHOTOGRAPH & VIDEO RELEASE WAIVER)

I/We, release, indemnify and hold harmless Kradle To Kindergarten Preschool II, Inc. - Kindergarten, its agents, employees, directors, officers, etc. from any and all liability for mishap or injury that may occur while traveling to and/or from any designated school/another facility or Kradle To Kindergarten Preschool II - Kindergarten Also during any field trips, this indemnification extends from the time of departure to the time of return. I/We, release, indemnity, and hold harmless Kradle To Kindergarten Preschool II - Kindergarten, its agents, employees, directors, officers, etc. from any and all actions and claims for personal injury and damages of any kind resulting from the transportation of my child whether caused in whole or in part by the negligence of Kradle To Kindergarten Preschool II - Kindergarten

In the event my child needs medical treatment and/or services which requires my consent and I/we cannot be reached, I/we hereby authorize, appoint, and empower the Center's designated agent to seek and provide all necessary and/or emergency care services. The same appointed agent will furnish any written or oral authorization for medical treatment and/or services as deemed advisable by authorized medical professionals. All parties involved agree that my child will receive the very best possible care. My child may participate fully in all activities and travel to any field trip or other assigned trip in any vehicle owned or leased by Kradle To Kindergarten Preschool II, Inc. - Kindergarten. I/we understand that my/our child will be under adult supervision - at all times.

PHOTOGRAPH & VIDEO RELEASE WAIVER: I/We hereby grant authorization to Kradle To Kindergarten Preschool II - Kindergarten to record, snap or use photographs and videos of any event, during or after an event of my child for publicity purposes.

 Mother/Guardian (Print) _____ Primary Telephone # _____
 Email address: _____ Alternate Telephone # _____
 Signature: (Mother/Guardian) _____ Date: _____

 Father/Guardian (Print) _____ Primary Telephone # _____
 Email address: _____ Alternate Telephone # _____
 Signature: (Father/Guardian) _____ Date: _____





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BUS/VAN RIDER EXPRESS RULES & CONSEQUENCES

Parent/Guardian, it is important that your child understands these rules so that we can ensure they get to and from school -On Time, Safely and Securely, Every Time. Please help us transport SAFELY by discussing the following rules with your child prior to the start of School.

Rules defining student(s) conduct are designed to protect the passengers and shall be observed -at all times. Bus/van safety rules shall include - but not be limited to - the following:

1. The bus/van driver is in charge of student(s) on the bus/van. Student(s) shall follow the bus driver, bus coordinator, bus monitor and/or an adult leader’s directions at all times.
2. Only authorized personnel and eligible bus/van student(s) assigned to a specific bus/van are permitted to ride the bus/van.
3. Bus/van will stop at established stops only. Student(s) will not be permitted to leave the bus/van until the bus/van arrives at an established bus/van stop or the appropriate school. Student(s) shall load and unload at their designated bus/van stop only.
4. Student(s) will wait for a bus/van by remaining on the sidewalk. If there is no sidewalk, student(s) will wait next to (but not in) the street. Student(s) must wait until the bus/van comes to a full stop before boarding or leaving the bus/van.
5. Student(s) will wear assigned seat belt, remain properly seated, not block the center aisle, keep their hands, head, feet, and personal objects inside the bus/van at all times. Any or all student(s) may be assigned seats.
6. Student(s) are not to engage in any other conduct that disrupts the safe operation of the bus/van. Littering, throwing items inside or from the bus/van is prohibited.
7. Student(s) are not allowed to consume food, drink, or chew gum on the bus/van. The possession or use of any drugs, alcohol, and tobacco products is prohibited.
8. Student(s) shall not deface or vandalize the bus/van or related equipment. Parent/Guardian will be required to pay for damages.
9. Student(s) are not to engage in the use of profanity, ‘off color’ conversations & gestures, bullying, yelling, name-calling, spitting, or fighting on the bus/van or at their stop(s).
10. Student(s) are not allowed to bring animals or harmful objects on the bus/van (i.e., knives, guns, fireworks, or weapons of any kind, etc.). Student(s) must refrain from using electronic devices, and cellphones.
11. Student(s) shall remain at school after arriving, not leaving the school for any reason.
12. Written parental consent must be given to the bus/van driver/coordinator by the parent or legal guardian if Bus Rider has another way of getting home.

CONSEQUENCES FOR MISBEHAVIOR

In addition to incident report will be completed, at least one of the following will happen if student(s) fail to follow rules listed above:

- Student will be asked by an adult to correct behavior; parent may be contacted.
- Student will be asked to sit next to an adult - if needed.
- Transportation maybe suspended until further notice.

Mother/Guardian (Print) _____ Primary Telephone # _____
 Email address: _____ Alternate Telephone # _____

Signature: (Mother/Guardian) _____ **Date:** _____

Father/Guardian:(Print) _____ Primary Telephone# _____

Email address: _____ Alternate Telephone # _____

Signature: (Father/Guardian) _____ **Date:** _____





Kradle To Kindergarten Preschool II, Inc. -Kindergarten
 1269 NW 40th Avenue
 (Inside Lauderhill Mall), Lauderhill, FL 33313
 Office 954.999.5003 ~ Fax 954.999.5844
 www.kradletokindergartenpreschool.com
 email address: kradletokindergarten@yahoo.com

DO NOT PARK: DROP OFF & PICK UP AGREEMENT

The Manager/Owner of either or both Facilities (listed above) does not allow anyone to park in the Fire Lanes, alongside the building or in other unauthorized parking spaces.

Please **REMEMBER** when you are picking up and/or dropping off your child(ren) to school, **DO NOT PARK** in the Fire Lane or the Authorized Personnel Parking Spaces.

This agreement acknowledges that I the Parent(s) were told that I cannot park in the Fire Lanes or the Authorized Personnel parking areas at either or both facilities. As well, I agree to inform whomever I send to pick up my child(ren) that they are obligated to abide by all **DO NOT PARK** policies & procedures during Drop Off & Pick Up per Management.

Unauthorized Standing or Parked Vehicles are subject to being TOWED or issued a TICKET/Violation for failure to follow MANAGEMENT’S Parking Rules & Regulations.

Parent/Legal Guardian Name: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____





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DISTRACTED ADULT BROCHURE **(Distribution Agreement between -** **APRIL and SEPTEMBER Each Year)** **CONSENT FORM**

By signing below, I, (Print Name: Parent/Legal Guardian), _____
 acknowledge and agree that the provider listed above has explained the New Law -
 information outlined on the Distracted Adult Brochure that was issued during the 2018
 Legislative Session. I, also, agree that this brochure has been shared with me between
 the months of April and September.

HIPPA COMPLIANCE - Consent To Access Child Records

By signing below, I, (Print Name: Parent/Legal Guardian), _____
 agree that all authorized staff at Kradle to Kindergarten Preschool II - Kindergarten has
 been granted written permission to access my child/children records.

Signature of Parent/Legal Guardian _____ Date: _____

Signature of Parent/Legal Guardian _____ Date: _____





SWIM Central Water Safety Education Questionnaire

Parents: *Do you know that drowning is the leading cause of death among children?
Complete this form to receive information to protect your child from drowning.*

Child's Name: _____ Date of Birth: _____

Parent Name: _____ Parent Signature _____ Date _____

Email (optional) _____

Your information is for the use of the Broward County Swim Central Program.

1. How would you rate your own swimming ability?

- Unable to swim
- Can swim a little, but NOT comfortable in deep water
- Able to swim for an extended period of time in deep water

2. Has your child ever received formal swimming lessons?

- Yes
- No, check all the reasons below that apply:
 - Do not know how to find information about swim lessons
 - Transportation problems
 - Swim lessons are not important
 - Lessons are too expensive
 - Schedule of lessons not convenient
 - We are too busy
 - Equipment such as swim suit, towel, goggles too expensive

3. Do you or a family member know how to perform CPR with rescue breaths?

- Yes
- No

4. Has your child's doctor talked to you about drowning prevention and water safety?

- Yes
- No

5. Would you redeem a \$40 coupon to apply to the cost of swim lessons for your child?

- Yes, visit [Water SMART Broward Swim Instruction](#) for details.
- No

PART ONE FOR OFFICE USE ONLY:

Broward Ordinance 2004, Section 7-8 requires parents/guardians to complete SWIM Central questionnaire and for Child Care Facilities to mail or fax a copy to SWIM Central. Also required is a copy of this form to be placed in each child's file to be monitored by the staff of the local licensing agency.

Facility Name: _____ Facility License #: _____

Documentation of the original form via fax or mail is required, indicate below:

Date form faxed: _____ or, date mailed: _____

Fax: 954.357.8077
SWIM Central
3700 NW 11th Place
Lauderhill, FL 33311

Form and educational handout for parent distribution can be downloaded: [Water SMART Broward](#)



Drowning is the #1 Cause of Death Among Children Ages 1 to 4



Facts You Need to Know About Drowning

- The main cause of drowning can be directly traced to an action or inaction by a parent or adult. Good people can make small mistakes that have tragic consequences.
- Most parents of a drowning victim say, "I can't believe this happened to my child." They never realized how quickly a drowning incident could become their reality.
- Most children pulled from the water during a drowning incident are wearing regular clothes - not a swim suit.

Simple Steps Save Lives

Supervision

- Supervising your children means eyes on them, and giving your full attention.
- Do not rely on responsible behavior from an older child or other adults.

Extra Layers of Protection if Supervision Fails

- Install door alarms to alert the household should a child possibly leave the home unsupervised.
- Use an "isolation" fence to separate pool area from the house and rest of the backyard.
- Use self-closing gates that self-latch.
- Clear the area around the fence for objects children could use to climb over.
- Learn to swim: parents and child.

Be Aware of All Water Hazards

- These include bathtubs, garden ponds, swimming pools, buckets/containers of water, canals, lakes, and beaches.

Know How to Respond to an Emergency

- Learn CPR.
- Remove the child from the water immediately.
- Call 9-1-1, begin CPR.

Talk to Your Child

- "Don't go near a pool or other water without an adult."
- "If you see someone in trouble in the water, don't jump in to help! Run, get an adult."
- "If you fall into a pool, turn in the water, find the wall, and climb out or yell for help." Practice this technique in the pool.

Take Action Now and Think, "I know this could happen to my child, and I will do whatever it takes to prevent it."

- Enroll your child (and yourself) in swim lessons.
- Learn CPR with rescue breaths.

To learn about available coupons for swim lessons, location of swim classes and CPR training, visit: [Water SMART Broward](#)



ADDITIONAL STUDENT INFORMATION: If the answer is "yes" to any of these questions, the student will be tested for English Proficiency.

<p>1. Language: Does the student most frequently speak a language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes What language? _____</p>	<p>2. Language at Home: Is a language other than English spoken at home? <input type="checkbox"/> No <input type="checkbox"/> Yes What Language? _____</p>
<p>3 Pursuant to Section 1006.07, Florida Statutes 1. Identified as a special education student or has an active IEP? <input type="checkbox"/> No <input type="checkbox"/> Yes 2. Does student have a current 504? <input type="checkbox"/> No <input type="checkbox"/> Yes 3. Has student ever received a McKay scholarship? <input type="checkbox"/> No <input type="checkbox"/> Yes 4. Has student ever been expelled from a previous School? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Date: _____ School (Name/County/State): _____</p>	<p>4. Court ordered custody/restraint documents provided <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe: _____ _____ _____</p>

MILITARY FAMILY STUDENT SURVEY

No Yes Parent is an active duty member of the uniformed services, including members of the national guard and Reserve on active-duty orders
 No Yes Parent is a member or veteran of the uniformed services who is severely injured and medically discharged or retired for a period of 1 year after medical discharge or retirement
 No Yes Parent died as an active duty member of the uniformed services or within one year of injury.

LAST THREE SCHOOLS ATTENDED (BEGIN WITH THE MOST RECENT – FOR KINDERGARTEN REGISTRATION- PLEASE, LIST PRE-K)

Type of School	Name of School	City, State	Years Attended	Grade
1 <input type="checkbox"/> Public <input type="checkbox"/> Home Education <input type="checkbox"/> Private				
2 <input type="checkbox"/> Public <input type="checkbox"/> Home Education <input type="checkbox"/> Private				
3 <input type="checkbox"/> Public <input type="checkbox"/> Home Education <input type="checkbox"/> Private				

<input type="checkbox"/> (V) Voluntary Prekindergarten (VPK) at a Public School	Name _____
<input type="checkbox"/> (P) Prekindergarten Provider (VPK) at Private School Provider	Name _____
<input type="checkbox"/> (D) Prekindergarten Program (VE-PK) for children with Disabilities	Name _____
<input type="checkbox"/> (H) Head Start Name: _____	<input type="checkbox"/> (N) None

Student Award #	School/Teacher:	Date:	Grade Level:
STUDENT REGISTRATION FORM			
<p>Only the parent/guardian (F.S 1000.21(5) who registers the student (i.e., completes this form) may withdraw the student from his/her current school, unless there is documentation of extenuating circumstances indicating otherwise. If the information below changes, it is the parent's/guardian's responsibility to notify the school in writing within 10 school days. The personal information you provide on this form will be kept confidential (in a protected area) and only used and disclosed by school and District staff on a need-to-know basis.</p>			

Student's Last Name (Legal)		First Name (Legal)		Middle Name	
Student's Primary Home Address		Apt #	City		Zip Code
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone #		Student's Cell Phone #		Student's E-mail Address	
SSN		Date Student First Entered School in the USA	Date of Birth	Birthplace (City/State/Country)	
Student Lives With		Ethnicity		Race (Check all that apply)	
<input type="checkbox"/> One Parent <input type="checkbox"/> Both Parents (same address) <input type="checkbox"/> Both Parents (different address) <input type="checkbox"/> Other:		<input type="checkbox"/> Non-Hispanic or Non-Latino <input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Native Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African-American	
Registering Parent's Last Name (Legal)		First Name (Legal)		Driver License#	Relationship to Student
Registering Parent's Work Phone #		Registering Parent's Cell Phone #		Registering Parent's E-mail Address	
Non-Registering Parent's Last Name (Legal)		First Name (Legal)		Driver License #	Relationship to Student
Non-Registering Parent's Work Phone #		Non-Registering Parent's Cell Phone #		Non-registering Parent's E-mail Address	
Non-Registering Parent's Home Address		Apt#	City		State
					Zip Code