Enrollment Date: \_\_\_\_\_\_\_\_\_

Starting Date: \_\_\_\_\_\_\_\_\_

Enrollment Information

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street) (City) (Zip)

**Information About the Family:**

Mother’s/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_

Driver License# /or Social Security#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_

Driver License#/or Social Security#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Emergency Care Information:**

Child’s Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If neither father nor mother (or guardian) can be contacted, call:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that Time of Wonder School may authorize the Physician of his/her choice to provide emergency care if neither I nor the family physician can be contacted immediately. I authorize Time of Wonder School to call 911 for any emergency.

Signature of Parent/Guardian Printed Name Date

Time of Wonder School will not administer any drug or any medication without specific instructions from the physician or the child’s parent, guardian, or full-time custodian.

Signature of Owner/Director Date

**FIRST TIME SEPARATION**

If this is the first time your child has been separated from you, it is natural for your child to be hesitant. A cheerful good-bye kiss from you, a smile, and a reassuring word that you will be back after work is all that you need to do. Our caring staff will take it from there. In most cases, the child will settle down shortly after the parent leaves. If you are enthusiastic, chances are your child will soon be also.

Parental agreement letter for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Name

To ensure that new parents clearly understand the procedures and policies of this center, we ask that you read and review the points below. Please feel free to ask us if you have any questions before signing. Please initial each line. Thank you for your cooperation.

\_\_\_1. Parents are responsible for their payments to be on time. Tuition is due on Monday for the current week of care. There will be a late fee (TBI) for any tuition not paid after 5:30pm on Monday. I understand that my outstanding balance must be paid in CC, money order or cash. If I want to enjoy of the discount that might be applied in my account the payments with Credit/Debit Card and Pay by phone are not eligible for the discount and a 5% more will be add to the outstanding balance. I understand also that the ACH enrolment will be mandatory if I am late in my payments.

\_\_\_\_2. There will be a charge of a fee (TBI) for all returned checks. With the second offense, the account becomes a cash, CC or ACH account **ONLY.**

\_\_\_\_3. A two-week notice is required for withdrawal. You are expected to give a two notice prior to leaving In attention not to be charged after the two weeks.

\_\_\_\_4. I understand that I must escort my child in and out of the building, and classroom, and that my child will only be released to the people I have authorized.

\_\_\_\_5. After 1 year of enrollment, full time students are given (1) week vacation, per year. Vacation does not roll over. Please give a written notice of your intent at least 5 business days prior to vacation.

\_\_\_\_6. I give my permission for my child to be photograph while at Time of Wonder School, that may be used for publication, web site, and other advertisements or activates.

\_\_\_\_7. I will **NOT** send my child to school if he/she is ill. I will **NOT** send my child to school if he/she has had the following symptoms with thin the previous 24- hour period: fever, diarrhea or vomiting.

\_\_\_\_8. I understand that NO medication will be administered without a signed medication authorization form (available in each classroom). I understand that all medication is given at 12:00pm only and ALL medications must have a prescription.

\_\_\_\_9. I will provide legal documents necessary to protect my child if a parental custodial issue is concern.

\_\_\_\_10. I will LABEL all my child’s belongings (including clothing, blankets, pillows, diapers, etc.). I understand that I will be charged if the center must provide diapers, wipes and extra clothes for my child.

\_\_\_\_11. I will NOT send my child to school with food, toys, gum, jewelry, or money.

No fast food or junk food allowed. WE ARE A PEANUT FREE FACILITY.

\_\_\_\_12. I will notify TOWS immediately if my phone numbers, employment, or emergency information change.

\_\_\_\_13. I will notify TOWS if my SCHOOL-AGE child will not be on school. A fee (TBI) will be charged if this notification is not happening.

\_\_\_\_14. I understand that it is my responsibility to read all information posted in the front lobby, sent home with my child, or information sent by email. Please send an email at: timeofwondertow@gmail.com In attention to enroll your email in our contact parents list.

\_\_\_\_15. The center has the right to terminate service to parents or child who does not choose to follow the rules and policies of TOWS indicated in the enrollment package.

\_\_\_\_16. I understand that I may not bring my child in after 9:30 0am, under no circumstances at least I have been authorized by TOWS office.

\_\_\_\_\_17. I understand that Time of Wonder School offers an after-hour care, some Fridays from 5:30pm until 10:30pm (Parents Night Out) and that Time of Wonder School is not responsible for any care after close hours. Parents Night Out is an agreement between Parents and the teachers in charge of the care.

\_\_\_\_\_18. Parents assume ANY and ALL responsibilities for their children when they are SIGNED OUT from the center's attendance list.The center has NO responsibility on any accident occurred when the child is under the parent observance.

My signature below verifies that I agree to the rules and policies terms.

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

Mother’s Signature Father’s Signature

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

Date Date

 THE POWER OF CONNECTION

To avoid lack of communication or inaccurate information, parents should send an email to the Office at this email address:

timeofwondertow@gmail.com

Any request or information related to your child will be documented and a follow-up will be possible.

All verbal and written communication must be respectful in all aspects. Otherwise, TOWS has the right to request the parents to withdraw the child.

Teachers are not authorized by TOWS to receive any verbal request from parents. Only emails or written letters are the documents accepted by the office as notice.

 **RELEASE OF LIABILITY**

In consideration of my child's participation, I hereby release and covenant not-to-sue Pineiro’s Home Investments LLC, or it's Board of Directors, the officers, employees, teachers, coaches, or agents from any and all present of future claims resulting from accidents or ordinary negligence on the part of Pineiro’s Home Investments LLC, or others listed for property damage or personal injury arising as a result of my child's participation in any activities incidental thereto while at the center. wherever, whenever, or however the same may occur to the fullest extent of the law. As the parent or guardian of the named child, I hereby agree to individually protect for the possible future medical expenses which may be incurred by my child or myself as a result of an injury sustained while participating in any program at, for, or under the direction or control of Pineiro’s Home Investments LLC. This Acknowledgement of Risk, Waiver of Liability, and Indemnification Agreement shall be ongoing and shall apply during all the years that the above named student participates in activities under the direction or control of Pineiro's Home Investments LLC. This Acknowledgement of Risk, Waiver of Liability, and Indemnification Agreement, have been read thoroughly and understood completely, and is signed voluntarily as to its content and intent. My signature below verifies that I agree to the rules and policies terms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Signature Father’s Signature

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

Date Dat

I consent to the enrollment of my child/ren \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at Time of Wonder School (TOWS) and I will read all the conditions explained below.

 • I understand that bring my child to the center according with the schedule he/she is enrolled, is the best educational routine.

The Reason: To give him/her the better conditions to adapt to a learning routine and give him/her the same opportunity that everybody else has, THE ASSISTANCE IS RECOMMENDED. TOWS is an Academy where enrichments programs are offered for each group of ages, Infants to VPK. The implementation of touch technology, like tablets and / or smart boards, during daily teaching activities, may be used to enhance the children capacity and gives TOWS the forefront in the application of technological education for early childhood. Bringing your child to the center every day will give the opportunity to learn and use all these educational tools.

In other hands, The Early Learning Coalition of Hillsborough County, organization in charge of the VPK Program, considered mandatory the assistance of the 80% of the program running, to keep the child enrolled in the program and be entitled of the 3 hours of tuition free. The parents understand that if the attendance required is not achieved, the child must be removed from the program and that the center has no responsibility on this situation.

 • I am aware that TOWS is offering balanced meals (Hot and cold) in their breakfast, lunch and snacks menus at no additional cost and that I can check the menus posted in the children’s rooms. I am also aware that it is my responsibility to inform TOWS if my child has any food allergy.

 • I am responsible to update my personal information if it changed. Email addresses are required. If the personal information is not updated, I understand that is my only responsibility in case the center fails in communicates with me in any emergency.

 • I am aware that I am entitled to one week (five consecutive work days) of vacation after (12) consecutive months of attendance, counting from my child's start date. There must be no outstanding balance. Vacation time expires each year. Written notice is given prior to vacation. Because it is vacation time, the child may not attend center during that week. Children who are released from school are not entitled to take any credit for vacation time. Holidays are considered included in vacation time (if included in the week request) as those are days that are included in the tuition.

 • I agree if a national recognized holiday falls on the weekend, it will be observed the preceding Friday or the following Monday. TOWS will inform it in advance. I understand that the full tuition fee must be paid for those weeks and that these days are included in the vacation week in case they coincide.

 • I agree to pay the weekly tuition of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for childcare services in full and on time and there are NO deductions for illness or absences, **TUITION IS DUE BY MONDAY of the current week.** Payments received after 5:30 pm on Monday, will be assessed a late fee (TBI) in the account. I understand that without payment, Time of Wonder School has the right to enroll a new child.

**The Reason**: In attention to maintain a secure and stable environment for your child and to continue to keep the high standards in education, parents understand that the tuition must be paid totally, regardless the child attendance. The tuition is the ONLY income resource that supports the expenses of the center and parents understand that the lack of payments of the tuition when the child is absent, or holiday breaks scheduled on TOWS calendar, or bad weather conditions force us to be closed, make impossible the accomplishment and integrity of the program. Parents know that all these programs and devices must be updated in order to keep a high-quality education and that they are expensive. TOWS will post the weekly tuition at 7:00 am every Monday and requires all parents to obligate themselves to pay the entire balance in their account by Monday at 5:30 pm. Parents understand that the child cannot attend the center if the account balance is not cleared in full.

Any agreement on this matter must be addressed personally with the administration office.

 • I understand that a fee (TBI) will be charge for each returned ACH charge. Same if one payment was accepted by personal check.

 • I was informed that the tuition or any other charge on my ledger must be charged by ACH. TOWS can accept cash or money order in very particular situations. I was informed also that other forms of payment as Credit/Debit Card or Pay by phone have a fee of 5% on top of the normal prices. I was informed that an ACH enrolment is mandatory if my payments are late.

 • I agree to pay a deposit equal to one week tuition at the moment to enroll my child in the center.

**The Reason**: That amount covers the child spot and covers the last payment’s tuition in case the Parents decide to leave without notice.

I agree to pay an annual amount corresponding of Registration Fee (TBD) per child at the moment to enroll my child in the center, even if my child is an Infant.

**The Reason**: This amount is used to buy supplies/equipment every year. This amount is charged every September and is prorated for 12 months depending on the child start date.

 • I am aware that Part Time program is offered not in continued basis and that TOWS will inform me when this program is started or terminated. Some conditions apply and will be informed at the moment of the enrollment.

**The Reason**: TOWS has implemented the part-time service In attention to accommodate some requirements of our working parents. However, part-time schedule must be strictly followed In attention to maintain the operation of the program and also to enjoy the benefits of it. Sometimes this program is not convenient for the center and is discontinued until a new condition applies. Parents enrolled in this program could stay for a while (subject to discussion) until they can change the children to full time basis.

 • I am aware that children enrolled in Part Time Program could not learn as fast as children enrolled in the Full Time Program.

The Reason: The absences are making the children miss some classes.

 • I am aware that Children enrolled in a Full Time basis that are moved to Part Time basis, must to adhere to the new schedule for a full month and the application is subject to space availability. This condition applies otherwise.

**The Reason**: An additional computer program has been installed to monitor the part time attendance, and the accounts opened under this program lock the ledger by monthly basis.

 • I understand that the daycare closes at 6:00pm. I agree to pay a late fee according with the center rules. CASH payment is due at pickup time

**The Reason**: Parents understand that the teachers are entitled to work their normal hours like everybody deserve and being late in picking their child up is obligating the teachers to stay extra hours. Parents understand that, as everybody else, this extra time must be remunerated.

 • Parents understand that any of them are entitled to pick up the child (after an accurate verification with ID) if both names are in the enrollment package.

**The Reason**: TOWS cannot legally deny to any of the parents their rights. Only a court resolution can do it. The parents will provide a copy of the court resolution in which the restriction is ordered. The parents also agree that, In attention to preserve the children integrity, TOWS has the right to call the authorities if any of the parents shows inappropriate behavior,

I acknowledge that I have read, understand and agree to abide by the written policies of Time of Wonder School.

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

 Director/Owner Mother’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Signature Date

**PERMISSION TO TRANSPORT**

EITHER PART I OR PART II MUST BE COMPLETED**. DO NOT** COMPLETE BOTH.

**PART I** Permission to transport

I give TIME OF WONDER SCHOOL my permission to transport my child for emergency medical or dental care, in the event of an illness or injury which requires emergency medical or dental treatment.

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

Signature of Parent or Guardian Date

PART II Refusal to Grant Permission

I **Do Not** give permission to TIME OF WONDER SCHOOL to transport my child for emergency medical or dental care in the event of an illness or injury, which requires emergency medical or dental treatment. I wish the following action to be taken:

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

Signature of Parent or Guardian Date

**ACKNOWLEDMENT OF PARENT HANDBOOK**

I have been issued a copy of the Parent handbook, which contains information about the rules and regulations of TIME OF WONDER SCHOOL. I realize that it is my responsibility to read and comprehend the rules & regulations. Any questions I may have shall be directed to the Director or the owner.

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

 Signature of Parent or Guardian

**RELEASE AUTHORIZATION FORM**

The following individuals are authorized to pick up my child/ren

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby understand that, for the protection of my child, he/she will not be released to anyone not on the above-mentioned list. An email should be sent to TOWS if a new person is being added to this list. All people picking up a child will be requested to provide a legal identification. We appreciate your cooperation.

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

Signature of Parent or Guardian Date

**BLANK PRESS RELEASE**

I recognize that any pictures taken of my child while at TIME OF WONDER SCHOOL may be used for publication and for viewing inside the facility. Any questions you may have regarding this matter shall be directed to the Director or Owner.

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

Signature of Parent or Guardian

**DISCIPLINE PROCEDURE GUIDE**

The Hillsborough County Ordinance 86-35 section 2.6 and 88-12 section 6.02 (b) child disciplines requires that parents are notified in writing of disciplinary practices used by the childcare facilities and family daycare homes prior to admission of their child.

We strongly believe in redirecting a negative situation and turning it into a positive one.
Positive reinforcement is the only form of discipline implemented at Time of Wonder School. Positive reinforcement is designed to discourage unacceptable behavior and promote positive behavior.
We have implemented a Behavior Chart for our Preschool children (3 years old and older) with smiley face shapes and using colors (orange/yellow/green) In attention to reward good behavior and promote the self-motivation

We ensure that disciplinary practices which are both constructive and appropriate to the child’s age be properly administrated. The object being to help the child, retain control of his emotions and actions, not to prevent him from expressing his feelings and his moods.

Spanking or any other form of physical punishment is PROHIBITED. Children shall not be subjected to discipline, which is severe, humiliating, or fighting.

The following are guidelines we use in establishing self-discipline, and control problem behavior in our children.

 • An effort should be made to recognize and reinforce positive behavior and ignore negative behavior when possible.

 • Never threaten a child with punishment that is not carried out.

 • Do not use threatening gestures.

 • Do not argue with a child let him express his feelings then state in a firm and positive manner what is expected of him.

 • Extreme behaviors such as kicking, biting scratching spitting throwing objects chronic crying and temper tantrums can usually be controlled by giving the child a choice of

discounting such behavior or being separated from the group within the teacher’s sight. This procedure is referred to as “THINKING TIME” or “SIT OUT” and based on one minute per year of child.

 • Simple behavior problems can usually be corrected by teacher to the child in a calm professional manner and using encouragement and positive reinforcement techniques.

 • In some situations, it may be necessary to take away the child’s privilege of participating in certain activity.

 • If discipline continues to be a problem, the parent should be called for a conference to discuss the possible solutions.

 • The parent may be required to withdraw their child from the program if the child has aggressive and uncontrollable behavior.

It is important that we remain realistic in the expectation of the behavior of each child, considering the developmental stage of the age.

Discipline is a slow, bit by bit, time consuming task of helping children to see the sense in acting a certain way.

The following statement should be included at the end of your disciplinary procedure.

I have received in writing the disciplinary practices used by TIME OF WONDER SCHOOL.

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

Signature of Parent or Guardian Date

**EMERGENCY PROCEDURES**

If my child become ill or injured at TIME OF WONDER SCHOOL, I understand that the facility will:

 • Contact me immediately or contact the person I have designated if I cannot be reached.

 • Should the facility be unable to reach me or the designated persons, they are authorized to contact my physician or arrange for immediate emergency treatment. TOWS is entitled to call 911. The physician or medical facility is authorized to administer emergency treatment if necessary to ensure the health and safety of my child.

I will accept the responsibility for payment of medical services rendered.

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

Signature of Parent or Guardian Date

**KNOW YOUR DAY CARE BROCHURE**

Hillsborough County Ordinance 90-38, Section 3.09 requires that parents must receive a copy of the childcare facility brochure, “KNOW YOUR CHILD CARE CENTER”. The parent’s or guardian’s signature verifies receipt of the brochure.

I have received a copy of the above-mentioned brochure.

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

Signature of Parent or Guardian Date

**MEDICAL HISTORY FORM**

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_

ALLERGIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALLERGIC REACTIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICAL RESTRICTIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEARING PROBLEMS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DIETARY RESTRICTIONS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

Indicate special dietary requirements:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Mark P for Parent Provides, C for Center Provides)**

 **\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

 Breakfast Lunch P.M Formula

 Snack

Nothing is written under this line

Here are guidelines we would like you to remember to make the operation of the center as smooth as possible and to maintain the quality of your child’s education. For us at Time of Wonder School, satisfaction is seeing children improve every single day and them being successful in school.

 • Child Academic Schedule: Children need structure in their daily routine. Dropping them at the center every day is important to develop an academic-social routine. The same goes when picking them up from school. Not picking children up close to the same time every day can cause them anxiety.

 • Hours of operation: We are open from 7:00 a.m. to 6:00 p.m (IR 5:30pm) Monday to Friday. Teachers’ shifts are 8 hours. Having the teachers stay after 6:00 p.m. is out of their working hours. Fees apply when children stay after hours to pay the teachers the extra time.

 • Food: We are under the Food Program Guidelines. Our menus are provided by the Health Department and posted in each classroom. However, if there is any inconvenience with the meal we are offering, do not hesitate to reach out to us with your concerns and we will all find a solution.

 • Payments are due every Monday of the current week. After that, late fees will apply. Payments are expected on time. Without payments the center cannot function. As with any business, TOWS has monthly expenses that must be paid on time. Without on-time payments the center cannot run, and your child cannot attend TOWS.

 • Fees: Annual fees and Graduation Fees are charged yearly. The dates of these charges will be announced in advance.

 • Non-operating days: Every January we post the New Year Calendar with the days we will be closed during that year. We are open 262 days and only close 10 days per year.

 • The Enrollment Package includes a clause about bad weather closing days. If a public school closes due to weather, we are usually closed. Payment is still expected for those days since the spot for your child in the center is held until the center opens again. If payments are delayed or denied, Parents understand that Time of Wonder School is entitled to enroll a new child as replacement.

 • Communication is the most important way to work together. We need your input to solve any problem or situation that must be fixed. We maintain discretion always. Send an email to timeofwondertow@gmail.com for any concern or question you may have.

 • Interaction with the staff: Teachers and Managers are here to teach and take care of your child. We understand that sometimes parents are under tension and want to communicate with the teachers immediately, but teachers should not be distracted from their duties while taking care of children. Directing your questions and concerns to The Office is the best way to resolve these types of situations, since a quieter environment will make communication easy and effective. Success, after all, depends on moving from confrontation to problem-solving.

 • We are required by law to report any bruises or marks that a child brings from home. We understand that accidents happen, and we always ask parents where the bruise came from. However, if this issue continues to happen, we report it directly. We would like to remind parents that the same way accidents happen at home, they can happen in the center as well.

 • At TOWS we try to avoid incidents/accidents that could cause children’s injuries. All injuries are very important to us. TOWS staff is trained, and it is their obligation to write an incident/accident report each time it occurs, detailing the event with time and date and must deliver it to the Parent/Guardian/Authorized Person who comes to pick up the child that same day. That person should sign it after reading it as proof that they understood the facts and that the report was delivered. That person has the right to ask for a copy of that report. TOWS's responsibility is limited to the description of the event in the report and the child's physical condition at the instant he/she leaves the center. Outside the facility, TOWS has no information or control over the well-being of the child, being only the person who picked him up the one responsible for his/her well-being. If a child is coming with a visible injury an immediate email will be sent to the parents and a response is mandatory from them to determine what happened to the child.

 **• TOWS do not authorize teachers as babysitters**. Although we carry out background checks on all our staff, TOWS cannot be responsible for any accident or situation that may occur when teachers babysit children outside our facilities. Parents are fully responsible of their decision.

 • Parents understand that without payments for absences, the spot in the classroom will be released and Time of Wonder School will be allowed to offer it to a new student, since continuity of payments is required for the operation of the center. Absences for a week without notice and without payments will imply that the child was withdrew by the parents. If the child returns and there is still availability in the classroom, the enrollment process will be considered as new, and all the enrollments’ fees will be applied.

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

 Parent Signature

Daycare termination policies are set up to protect the daycare center and the children in their care. TOWS contract of service could be terminated for the following reasons:

• Failure to follow and comply with daycare policies and procedures outlined in the handbook

• Failure to comply with the daycare contract

• Failure to comply with the child’s personal items required by the center

• Destructive or abusive behavior by a child that persists after following a plan with parents

• Nonpayment of childcare services and for holidays and forced closure of the center

• Nonpayment of late fees or recurring late payments

• Repeated failure to pick up children on time

• When parents are overly involved and continuously telling the different staff how to perform

• Knowingly bringing your child to daycare with an illness

• Spreading false information about our daycare center verbally or in writing

• Clear and consistent differences in child-rearing between the parent and daycare provider

• Disrespecting staff members or staff members' families and or families enrolled at the center

• The daycare's inability to meet the needs of the child without hiring additional staff members

This list is not exhaustive and can be updated at any time. The reasons for termination are not limited to this list. A 2-week notice will be sent by email to notify the family about the reason for the termination. An immediate withdrawal request could be made by the center if the reason of the termination can cause disruptiveness or unsafety condition to work/attend the center by children, parents and staff.

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

 Signature of Parents/Guardian

State of Florida. Hillsborough County,

On this \_\_\_\_\_day of, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_before me, the undersigned notary public personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_proved to me thorough satisfactory of identification, which was \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ to be a person whose names is signed on the preceding document and acknowledges to me that they signed voluntarily for its stated purpose.