

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

Little Learners, Inc.

**Preschool**

# Little Learners

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## Registration Forms

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

Little Learners, Inc.

# Registration Form

Child's Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Today's Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Home Phone #: \_\_\_\_\_

Program: Full Time [ ] Part Time (5) 1/2 days [ ] Part Time (3) Full days [ ] VPK [ ]

Lunch: School Lunch \$30 per week [ ] Lunch from home [ ]

Child Lives With: [ ] Both Parents [ ] Guardian [ ] Mother [ ] Father [ ] other \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Mother's Cell Phone #: & Carrier: \_\_\_\_\_ Mother's e-mail: \_\_\_\_\_

Mother's Driver License Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Father's Cell Phone # & Carrier: \_\_\_\_\_ Father's e-mail: \_\_\_\_\_

Father's Driver License Number: \_\_\_\_\_

Persons Permitted To Remove Child From Preschool Facility:

		Legal Custody
Mother	Yes [ ] No [ ]	Yes [ ] No [ ]
Father	Yes [ ] No [ ]	Yes [ ] No [ ]
Guardian	Yes [ ] No [ ]	Yes [ ] No [ ]

Other persons authorized by the parent(s) or guardian(s) to pick up the child from the center without prior notification. If the parents/guardians cannot be reached, the following persons may be contacted in case of illness, injury, or emergency. It is the parents' responsibility to keep this list current.

_____	_____	_____	_____
Name	Address	Phone	Relationship

_____	_____	_____	_____
Name	Address	Phone	Relationship

_____	_____	_____	_____
Name	Address	Phone	Relationship

_____	_____	_____
Child's Physician:	Address	Phone

In the event that the school is unable to contact any of the aforementioned authorized persons in case of an illness or accident, I give consent and permission to Little Learners to administer emergency medical attention, call 911, and/or transport your child to the hospital?

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

\_\_\_\_\_  
Date

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

Little Learners, Inc.

## Health Insurance Information

Insurance Company Contract/Policy Number

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Medical History:

Illness: \_\_\_\_\_ Date \_\_\_\_\_

Illness: \_\_\_\_\_ Date \_\_\_\_\_

Illness: \_\_\_\_\_ Date \_\_\_\_\_

Injury: \_\_\_\_\_ Date \_\_\_\_\_

### Allergies: if yes please include all information

No  Yes

Allergic to: \_\_\_\_\_ Reactions: \_\_\_\_\_

Allergic to: \_\_\_\_\_ Reactions: \_\_\_\_\_

Allergic to: \_\_\_\_\_ Reactions: \_\_\_\_\_

Allergic to: \_\_\_\_\_ Reactions: \_\_\_\_\_

Has your child attended any other preschool or day care center?

If yes, please list name(s) & dates attended.

No  Yes  \_\_\_\_\_

Special instructions regarding eating habits, toileting or possible areas of concern:

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

Please read and review carefully. All information requested must be provided:

- I agree to provide a nutritional bag lunch for my child if he/she remains at school during lunch time. (Nutritional school lunches are available. This does not apply for students enrolled in catering program).
- I agree to give Little Learners permission to administer Children's Tylenol to my child in the event he/she is running a high fever in an emergency situation and a parent is not available.
- I give permission for my child to participate in all activities at Little Learners including during field trips.
- I have supplied the school with Custody Documents as requested.  Yes  No  N/A
- Little Learners reserves the right to cancel enrollment due to policies stated in the Behavioral or Tuition Agreements. I hereby certify that I have read and agree to comply with all of the above as well as all school regulations as specified in Little Learners Student Handbook.

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

\_\_\_\_\_  
*Date*

## Health & Safety

Every child registered at Little Learners is required to have a copy of his/her State of Florida HRS Student Health Examination Form and Immunization Record on file. It is the parents' responsibility to keep it updated.

Please keep your child home if:

- Running a fever - 100°F or above
- Has any discharge from the nose, eyes or ears.
- Has diarrhea/vomiting.
- Has symptoms of possible communicable disease
- Generally not feeling like him/herself

Parents are required to inform the school of all illnesses or injuries the child may have sustained prior to arriving at the center. If your child has a communicable disease, please notify us at once. A doctor's note clearing the child from being contagious is required in order to accept him/her back to school.

While at school, if the child becomes ill with one of the following:

- fever 100°F or above
- 2 diarrheas within the day
- rash
- vomiting
- suspected pink eye
- lice
- discharge from the nose, eyes, or ears — or any other sign or symptom of illness

he/she will be isolated and the parents contacted to make arrangements to pick up the child immediately (within 1 hour).

**Children MUST be symptom free for 36 hrs. before returning to school.**

**A Doctor's Note WILL NOT override this policy.**

Medications may be administered at the school for the length of time indicated by the physician. Bottles must be labeled with the child's name and dosage and are to be kept in a locked cabinet in the office. **Medications are not to be sent in the child's lunch box or backpack.** The medication permission form must be fully completed and signed in the office prior to the medication being dispensed. There will be NO exceptions.

Our medication policy is as follows:

- Medications will be given one time during the day.
- Authorization form for medication must be completed.
- Prescription medicines must be in original containers with child's name and dosage on the label
- Non-prescription medicines must be accompanied by a doctor's note along with the correct dosage.
- Parent is responsible to communicate via phone at the time the medication has to be administered.

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Signature of Parent(s) or Guardian(s)

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Date

### ***School Wide Safety Rules***

1. Do not leave your purses or valuables in the car when dropping off/picking up your child. Preschools are prime targets for "smash and grabs."
2. Do not leave any children – including elementary school age – unattended in the car while dropping off/picking up your child.
3. Do not leave your car running while dropping off/picking up your child.
4. After your child has been signed out, he/she is your responsibility. They are not allowed on the playground since they are no longer under the supervision of a staff member. Please hold hands with your child in the parking lot and do not send them back into the school by themselves if something was forgotten.
5. For the safety of your child, only closed-toed shoes are allowed to be worn to school. This means no sandals, flip flops, or crocs. Water shoes are to be worn on water days and then changed to closed-toed shoes after water play.

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

\_\_\_\_\_  
*Date*

### ***Text and Email Notifications***

In order to provide up to date information to parents we use e-mail as well as text messaging. By providing your cell phone carrier, e-mail, and telephone number you are acknowledging that you opt-in to these forms of communication.

I hereby give permission to Little Learners, Inc. to contact me via phone, text message and/or email.

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

\_\_\_\_\_  
*Date*

## **Agreement**

State of Florida & Broward County Governing Policies

### **Guidance Policy Agreement**

At Little Learners we agree effective guidance should be an essential element of education at home as well as school. Self-discipline and character develop as a result of loving guidance and mutual respect. At times it becomes necessary to redirect a child in order to discourage behavior which is deemed destructive or unacceptable. We adhere to the regulations outlined in the State of Florida H.R.S. Child Day Care Standards Booklet which states:

- Discipline is not to be severe, humiliating or frightening.
- Discipline shall not be associated with food or toileting.
- Spanking or any form of physical punishment is prohibited.

However, the parents are expected to provide effective guidance to their child when unbecoming behavior persists. Children should be taught by parents to behave in a proper, socially acceptable manner.

Good behavior is rewarded by immediate commendation or granting of special privileges. Unacceptable behavior is only handled by redirecting the child to an alternate activity. Whenever we encounter persistently poor behavior, a parent-teacher conference is scheduled in order to unite insights and provide the best possible resolution. For reoccurring aggressive behavior towards other children or staff members, the following actions **MAY** be necessary:

- Incident will be documented on an incident report form and signed by the parent
- Child will need to be picked up from school immediately.
- Child will be suspended from school the following day.
- In extreme cases, the child will be suspended from school for 1 week. (Parent is still responsible for tuition payment.)

For the safety and welfare of all children, Little Learners reserves the right to suspend and/or remove a child from the facility. Therefore, if all strategies fail to cease the aggressive behavior, termination of enrollment may occur.

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

\_\_\_\_\_  
*Date*

# Alternative Nutrition Plan

State of Florida & Broward County Governing Policies  
Florida State Legislature - Chapter 74-113  
Broward County Ordinance 78-36

If lunch and snacks are furnished by the child's parents, there shall be a written agreement signed by the parents and kept on file at the facility. The agreement shall define the responsibility of the parent and the operator for meeting the child's nutritional needs. Lunches shall include the protein, grain, fruit, and dairy groups.

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

\_\_\_\_\_  
*Date*

## Agreement

State of Florida & Broward County Bureau of Children's Services  
Child Care Licensing and Enforcement Section

### ALTERNATE NUTRITION PLAN

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

Dear Parent:

In accordance with the Broward County Child Care Ordinance\Family Child Care Ordinance, parents and the child care facility/home are urged to work cooperatively to assure that children are provided with nutritious snacks and meals where lunches are not provided by the facility/home. Please read the following carefully, sign, and return as soon as possible to Little Learners.

#### The facility/home agrees to provide a nutritious:

(Operator/Director checks those which apply.)

- \_\_\_\_\_ breakfast
- \_\_\_\_\_ mid-morning snack
- \_\_\_\_\_ mid-afternoon snack
- \_\_\_\_\_ evening snack
- \_\_\_\_\_ no meals or snacks

#### The parent agrees to provide a nutritious:

(Parent checks those which apply.)

- \_\_\_✓\_\_\_ mid-morning snack
- \_\_\_✓\_\_\_ lunch
- \_\_\_✓\_\_\_ mid-afternoon snack
- \_\_\_\_\_ supper

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

*Vanessa Montanari*

*Operator/Director Signature*

\_\_\_\_\_  
*Parent Signature*

Meals provided by parents shall consist of the following:

- A. Meat/Poultry/Fish 2 ounces  
or cheese 2 ounces  
or eggs 1 egg  
or peanut butter 4 tablespoons  
or dried beans or peas 1/2 cup
- B. Fruits (2 or more) 1/2 cup  
or vegetables 1/2 cup  
or fruits and vegetables 3/4 cup total amount  
and vegetables must equal 3/4 cup
- C. Bread 1 slice
- D. Butter 1 teaspoon
- E. Milk 1 cup – 8 oz.

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

Little Learners, Inc.

# Release of Child From Preschool Facility

## Agreement

State of Florida & Broward County Governing Policies  
Broward County Ordinance 89-21, Section 7-8.02  
Broward County Ordinance 89-21, Section 7.8.11

Little Learners is open Monday thru Friday, 7:00 AM - 6:30 PM

No child shall be released to any person(s) other than the authorized parent, guardian, and listed individuals on this registration form. Any person(s) authorized to take a child from the school, other than the child's parent or guardian, must present picture I.D. to the administration before a child is released.

In the event where no person authorized to remove a child from care is available, the child's parent or guardian must contact the school and authorize another individual to remove the child from the facility. Authorization will require that the parent or guardian verbalize the correct password or number identifier supplied by each parent at the time of enrollment in the facility and recorded on his/her registration form. We require that parents email a written request with the first and last name of the person that will be

The child care facility shall immediately notify HRS and the local police department or the Broward County Sheriff's Office in the event a child isn't picked up by an authorized person within one hour after the scheduled closure time of the facility.

My Child's 4 digit Release Code is: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

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I acknowledge being informed of, and agree to comply with, the above outlined State of Florida and Broward County Child Care Facility governing policies. This agreement shall be kept on file at Little Learners.

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

\_\_\_\_\_  
*Date*

## Emergency Authorization



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

Little Learners, Inc.

Dear Parent,

In order to comply with the Broward County Child Care Code, Ordinance No. 89-21 Sec. 7-6.04, please provide us the following information. Little Learners shall have written instructions from the parents for the center to follow in arranging for immediate treatment for your child in an emergency situation. Below you will find the necessary form that will need to be filled out for our records. If you have any questions concerning this matter please feel free to contact us. Thank you in advance for your cooperation.

**Little Learners, Inc.**

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**1. By my signature below, I give Little Learners, Inc. authorization to seek emergency medical treatment for my child:**

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

**2. By my signature below, I give any health facility or physician permission to provide medical treatment for my child as necessary in an emergency situation which may arise at Little Learners:**

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

**3. By my signature below, I will take full responsibility for payment of all medical services which might be rendered due to any emergency situation that may arise at Little Learners, Inc.**

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

\_\_\_\_\_  
**Date**

### **Vacation Policy**

At this time we are not waiving tuition for vacations. Parents are still responsible for tuition if the family chooses to go on a vacation.

**School Guidelines and Policies**

Here at Little Learners, we love our families and appreciate all Parental participation and involvement. We do however have some guidelines as to appropriate parental interaction with students, teachers, and staff. Parents are to drop off and pick up in the front of the school and are to remain outside. You may call beforehand to minimize your wait time. If you have a question for the teacher, you may let the office staff know and we will assist you. If you should need to address a lengthy concern, you may set up an appointment through the office staff.

Parents are not allowed to scold or yell at another child. If you have any concerns regarding the behavior of another child, it needs to be communicated with the front office in order to address the issue at hand.

**Parents are responsible to pay attention to notices regarding school events, dates the school is closed etc.** Courtesy notices will be emailed/texted/ and posted on the door but you are responsible to keep up with our Parents Handbook or ask the front office if you have any questions or concerns regarding any upcoming events. If you have never received an email or text it is your responsibility to address that with the front office.

**Current health records are required by licensing for continued attendance.** Please make sure to always turn into the front office any current physical and immunization records the day your child goes to the doctor.

Meals/snacks are served to children present at scheduled meal times. If your child misses the scheduled snack/meal please plan accordingly before dropping your child off.

**You are responsible to sign you child in/out of school on a daily basis using your Procure app.** We send an email to all new parents to download from your cell phone the application that we use for signing your child in and out of school. If you should need assistance please contact our office staff via phone or email.

Little Learners Preschool reserves the right to discontinue enrollment for reasons of delinquency of payment, non-cooperate behavior, or the inability of a child or parent to adjust to the schools policies and/or programs, as determined by the director.

I \_\_\_\_\_ understand the following policies and guidelines. I'm aware this is intended to fully inform me of Little Learners standard procedures. My signature certifies that I have read, understand, and agree to comply with the policies outlined above.

\_\_\_\_\_  
**Print name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

The following tuition agreement below for \_\_\_\_\_ (child's name) is intended to fully inform you of Little Learners standard operating procedures in regards to registration, weekly payments, late charges, vacation credits, and summer policies. My signature certifies that I have read, understand, and agree to comply with the policies outlined

The school year, including summer months, is from August – August. (Following the Broward County school start date)
A \$175.00 registration fee (\$300.00 for two or more siblings), and first week's prepaid tuition will be due at the time of registration. The non-refundable first week's prepaid tuition and registration fee includes processing of application, insurance, classroom educational materials and supplies.
The Director or Assistant Director must receive a two week notice in writing prior to your last two weeks of attendance. The two week notice will begin on Monday and end on Friday of the first week, and begin on Monday and end on Friday of the second week. Lack of notification will result in the charge of two week's tuition. As a result, no refunds will be given.
Thereafter, the annual registration fee (\$175.00) is due at the time of fall registration (July). The registration fee will be prorated the following year(\$87.50) for students who enrolled between Jan 1 – June 31 the previous year. There will be an annual cost of living increase in tuition each August.
Tuition payments are due on Friday of the prior week or the first day of each month (monthly billing). If payment is not received by Monday at 6:00 PM, the account will accrue a \$20.00 late charge per child. Each week your account holds a balance other than zero, your account will automatically accrue a \$20.00 late fee charge. In the event your account has a balance, your child will not be permitted in school until the balance is paid in full.
In the instance that your child does not bring lunch Little Learners will provide your child with school lunch and \$6 will be added to your account. If your child drops their lunch no fee will be added and a lunch will be provided to your child in the effort for the child not to go hungry. You agree to not hold Little Learners, Inc or any of it's affiliates liable should your child have an adverse reaction to the meal.
A 10% discount in the weekly tuition will be applied if two or more siblings are enrolled full-time and will be discounted from the oldest sibling.
There will be NO credit applied for illness or school scheduled holidays. There will be no waiver of tuition for vacation at this time. Parents are still responsible for tuition regardless of attendance. You must inform the office if your child is expected to be out for a period of time exceeding two weeks. If he/she does not attend school for a period of time exceeding two weeks, enrollment will be canceled. A \$175.00 registration fee will be due upon return, granted the school has not exhausted its licensing capacity. This policy is strictly enforced due to the fact that your child's place is being reserved and all associated expenses still exist.
I understand that children are at times photographed or videoed by staff or other parents at Little Learners during the course of regular class activities, special events, or scheduled field trips. These pictures are used for classroom activities, décor, assessment purposes, to be shared with parents, on social media and on our website, etc.
In the event of a returned check, a \$30.00 fee will be charged. We will require cash payments on the account for a period of three months thereafter.
The hours of operation are 7:00 AM - 6:30 PM. If you are late, a staff member will be required to stay late and care for your child. A fee of \$3.00 per minute past 6:30 will be charged. This fee will also apply for dismissal times for our part-time programs. If the school is not contacted by 7:30 PM, we are required by law to contact local police and Child Licensing and Enforcement.

\_\_\_\_\_  
*Parent or Guardian Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Date*

## Statement Acknowledgement Form

*This information is for the childcare file and is found on our website under the registration tab.*

*Please read all provided brochures.*

*On, \_\_\_\_ / \_\_\_\_ / \_\_\_\_*

*I, \_\_\_\_\_ (Name of Parent or Legal Guardian) parent of  
\_\_\_\_\_ (Name of Child) by signing below I acknowledge that I have  
reviewed and read a copy of the following documents found on our website under the registration tab.*

*Child Care Brochure Statement (Chapter 402.3125, F.S.)*

\_\_\_\_\_  
*(Signature of Parent or Legal Guardian)*

*Parent Handbook & Registration Packet Statement*

\_\_\_\_\_  
*(Signature of Parent or Legal Guardian)*

*Influenza Virus Brochure Statement*

\_\_\_\_\_  
*(Signature of Parent or Legal Guardian)*

*Distracted Parent Brochure Statement (Prevention Unit Flyer)*

\_\_\_\_\_  
*(Signature of Parent or Legal Guardian)*

*Little Learners Employees and Staff have my permission to access my child's file.*

\_\_\_\_\_  
*(Signature of Parent or Legal Guardian)*

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

Little Learners, Inc.

If you have any questions in regards to any of these forms please contact us at 954-367-6298

## **Lunch and Food Related Activities Consent Form**

This form is to inform you that at various times throughout the school year we have food related activities such as tasty treat days, etc. These activities may be holiday related or educational activities.

I understand that I am responsible for checking the lunch menu and calling prior to 11am on the day of to notify the school of any items on the menu that my child is allergic to.

I understand that I can send my child with his/her lunch from home on days that I feel I need to make a substitution to the lunch provided and that I must let the school know prior to 11am by calling the school on the day of the change.

I understand that the catering company, based on food supply and demand, may need to substitute lunch items without notice.

By signing below, I give consent for my child to participate in all food related activities performed at Little Learners.

As required by Broward County Department of Children and Families this form must be filled out and keep on file.

\_\_\_\_\_  
Parent Name

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## **Disciplinary/Expulsion Policy**

Our program is committed to providing a safe, nurturing environment conducive for learning and growth for all our children. We strive to ensure all our children are set up for success regardless of their need or developmental level. Unfortunately, there are sometimes reason we must expel a child from our program on either a short term or permanent basis. We want you to know that we will do everything possible to work with the family of the children in order to prevent this policy from being enforced. Every effort will be made to prevent the expulsion or dismissal of children from the program. However, Little Learners 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 has needs which we cannot adequately meet with our current staffing patterns.
- 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 a classroom or negatively interferes with the normal functioning of the classroom and/or program. This includes but is not limited to vulgarity, intimidation, harassment, or violation of the child care licensing regulations.
- Failure of the child to adjust after reasonable amount of time.
- Bullying or hurting other children (pushing, kicking, punching, cursing, etc)
- Other – at the discretion of the Director

### **Proactive Actions that will be Taken in Order to Prevent Expulsion**

- Staff will try to redirect the child from negative behavior
- Staff will teach the child appropriate skills to address challenging behaviors
- Staff will reassess the environment, activities, and supervision
- Staff will always use positive methods and language while disciplining children
- Staff will celebrate appropriate behaviors
- Staff will maintain a positive connection with the child
- Staff will consistently apply consequences for rules
- Child and parent will be notified of disruptive behaviors that might lead to expulsion
- Director and parent will have a conference to discuss how to promote positive behavior

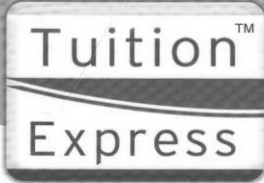
By signing this I am stating that I have read and fully understand the expulsion policy of Little Learners. A refund for tuition paid will not be issued due to expulsion.

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

Little Learners, Inc.

Print Name

Signature



Automated Payment Processing  
Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AUTHORIZATION

I (we) hereby authorize **Little Learners** (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank or Credit Union Name \_\_\_\_\_

Bank or Credit Union Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Checking  Savings

Routing Transit Number (see sample below) \_\_\_\_\_ Account Number (see sample below) \_\_\_\_\_

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

Check if you wish to make online payments

**For Official Use Only**  
Date Received \_\_\_\_\_  
Employee Signature \_\_\_\_\_



A service of



procure  
SOFTWARE®

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

Little Learners, Inc.

## Child Questionnaire

Most of these questions already have been answered; however please fill out this questionnaire for your child's teacher as best as possible since this is used for a better transition for your child.

My child's name is : \_\_\_\_\_.

My child's nickname is: \_\_\_\_\_.

My child's birthday is on: \_\_\_/\_\_\_/\_\_\_ . My child is \_\_\_ years old.

My child's first language is: \_\_\_\_\_. Does your child speak English? Yes \_\_\_ No \_\_\_

Has your child attended school before: Yes \_\_\_ No \_\_\_

If yes, Where? \_\_\_\_\_ When? From: \_\_\_\_\_ to \_\_\_\_\_.

My child will be here: Full time \_\_\_ Part time \_\_\_

My child's usual schedule should be: Monday: From \_\_\_ AM to \_\_\_ PM

Tuesday: From \_\_\_ AM to \_\_\_ PM

Wednesday: From \_\_\_ AM to \_\_\_ PM

Thursday: From \_\_\_ AM to \_\_\_ PM

Friday: From \_\_\_ AM to \_\_\_ PM

My child calls mommy: \_\_\_\_\_. My child calls daddy: \_\_\_\_\_.

My child is allergic to \_\_\_\_\_. If yes, there is an Epi pen in the front office? Yes \_\_\_ No \_\_\_

My child's favorite food is \_\_\_\_\_.

My child likes to take naps: Yes \_\_\_ No \_\_\_

My child eats school lunch: Yes \_\_\_ No \_\_\_

My child is ONLY eating from their lunch box because he/she can only eat Kosher \_\_\_\_\_, has extreme allergies \_\_\_\_\_ or other reason: \_\_\_\_\_.

When my child is crying he/she likes: \_\_\_\_\_.

My child is interested in (Ex: dolls, dinosaurs, cars, etc.): \_\_\_\_\_.

My child's favorite activity is (Ex. singing, puzzles, playdough, coloring, etc): \_\_\_\_\_.

My child is currently attending, has previously attended, or been referred to therapies (Speech, occupational, etc.) Yes \_\_\_ No \_\_\_ . If yes specify: \_\_\_\_\_.





**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 11<sup>th</sup> Place  
Lauderhill, FL 33311

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