



Trinity Presbyterian Preschool  
and School Age Program  
License # C610576

Tuition Rates  
2019-2020 Aug 13 – July

Programs

Full Days; 5 days a week (6:30-6:00)	Two's in diapers	Two's	3/5 year olds	Pre-K (wrap Care) until VPK ends
Weekly	\$155	\$142	\$137	\$112/ \$137 June-Aug

Full Days; 3 days a week (6:30-6:00)	Two's in diapers	Two's	Three's	Pre-K (wrap care)
Weekly	\$142	\$132	\$112	\$70

Full Days; mornings only (9am – 12pm)	Two's in diapers	Two's	3/5 year olds	Pre-K
Weekly	\$97	\$87	\$82	Free

School Age	All Inclusive Plan (includes all 42 wks bc/ac, 1/2days, in service days & holiday breaks.)	Standard Plan (includes all 42 wks bc/ac, ½ days, and in service days) Holiday breaks available for additional fee)	Summer Camp
Weekly	\$70	\$60	\$135

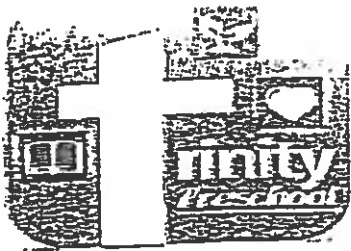
**Other Options & Fees**

- Yearly Supply Fee \$100
- VPK Full Days Supply Fee \$100
- VPK Only \$0
- School Age \$100
  - (\$50 will be applied to your first week of tuition)
- No Tuition Due December 23<sup>rd</sup>- 27<sup>th</sup>, 2019
- Prorated tuition December 30<sup>th</sup> – January 3<sup>rd</sup>, 2019

**Additional Fee for Holidays**

\$16 a day per student and \$30 a day for students not attending before or after care

Tuition is due at the beginning of each week, no later than Friday mornings. Please consult with the director if you have special needs regarding payment. 10% Discount for siblings and 10% discount of total cost for church members. 1 week free for referral of monthly paid new student. Tuition is due regardless of absence or illness. You may have one free week per school year (Aug—July) > The child must be absent for that week and also a two



TRINITY PRESBYTERIAN PRESCHOOL

LICENSE # C610576

REGISTRATION FORM

Child's name, age

Parents names, phone numbers and email address:

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

Email: \_\_\_\_\_

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

Email: \_\_\_\_\_

Childs shirt size and request for additional shirts (\$15 a shirt):

\_\_\_\_\_

Yearly Supply Fee:

Preschool: \$100

VPK Only \$0



# CHILD'S ENROLLMENT RECORD

**DIRECTOR'S USE ONLY**  
Date enrolled \_\_\_\_\_

Child's full legal name \_\_\_\_\_  
*First Middle Last Nickname*

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Primary Hours of Care From \_\_\_\_\_ To \_\_\_\_\_ Days of Week in Care \_\_\_\_\_

Child's Physical Address \_\_\_\_\_  
*Street Address (number, apartment #, street) City State Zip Code*

Family Information: Child Lives with \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_  
Address: \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_ Name \_\_\_\_\_

**Emergency Contacts:**  
Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the children's center in case of illness, accident or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_  
*Street Address (number, apartment #, street) City State Zip Code*

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_  
*Street Address (number, apartment #, street) City State Zip Code*

Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.

CHILD'S ENROLLMENT RECORD  
(Back Page)

Medical Information:

Child's Physician/Health Resource \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

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

Name of Dentist \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Emergency Care Plan Instructions (if applicable) \_\_\_\_\_

MISCELLANEOUS INFORMATION

List all known allergies \_\_\_\_\_

List all identifying scars, birthmarks, skin discolorations \_\_\_\_\_

Special medical or dietary needs of child \_\_\_\_\_

List any areas of concern \_\_\_\_\_

My signature below verifies that:

I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.

I have received a copy of the "Know Your Child's Children's Center" brochure, a copy of the children's center discipline and expulsion policies.

I was notified that the snacks/meals served daily are:  Breakfast  AM Snack  Lunch  PM Snack  Dinner

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

Signature of Custodial Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_



EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

Please Print Information

Child's Full Name: Birthdate:

Allergies:

Medicines Routinely Taken:

Name of Custodial Parent(s)/Legal Guardian(s):

Address: Street Address (number, apartment #, street) City State Zip Code

Home Telephone Cell Telephone Work Telephone

Family Physician's Name/Health Care Resource:

Address: Street Address (number, apartment #, street) City State Zip Code

Telephone ( )

Hospital Preference: Name City

Medical Insurance Company:

Policy #: Expiration Date:

Emergency Contact (if custodial parent/guardian cannot be reached):

Address: Street Address (number, apartment #, street) City State Zip Code

Home Telephone Cell Telephone Work Telephone

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA COUNTY OF

The foregoing instrument was acknowledged before me on (Month) (Day) 20 (Year)

by (Name of Affiant), who is personally known to me or who has

produced (Type of Identification) as identification.

SEAL OF NOTARY

### Signatures to Agreement

For services listed in the agreement and in accordance with the terms of this agreement, I agree to pay Trinity Presbyterian Preschool the sum of:

Tuition: \$ \_\_\_\_\_ Accommodations: \_\_\_\_\_

I further agree to pay the registration fee annually of: \$ \_\_\_\_\_

Parent Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to cooperate with the general policies of the school, paying special attention to:

- Preschool Programs begin at 9:00 a.m. It is very important that your child be here no later than that so they do not miss important learning time. You must sign your child in everyday with the time noted next to your signature. You may be asked to leave the program for excessive lateness and/or absences. Please be on time!
- Suitable attire is vitally important for the pre-school day. We do many learning activities which require sitting criss-cross on the floor or games outside which require rubber soled shoes. If your child is not wearing appropriate attire they may be asked to change into something more suitable. Inappropriate dress is not limited to, but includes, overalls during potty training times, cowboy boots, dress shoes, skirts or dresses without shorts underneath, or any piece of clothing that has weapons or pictures of violence.
- Our program closes every day at 6:00 p.m. Our VPK program ends at 12. You must sign your child no later than that. If you are going to be late, please call the preschool office to report. You will be charged \$1.00 per minute. Our closing time is reported to licensing and we are only allowed to have children in our care until then.
- Tuition is due by Friday mornings if you are paying weekly and no later than the 5<sup>th</sup> if paying monthly. You may be charged a late fee for payment following that date. If you have a special situation you must see the director to make arrangements.
- For VPK only parents there is no charge for any portion of the program, no registration fee, the program is completely free.
- For any parents participating in VPK after 36 absences or more than 20% for the year you will either be dismissed from the program or considered self pay to continue.
- Your child must stay home when they have any of the symptoms of illness listed in the handbook. If your child is sent home from the program they will not be readmitted the following day, We will not administer any medications for fevers, vomiting, or another symptom of illness. These are all symptoms your child should be kept home for if they are exhibiting. All prescriptions must be in a pharmacy labeled container with their names and dosing instructions on, and have a medication form filled out and signed by the guardian to be administered.
- Your child may be photographed and photos will be used in the church/preschool newsletter and websites. No last names and personal information about the child will ever be given.
- There will be no corporal punishment permitted on the school grounds. Corporal punishment viewed by our employees will be reported to Child Protective Services.

I agree to cooperate with the general policies of the school, to perform the obligations of guardians set forth in this agreement and to abide by all the rules, regulations and manuals promulgated and provided by the school. My signature below indicates that I have read the terms of this agreement and that I have read the rules, regulations and manual promulgated and provided by the school. It further indicates that I have had this material explained to me and that all of my questions have been satisfactorily answered.



**TRINITY PRESBYTERIAN PRESCHOOL CENTER POLICIES**  
**AND TUITION FINANCIAL AGREEMENT**  
**REMINDER**

I understand and agree that tuition is due by Friday morning of the pay schedule you have unless other arrangements have been made. Should the tuition fee be late, a late charge of \$5 per day will be added to the balance.

X\_\_\_\_\_

It is a licensing requirement that you sign your child in and out as well as notify us if your child will be absent. If someone is picking up that is not on your pick up list you must add them in the morning or via email or text. We may not take names verbally over the phone, it must be in writing.

X\_\_\_\_\_

I agree to the center's policies regarding the late pick up of a child after closing at the rate of \$5 for the first 5 minutes after 6pm and then \$5.00 per minute after 6:05pm. If you are late repeatedly your pickup time will be changed to 5:30pm.

X\_\_\_\_\_

I also understand and agree that there will be no deductions from tuition fees for sick days, absent days or holidays. You do get 1 week vacation per school year. Return checks are subject to a charge of \$30 and all future payments must be made in cash or money order.

X\_\_\_\_\_

In order to withdraw from Trinity Presbyterian Preschool a two week written notification must be handed to the director and tuition is still applicable.

X\_\_\_\_\_

I have read, received and understood the school's expulsion AND discipline policy.

X\_\_\_\_\_

I understand that not all children have received current immunizations. I further understand that the children who are not immunized have to provide a copy of DH680 or evidence of religious exemption documentation.

X\_\_\_\_\_

I understand that the cut off time for drop off is 9:00 am and 11:00 am with a doctor's note for appointments.

X\_\_\_\_\_

I further understand that ANY employee of Trinity Presbyterian Preschool has full access to student records.

X\_\_\_\_\_

I am FULLY aware of the schools Emergency preparedness policies and procedures for inclement weather, hurricanes, tornadoes and lockdown procedures and that we follow Pinellas County Schools.

X\_\_\_\_\_

Lunch orders are due on Mondays along with the payment. If orders are not placed and paid for on Mondays you will be responsible to bring lunch for your child that week.

X\_\_\_\_\_

Sick Policy: If your child is sent home with fever, diarrhea, or vomiting they may not return the following day. If your child is sent home with other symptoms such as rash, lice, inflamed eyes etc they may return the next day with a doctor's note. Please refer to the sick policy in the handbook for more details.

X\_\_\_\_\_

Please sign below, after paperwork is signed by the director you will receive a copy for your records. Thank you!

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Parent's Signature

Date

---

Directors Signature

Date





# myprocare<sup>®</sup>

Dear parent/guardian,

Trinity Presbyterian Church Preschool is pleased to offer **MyProcare**, a free online portal for you to access account information and easily pay tuition. MyProcare is safe, secure and created with your convenience in mind. We are asking that every family have a form filled out on file. We will not pull any money unless authorized. The only time we would pull money from your account is if there is an outstanding balance without communication with the director in regards to payment.

### Log in today!

1. Go to [MyProcare.com](http://MyProcare.com).
2. Enter your email address (the email you have on file with Trinity Presbyterian Church Preschool) and choose **Go**.
3. Enter the confirmation code sent to your email, choose a password, and press **Go**.
4. Then you may:
  - a. View your child's schedule, time card, immunizations and more.
  - b. Use the **Pay** button to make a payment with your card.

Thank you!

Trinity Presbyterian Church Preschool and MyProcare

**Tuition<sup>®</sup>**  
**Express**

**Automated Payment Processing**  
**Safe – Convenient – Easy**

We are excited to offer the safety, convenience and ease of Tuition Express<sup>®</sup>—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). 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. Check with the center for accepted credit card types.

**COMPLETE ONE SECTION ONLY**

**SECTION A (Credit Card)**

Cardholder Name \_\_\_\_\_ Phone # \_\_\_\_\_

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

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

**SECTION B (Bank Account)**

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

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

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

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

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

**For Official Use Only**

Date Received
Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: _____	<b>Attach Voided Check Here</b>	\$ _____
Deposit slips not accepted		Dollars

A service of



## Child Discipline Policy

The 1985 Florida Legislature adopted a law to further protect children in childcare facilities. The law addresses child discipline in child care centers and states:

1. OM-12.03 Child Discipline.  
Child Care facilities must ensure that age appropriate, constructive disciplinary practices are used for children in care.
  - (a) Children shall not be subjected to discipline, which is severe, humiliating or frightening.
  - (b) Discipline shall not be associated with food, rest or toileting.
  - (c) Spanking or any other form of physical punishment is prohibited.
2. Prior to admission of a child in a childcare facility, the facility shall notify the parent in writing of the disciplinary practices used by the facility. The specific types of discipline used for each group must be included in the written material provided to parents. Verification that childcare facilities have provided the parents in writing the disciplinary practices used by the facility shall be documented on the enrollment form or an equivalent form with the signature of the parent.

In compliance with the law, Trinity Preschool has prepared this statement about our child discipline policy:

We recognize that many discipline problems are prevented by careful scheduling of activities and expectations of individual children as age appropriate, and the use of positive communication and listening techniques. We use positive reinforcement and praise when encouraging appropriate behavior.

Occasionally, inappropriate behavior does occur. We will not allow aggressive acts towards other children and staff. It is our policy to:

1. Use positive communication techniques, enabling the child to become calm, to understand that there are better ways to express his or her feelings and to help the child understand responsibility for his or her behavior.
2. Redirect child to another activity.
3. Separate child if necessary to a chair within view of the teacher and children, giving him or her the opportunity to think over his or her actions and to collect him or herself.

The staff at Trinity Preschool will not use corporal punishment, ridicule, humiliation, or denial of food and drink. We will not refuse gross motor activities as a punishment as well. These techniques do not teach a child how to handle his or her behavior when they are upset or angry.

In exercising its discretion under the items listed above, the school will require the child and the child's parents or guardians to attend a conference(s) with school personnel regarding the matters that potentially warrant termination of the Agreement. The child's parents/guardians may request a conference with school personnel regarding the matters that potentially warrant termination.

The school's director or staff shall have the sole right and responsibility to determine any disputed factual matters regarding termination of this agreement.

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

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

Name: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_

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



## What should I do if my child gets sick?

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

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

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



## How can I protect my child from the flu?

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

## spread of germs?

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

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



## When should my child stay home from child care

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

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

## What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



## How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



For additional information, please visit [www.myflorida.com/childcare](http://www.myflorida.com/childcare) or contact your local licensing office below:

CF/PI 175-70, June 2009

This brochure was created by the Department of Children and



**"The Flu"**  
**A Guide**  
**for Parents**

# Distracted Driver Flyer

My signature below verifies receipt of the

## “DISTRACTED DRIVER FLYER”

Date

Child's name

Parent/Guardian

Signature

Please complete and return this portion of the brochure to the office, in order for us to keep your child's file current.

This page must be signed in September and April each year.

**Getting In; Getting Out**

**In: Check Behind The Car**

- BEFORE GETTING IN THE CAR AND STARTING THE ENGINE, walk around the car and CHECK FOR KIDS, TOYS, AND PETS!
- Make sure there is NOTHING UNDER OR BEHIND YOUR CAR that could attract a young child.
- PICK UP TOYS, BIKES, CHALK, OR ANY TYPE OF EQUIPMENT around the driveway so that these items don't entice kids to play.

Developed by:  
PREVENTION UNIT  
Office of Family and Community Services

**Getting In; Getting Out**

**Out: Check the Back**

- In just 10 MINUTES, a car's temperature can increase by 19°
- Before getting out of your car, check the back seat ... **DON'T FORGET YOUR CHILD!**
- NEVER leave your child alone in a car and **CALL 911** IF YOU SEE ANY **CHILD LOCKED IN A CAR!**
- Place something in the back seat that you will need at work, school, or home (your laptop; your lunch).

Developed by:  
PREVENTION UNIT  
Office of Family and Community Services

### Plan For An Emergency Not Requiring Evacuation:

- *Safely move all children from the classroom*
- *We will relocate to Fellowship Hall or Chapel*
- *We will contact each parent once the children are safe*
- *Supplies, food, toys and other items will be available for each child*
- *We will remain in Fellowship Hall or Chapel until we are able to go back to the classroom or someone has come to pick up the child*

### Plan For An Off-Site Evacuation

- *We will safely put each child on our Trinity Vans or Insured Teachers Vehicles*
- *We will transport the children to our relocation site:*
  - Light of Christ*
  - 2176 Marilyn Street*
  - Clearwater, Fl. 33765*
  - 727-442-4797*
- *Once the children are safe, we will contact each parent*
- *Supplies, food, toys and other items will be available for each child*
- *We will remain at this site until each child is picked up or we are able to return to Trinity.*

*I have read and understand the Trinity Preschool Clearwater's Emergency Evacuation Plan. I also give Trinity Preschool my consent to transport my child if necessary.*

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*Child's Name*

---

*Parent/Guardian Name (Print)*

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*Parent/Guardian Signature*

*Date*



# Trinity Presbyterian Preschool

2001 Rainbow Drive,  
Clearwater, FL 33765  
License #C610576

## Food and Nutrition Policy

We serve an AM and PM snack. Our snack choices will consist of nutri grain bars, granola bars, graham crackers, fruit, yogurt, cheese & crackers, cereal, gold fish, animal crackers, oreo cookies, fruit snacks, vanilla wafers, pretzels, cheese balls, rice krispie treats etc. The monthly snack calendar will be posted in the classrooms as well as on our parent board for review. We offer the option to participate in purchasing Pizza on Tuesdays which includes fruit or yogurt and a crunchy side with juice. Fridays we offer the option to purchase McDonalds. Again this is optional. Packed lunches need to be healthy, well balanced choices packed in a lunch box with an ice pack. Every child at registration is required to fill out a food experience permission form. You are asked to list any food based allergies or food restrictions that your child may have. Please make sure if your child develops a food allergy or your child's food restrictions change that you update the office as soon as possible so that we may update our files. If your child has a birthday you are welcome to bring in a treat for the class to share but we do ask that you check with your child's teacher for any allergies in the classroom before bringing something in. **All treats should be store bought and can not be homemade.**

---

Parent Signature

---

Date

---

Child's Name



## Food Experience Permission Form

I give permission for my child \_\_\_\_\_ to participate in food related activities.

Please check one of the following:

\_\_\_\_\_ My child DOES NOT have a food allergy or dietary restriction.

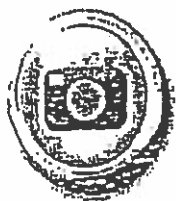
\_\_\_\_\_ My child DOES have a food allergy or dietary restriction. He or she may participate, but may not eat or handle the following items (please list below)

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

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

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

\_\_\_\_\_  
Date



## Permission to Photograph

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to  
(Parent or Guardian name) (Child Care Provider)

photograph my child, \_\_\_\_\_, for the following purposes:  
(Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
<b>Still Photographs:</b>		
Display in my classroom scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on child care website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care's Facebook/Instagram page	<input type="checkbox"/>	<input type="checkbox"/>
Other: Slide shows presented at special occasions for parents	<input type="checkbox"/>	<input type="checkbox"/>

\*No Names will be used.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

\_\_\_\_\_  
(Parent or Guardian signature)

\_\_\_\_\_  
(Date)



**Physical Education  
with Imagination**

**Photo Release Form for Children Participating in Stretch-n-Grow Clearwater Programs**

Stretch-n-Grow Clearwater LLC has my permission to use my child's photograph to promote the aforementioned enrichment program. I understand that the images may be used in print publications, presentations, flyers, and other marketing materials. I do not allow Stretch-n-Grow Clearwater LLC to use my child's photograph on any website, online publication, or social media site. I also understand that no royalty, fee, or other compensation may become payable to me by reason of such use.

**Parent/Guardian's Signature:**

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

**Parent/Guardian's Name:**

\_\_\_\_\_

**Child's Name:**

\_\_\_\_\_

**Phone Number:**

\_\_\_\_\_

**School Name:**

\_\_\_\_\_

# All About ME!



My full name is \_\_\_\_\_.

First

Middle

Last

I like to be called \_\_\_\_\_.

I was born on \_\_\_\_\_, at \_\_\_\_\_.

Month

Date

Year

Location

I live with \_\_\_\_\_.

Names and relationship of people in household

I have      pets, named \_\_\_\_\_.

#

Pets' names

My favorite place to be is \_\_\_\_\_.

When I am at home, I like to \_\_\_\_\_.

My favorite thing about school is \_\_\_\_\_.

My favorite color is \_\_\_\_\_.



My favorite food is \_\_\_\_\_.

My favorite person is \_\_\_\_\_, because

My favorite book is \_\_\_\_\_.

When I grow up, I want to \_\_\_\_\_.

I am really good at \_\_\_\_\_.

This year I want to learn \_\_\_\_\_.

I think you should know that \_\_\_\_\_.

#### QUALITY INDICATORS

Quality children's centers offer healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect.

When evaluating the quality of a children's center setting, the following indicators should be considered:

#### CAREGIVERS

- » Are friendly and eager to care for children.
  - » Are aware of the presence and activities of all children in their care.
  - » Accept family cultural and ethnic differences.
  - » Are warm, understanding, encouraging, and responsive to each child's individual needs.
  - » Use a pleasant tone of voice and frequently talk with the children.
  - » Manage their behavior in a positive, constructive, and non-threatening manner.
  - » Allow children to play alone and in small groups.
  - » Are attentive to and interact with the children.
  - » Provide stimulating, interesting, and educational activities.
  - » Demonstrate knowledge of child development.
  - » Communicate with parents.
- #### ENVIRONMENT
- » Is safe and secure environment that fosters the growing independence of all children.
  - » Is clean, safe, inviting, comfortable, and child friendly.
  - » Has easy access to age-appropriate toys.
  - » Displays children's activities and creations.

#### ACTIVITIES

- » Are children initiated and teacher facilitated.....
- » Include social interactions with all children.....
- » Include play, painting, drawing, story telling, music, dancing, and other varied activities.....
- » Include daily exercise for development of both small and large motor skills.....
- » Include free play and organized activities.....
- » Include opportunities for all children to read, explore, problem solve, and be creative.....

#### PARENT'S ROLE

- The parents role in quality child care is vital to its success. In partnering with the caregiver to achieve this goal, parents should:
- » Provide complete and accurate enrollment and health records. Update information as needed.
  - » Become familiar with the child care standards required to license the children's center.
  - » Ask about staff turnover.
  - » Know the policies of the children's center.
  - » Communicate with the caregiver.
  - » Visit and observe the children's center.
  - » Participate in special activities, meetings, and conferences.
  - » Talk with child(ren) about daily experiences in the children's center.
  - » Arrange alternate care for a sick child.

### PIHELLAS COUNTY CHILDREN'S CENTERS GENERAL INFORMATION

For a listing of children's centers, contact Child Care Resources and Referral of Pihellas, Inc. at (727) 845-4500. For a complaint contact the center first, or to file a complaint contact the Child Care Licensing Program at (727) 547-4857.

For further information about child care in Florida or to view child care center inspection reports, visit the website: [www.myflorida.com/childcare](http://www.myflorida.com/childcare)

The statewide toll-free telephone number for reporting child abuse is 1-800-98 ABUSE (1-800-962-2873). Reports of suspected, sexual actual cases of child physical abuse, sexual abuse, and neglect received through the Abuse Registry number are referred to the Pinellas County Sheriff's Department for investigation.

## KNOW YOUR CHILDREN'S CENTER

Nursery School \* Kinder Day Nursery \* School Age



Our mission is to promote, protect improve the health of all people in County

Child Care Licensing Program  
 4175 East Bay Drive, Suite  
 Clearwater, FL 3376  
 Telephone 727-807-48  
[www.dcl.org](http://www.dcl.org)

The Child Care Licensing Program and services are funded by the Juvenile Board and the Florida Department of Family Services.

C-0002 (rev. 07/06)

# The Creative Curriculum® Goals and Objectives at a Glance

SOCIAL/EMOTIONAL DEVELOPMENT	PHYSICAL DEVELOPMENT	COGNITIVE DEVELOPMENT	LANGUAGE DEVELOPMENT
<p><b>I. Sense of Self</b></p> <ol style="list-style-type: none"> <li>Shows ability to adjust to new situations</li> <li>Demonstrates appropriate trust in adults</li> <li>Recognizes own feelings and manages them appropriately</li> <li>Stands up for rights</li> </ol> <p><b>II. Responsibility for Self and Others</b></p> <ol style="list-style-type: none"> <li>Demonstrates self-direction and independence</li> <li>Takes responsibility for own well-being</li> <li>Respects and cares for classroom environment and materials</li> <li>Follows classroom routines</li> <li>Follows classroom rules</li> </ol> <p><b>III. Prosocial Behavior</b></p> <ol style="list-style-type: none"> <li>Plays well with other children</li> <li>Recognizes the feelings of others and responds appropriately</li> <li>Shares and respects the rights of others</li> <li>Uses thinking skills to resolve conflicts</li> </ol>	<p><b>I. Gross Motor</b></p> <ol style="list-style-type: none"> <li>Demonstrates basic locomotor skills (running, jumping, hopping, galloping)</li> <li>Shows balance while moving</li> <li>Climbs up and down</li> <li>Pedals and steers a tricycle (or other wheeled vehicle)</li> <li>Demonstrates throwing, kicking, and catching skills</li> </ol> <p><b>II. Fine Motor</b></p> <ol style="list-style-type: none"> <li>Controls small muscles in hands</li> <li>Coordinates eye-hand movement</li> <li>Uses tools for writing and drawing</li> </ol>	<p><b>I. Learning and Problem Solving</b></p> <ol style="list-style-type: none"> <li>Observes objects and events with curiosity</li> <li>Approaches problems flexibly</li> <li>Shows persistence in approaching tasks</li> <li>Explores cause and effect</li> <li>Applies knowledge or experience to a new context</li> </ol> <p><b>II. Logical Thinking</b></p> <ol style="list-style-type: none"> <li>Classifies objects</li> <li>Compares/measures</li> <li>Arranges objects in a series</li> <li>Recognizes patterns and can repeat them</li> <li>Shows awareness of time concepts and sequence</li> <li>Shows awareness of position in space</li> <li>Uses one-to-one correspondence</li> <li>Uses numbers and counting</li> </ol> <p><b>III. Representation and Symbolic Thinking</b></p> <ol style="list-style-type: none"> <li>Takes on pretend roles and situations</li> <li>Makes believe with objects</li> <li>Makes and interprets representations</li> </ol>	<p><b>I. Listening and Speaking</b></p> <ol style="list-style-type: none"> <li>Hears and discriminates the sounds of language</li> <li>Expresses self using words and expanded sentences</li> <li>Understands and follows oral directions</li> <li>Answers questions</li> <li>Asks questions</li> <li>Actively participates in conversations</li> </ol> <p><b>II. Reading and Writing</b></p> <ol style="list-style-type: none"> <li>Enjoys and values reading</li> <li>Demonstrates understanding of print concepts</li> <li>Demonstrates knowledge of the alphabet</li> <li>Uses emerging reading skills to make meaning and interprets meaning from books and other texts</li> <li>Understands the purpose of writing</li> <li>Writes letters and words</li> </ol>

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## TRINITY PRESBYTERIAN PRESCHOOL 2019-2020 School Calendar

Thursday, July 4 <sup>th</sup> 2019	Fourth of July, Trinity Closed
Monday, August 12 <sup>th</sup> & Tuesday, August 13 <sup>th</sup>	In-service, Trinity Closed
Wednesday, August 14 <sup>th</sup>	First Day of School
Monday, September 2 <sup>nd</sup>	Labor Day, Trinity Closed
Monday, Nov 25 <sup>th</sup> - Friday, Nov 29 <sup>th</sup>	If you attend VPK 9am - 12pm ONLY, No School
Thursday, November 28 <sup>th</sup> & Friday, November 29 <sup>th</sup>	Thanksgiving, Trinity Closed
Monday, December 23 <sup>rd</sup> - Wednesday, Jan 1 <sup>st</sup>	Winter Break, Trinity Closed
Thursday, January 2 <sup>nd</sup> & Friday, January 3 <sup>rd</sup>	If you attend VPK 9am - 12pm ONLY, No School
Monday, January 20 <sup>th</sup>	Martin Luther King, Jr Day, Trinity Closed
Monday, March 16 <sup>th</sup> - Friday, March 23 <sup>rd</sup>	If you attend VPK 9am - 12pm ONLY, No School
Friday, April 10 <sup>th</sup>	Good Friday, Trinity Closed
Friday, May 22 <sup>nd</sup>	Last Day of VPK, Graduation
Monday, May 25 <sup>th</sup>	Memorial Day, Trinity Closed
Monday, June 1 <sup>st</sup>	Summer Session Begins
Friday, July 3 <sup>rd</sup>	Fourth of July, Trinity Closed
August	2 Dates TBD