Trinity Presbyterian Preschool and School Age Program
License # C610576

Tuition Rates
2026-2027 Aug – July

Programs

Full Days; 5 days a week (6:30-6:00)	Two's	3/5-year-olds	Pre-K (wrap Care) until VPK ends
Weekly	$240	$210	$180/ $210 June-Aug & when there is no VPK

- *Children Not Potty Trained will pay the two-year-old rate

Full Days; 3 days a week (6:30-6:00)	Two's	3/5-year-olds	Pre-K (wrap care)
Weekly	$200	$165	$130

Full Days; mornings only (9am – 12pm)	Two's	3/5-year-olds	Pre-K (9-12)
Weekly	$165	$155	Free

School Age	All Inclusive Plan (includes all 42 wks bc/ac, 1/2days, in service days & holiday breaks.)	Summer Camp
Weekly	$135	$190

Other Options & Fees

- Yearly Supply Fee $125
  - School Readiness $50
- VPK Full Days Supply Fee $125
- VPK Only (9am-12) $0
- School Age $50
- School Readiness Differential fee plus parent fee per child.
- *50% Tuition due for the week of December 21st —December 25th, 2026*

Additional Fee for Holidays if you don't choose the All-Inclusive package or as a drop in.

$20 a day per student and $40 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 a two-week notice (fill out form) needs to be given.

2001 Rainbow Drive Clearwater, FL 33765 727-446-0959

Trinity Prebyterian Preschool

License # C610576

Registration Form

Child's name, age

_____

Parents names, phone numbers ane email address:

1. _____

Email: _____

2. _____

Email: _____

Child's shirt size ($15 a shirt)

_____

pclb

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.

CONTINUED ON BACK

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*

Meals typically served while in care: ☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper

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.

I was notified in writing of the disciplinary and expulsion policies used by the children's center.

I was provided the food and nutrition policies used by the children's center.

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**

pclb

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
(Child's Full Name)

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 this _____ _____ 20_____
(Month) *(Day)* *(Year)*

by means of ☐ physical presence or ☐ online notarization by _____ who is personally known
(Name of Affiant)

to me or has produced _____as identification.
(Type of identification)

SEAL OF NOTARY

Signed:_____(*Signature of Notary*)

FC-0003 Sample (2/19/20)

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.

Parent Signature_____ Date_____

Signatures to Agreement/Before and After Care

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

- Bus riders should be to school by 7:45 AM and they should be walked to their classroom.
- If your child will not be in attendance we need to be notified. A $25 fee will be charged if we are not notified that we are not picking up your child from school.
- Suitable attire is vitally important for the school day. We require your child to continue to wear the approved attire, which includes and is not limited to any piece of clothing that has weapons or pictures of violence and closed-toed shoes. No crocs, sandals etc.
- Our program closes every day at 6:00 pm. You must sign your child out no later than that. If you are going to be late, please call the preschool office to report. You will be charged $5.00 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 no later than the 5th of each month. You may be charged a late fee for payments after that date. If you have a special situation, you must see the director to make arrangements.
- 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 any other 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 them 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 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 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 manuals 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.

Parent/Guardian: _____Date:_____

TRINITY PRESBYTERIAN PRESCHOOL CENTER POLICIES

AND TUITION FINACIAL AGREEMENT (2026-27)

I **understand** and agree that tuition is due every Friday before my child attends Trinity Presbyterian Preschool unless other arrangements have been made. Should the tuition fee be late by Monday 6pm then a late fee of $25 will be added for late fees.

X_____

I agree with the center's policies regarding the late pick up of a child after closing of a $1.00 per minute after 6pm and then $5.00 per minute after 6:05pm.

X_____

I also understand and agree that there will be no deductions from tuition fees for sick days, absent days or holidays, weather closures. 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 must provide a copy of DH680 or evidence of religious exemption documentation.

X_____

I understand that the cut off time for drop off is 7:45 Before/Aftercare program, 9:00 am and 11:00 am with a doctor's note for appointments. Families may be asked to leave the program or denied permission to stay for the day if they arrive late too frequently. Late arrivals cause disruptions.

X_____

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

X_____

Fifty Percent tuition will be due for the week of Monday, December 21st through Friday, December 25th when we are closed for Winter Break.

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_____

For our before and after care program there is a $25 NO Call/ NO Show fee. IF your child will not be at school, Please makes sure you send us a message through the app or call us at 727-446-0959. Our van drivers will not leave a school without a child until the parent is contacted and/or the school informs us that the child was absent that day. Having to wait at a school while parental contact is made or while the school confirms that the child was absent leads to transporters being late to the other schools we pick up at.

X_____

The following information on the person responsible for the child's and other fees is required. In signing the agreement below I have read and understand the center's policy's and discipline procedures.

Parent Full Name (Please Print) Address City & Zip

Parents e-mail address Parents e-mail address

Signature (parent) Date

Trinity Presbyterian Church Preschool
Important Policy Reminder for Parents 2026-27

Dear Parents,

We want to remind you of some important school policies to help ensure a safe, productive, and consistent experience for all children in our care. If any of your personal information, addresses, number emergency contact details have changed please fill out the enrollment paperwork.

Program Start Time

- Preschool begins promptly at **9:00 AM**.
- Children arriving **after 9:05 AM will be considered late**.
- Late Policy:
  - **1st Late Arrival**: Verbal warning
  - **2nd Late Arrival**: Written warning
  - **3rd Late Arrival**: Child will not be allowed to stay for the day
- Please notify us if your child will be late due to an appointment or emergency.

Clothing Requirements

- Dress children in play-appropriate clothing (for art, outdoor play, potty training, and tumbling).
- Please make sure your child has extra change of clothes.
- **Not allowed**: Flip-flops, Crocs, plastic shoes, cowboy boots
- Children wearing dresses must wear **shorts underneath**.

Arrival & Dismissal

- All children must be **signed in and out daily**.
- Sign next to your child's name and include **exact times**, this pertains to school readiness children.
- This is required by our licensing agency.

Toys from Home

- **No toys from home**, except on **Show & Share Friday's**.

Illness Policy
Please keep your child home if they exhibit any of the following:

- Fever or chills
- Inflamed eyes
- Discharge from the eyes
- Sore throat
- Nausea or vomiting
- Impetigo
- Rash
- Hand, foot and mouth
- Diarrhea
- Persistent cough
- Head lice
- Yellow or green nasal discharge

If your child is sent home due to **fever, vomiting, or diarrhea**, they **may not return the following day**.

Food

- Please make sure that your child has
  - a lunch box, labeled with their first and last name and an Ice Pack
  - a water bottle, labeled with their first and last name
- Children 3 and under may not have chips, popcorn, or any foods that are considered a choking hazard. Hot dogs and grapes must be cut up into pieces.

Acknowledgment
Please sign and return this form to confirm that you have read and understood these policies.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____

Thank you for your cooperation and continued partnership!

Every family needs to have a card or bank act on file.
Thank you!

myprocare®

Dear parent/guardian,

Trinity Presbyterain 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.

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® Express

Automated Payment Processing
Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—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 _____ CVV _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account)

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

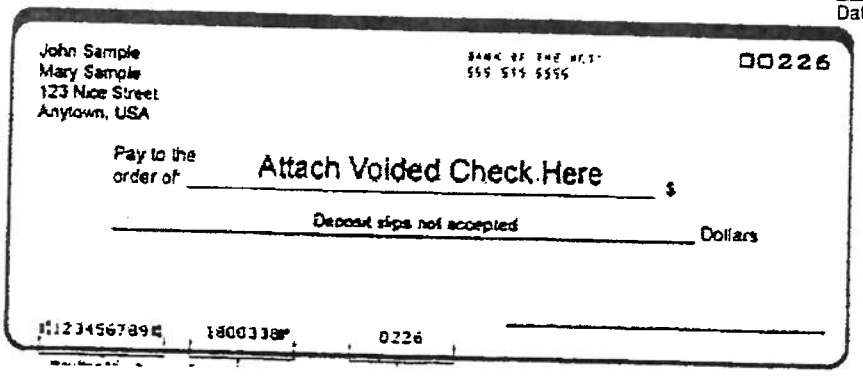
Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ ☐ Checking ☐ Savings

Authorized Signature _____ Date _____

For Official Use Only

Date Received
Employee Signature



A service of

procare SOFTWARE®

Plan For An Emergency Not Requiring Evacuations

- Safely remove 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 spots
    - Skycrest Elementary * 10 N Corona Ave* Clearwater FL (Plan A)
    - Clearwater High School* 1951 Gulf to Bay Blvd* Clearwater, FL (Plan B)
- 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 Trinity Presbyterian Preschool's Emergency Evacuation Plan. I also give Trinity Preschool my consent to transport my child if necessary.

_____

Child's Name

_____

Parent/Guardian Name (print)

_____

Parent/Guardian Signature **Date**

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

_____

Child's Name

_____

Parent/Guardian Name (Print)

_____

Parent/Guardian Name (Signature)

pclb

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

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 Chik Fil A. Again this is optional. Packed lunches need to be healthy, well balanced choices packed in a lunch box with an ice pack. If the lunches fail to meet nutritonal or safety guidelines or not age appropriate Trinity Preschool reserves the right to refuse to serve the lunch sent from home. Trinity Preschool will offer an appropriate lunch and a $5.00 lunch charge will be charged to your childs account. 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 restricitions that your child may have. Please make sure if your child develops a food allergy or your child's food restricitions 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.

- **Foods that are associated with young children's choking incidents must not be served to children under the age of 4, that includes food sent from home such as, but not limited to, whole/round hot dogs, popcorn, chips, pretzel nuggets, whole grapes, nuts, cheese sticks/cubes and any other foods that are of similar shape and size of the trachea/windpipe.**

_____ _____

Parent Signature Date

_____

Child's Name

Permission to Photograph

I, _____, give permission for Trinity Preschool 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
Still Photographs:		
Display in my classroom scrapbook	☐	☐
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	☐	☐
Display still photos on child care website*	☐	☐
Post photos on child care's Facebook/ Instagram page	☐	☐
Other: Slide shows presented at special occasions for parents	☐	☐

*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)

All About You

Name_____

Family _____

Favorite Tv Show(s) _____

Favorite Book(s) _____

Favorite Thing(s) to do outside of school _____

_____

Favorite Subject(s) _____

Favorite Game(s) _____

Favorite Animal(s) _____

Favorite Food(s) _____

Favorite Color(s) _____

Favorite Movie(s) _____

What makes me happy _____

_____

Share a cute story about your child _____

_____

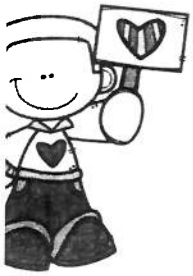
_____

Anything else you'd like to share _____

_____

_____

_____



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The Creative Curriculum® Goals and Objectives at a Glance

SOCIAL/EMOTIONAL DEVELOPMENT

Sense of Self

1. Shows ability to adjust to new situations
2. Demonstrates appropriate trust in adults
3. Recognizes own feelings and manages them appropriately
4. Stands up for rights

Responsibility for Self and Others

5. Demonstrates self-direction and independence
6. Takes responsibility for own well-being
7. Respects and cares for classroom environment and materials
8. Follows classroom routines
9. Follows classroom rules

Prosocial Behavior

10. Plays well with other children
11. Recognizes the feelings of others and responds appropriately
12. Shares and respects the rights of others
13. Uses thinking skills to resolve conflicts

PHYSICAL DEVELOPMENT

Gross Motor

14. Demonstrates basic locomotor skills (running, jumping, hopping, galloping)
15. Shows balance while moving
16. Climbs up and down
17. Pedals and steers a tricycle (or other wheeled vehicle)
18. Demonstrates throwing, kicking, and catching skills

Fine Motor

19. Controls small muscles in hands
20. Coordinates eye-hand movement
21. Uses tools for writing and drawing

COGNITIVE DEVELOPMENT

Learning and Problem Solving

22. Observes objects and events with curiosity
23. Approaches problems flexibly
24. Shows persistence in approaching tasks
25. Explores cause and effect
26. Applies knowledge or experience to a new context

Logical Thinking

27. Classifies objects
28. Compares/measures
29. Arranges objects in a series
30. Recognizes patterns and can repeat them
31. Shows awareness of time concepts and sequence
32. Shows awareness of position in space
33. Uses one-to-one correspondence
34. Uses numbers and counting

Representation and Symbolic Thinking

35. Takes on pretend roles and situations
36. Makes believe with objects
37. Makes and interprets representations

LANGUAGE DEVELOPMENT

Listening and Speaking

38. Hears and discriminates the sounds of language
39. Expresses self using words and expanded sentences
40. Understands and follows oral directions
41. Answers questions
42. Asks questions
43. Actively participates in conversations

Reading and Writing

44. Enjoys and values reading
45. Demonstrates understanding of print concepts
46. Demonstrates knowledge of the alphabet
47. Uses emerging reading skills to make meaning from print
48. Comprehends and interprets meaning from books and other texts
49. Understands the purpose of writing
50. Writes letters and words

08-12-02 CC4 BNDL IE

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 or legal guardians.

ENVIRONMENT

- Is a 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 started by the children and facilitated by the teacher.
- Include social interchanges 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 parent's or legal guardian's role in quality child care is vital to its success. In partnering with the caregiver to achieve this goal, the parent(s) or legal guardian(s) 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.

PINELLAS COUNTY CHILDREN'S CENTERS GENERAL INFORMATION

For a listing of children's centers, contact 211 Tampa Bay Cares at 2-1-1.

For an appointment to review a children's center file or to file a complaint contact the Child Care Licensing Program at (727) 507-4857.

For further information about child care in Florida or to view children's center inspection reports, visit the website:

www.myflorida.com/childcare

HEALTH
Pinellas County

Our mission is to protect, promote & improve the health of all people in Florida through integrated state, county and community efforts.

The statewide toll-free telephone number for reporting child abuse is 1-800-96 ABUSE (1-800-962-2873). Reports of suspected and 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 CHILD'S CHILDREN'S CENTER

Nursery School ✱ Kindergarten

Day Nursery ✱ School Age Center

pclb
licensing childcare since 1951

PINELLAS COUNTY LICENSE BOARD
for Children's Centers and
Family Child Care Homes

8751 Ulmerton Road, Suite 2000
Largo, FL 33771
Telephone 727-507-4857
www.pclb.org

The Child Care Licensing Program and its services are funded by the Juvenile Welfare Board, the Florida Department of Children and Family Services and the Florida Department of Health, Pinellas County.

C-0002 (Rev.03/13)

PINELLAS COUNTY CHILDREN'S CENTERS LICENSING STANDARDS

This children's center has met regulations found in Licensing Regulations Governing Pinellas County Children's Centers

A valid temporary permit or license, which bears the distinctive seals of Pinellas County and the Florida Department of Children and Family Services, is posted in a conspicuous place within the center. A valid temporary permit or license will also include: effective and expiration dates, a license number, capacity and ages of children in care.

A LICENSED CHILDREN'S CENTER MUST:

- Adhere to its licensed capacity at all times.
- Post a schedule of daily activities.
- Have first aid and emergency procedures, and post evacuation diagrams in each room.
- Keep accurate, current daily attendance records and document a visual sweep of the entire premises at the end of each day.
- Provide parent(s) or legal guardian(s) access to the children's center during normal hours of operation.
- Report suspected child abuse to the statewide toll-free telephone number.
- Provide a permission form for parent(s) or legal guardian(s) to allow the center to administer medication as necessary.
- Document required information when administering medication.
- Document accidents and incidents and obtain parent's, legal guardian's or authorized pick-up person's signature(s).
- Maintain vehicles in safe condition if transportation is provided.
- Obtain parent's or legal guardian's permission before transporting children.
- Maintain contact information for children in vehicles being used for transport and emergency care plans for children with chronic medical conditions.

CHILDREN'S RECORDS REQUIREMENTS

The following documentation is required to be maintained in the children's center for each child in care:

- A signed statement that parent or legal guardian received a copy of this brochure.
- A statement signed by parent or legal guardian that enrollment information is complete and accurate.
- A signed statement that the children's center has provided parent(s) or legal guardian(s) a copy of the written disciplinary practices.
- A current health examination record (not required for school age children).
- A current Florida Certificate of Immunization (not required for school age children).
- An annual notarized Emergency Medical Release.
- Medical records that include special medical or dietary needs and a list of allergies, if applicable.
- Primary hours of care and days of week in care.
- Telephone numbers or instructions as to how to reach parent(s) or legal guardian(s) when children are in care.
- Hospital preference.
- Child's full, legal name, birth date, date of enrollment, current address and preferred name/nick name.
- Name, address, and telephone number of parent or legal guardian.
- Name, address and telephone number of emergency person(s), other than parent or legal guardian.
- Name, address and telephone number of physician and dentist.
- Proof of receipt by parent(s) or legal guardian(s) every August and September of information regarding causes, symptoms, and transmission of the influenza virus.

PERSONNEL REQUIREMENTS

- Director has a Director Credential with the certificate posted.
- Documentation that staff meets the staff credentialing requirement (not required for school age centers).
- Completion of background screening.
- Completion of 40-Hour Introductory Child Care training.
- Completion of 10 hours training annually.
- Completion of early literacy training (not required for school age centers).
- Documentation of educational requirements.
- Meet minimum age requirements.
- Signed statements that employees understand the statutory requirement of reporting child abuse/neglect.
- Staff trained in first aid and CPR on the premises at all times and on field trips.
- Staff maintain direct supervision including minimum adult-child ratios:

2 months-1 year	1 adult for 3 children
1 year-2 years	1 adult for 5 children
2 year olds	1 adult for 10 children
3 year olds	1 adult for 15 children
4 year olds	1 adult for 20 children
5 years and up	1 adult for 25 children

NUTRITIONAL REQUIREMENTS

- Parent(s) or legal guardian(s) notified of meals provided that are of quality and quantity to assure child's nutritional needs are met or arrangements made for parent(s) or legal guardian(s) to provide nutritional food.
  - Posted meal and snack menus.
  - Safe drinking water is available.

PHYSICAL ENVIRONMENT

- Has sufficient indoor space for playing and napping that is kept clean, adequately lighted, vented and in good repair.
- Has indoor and outdoor space that is clean and free of litter and other hazards.
- Has toys, equipment and furnishings that are age and developmentally appropriate, and are maintained in an operable, safe, and sanitary condition.
- Has appropriate bathroom facilities that are operable, clean and sanitized (daily).
- Has isolation area for ill children.
- Has equipment for proper sanitary hand washing, toileting, and diapering activities.
- Has at least one corded, operable telephone available to staff.

HEALTH RELATED ENVIRONMENTAL REQUIREMENTS

- Annual approved fire inspections conducted.
- Monthly checks to ensure all areas of the children's center are free from fire hazards.
- Smoking is prohibited on premises.
- Storage of toxic and hazardous materials in areas inaccessible to children.
- Fire and emergency drills conducted as required.
- A labeled, fully stocked first aid kit.
- Parent(s) or legal guardian(s) notified of all animals on site.
- Records of immunizations for animals/fowl.
- Prohibit fire arms or weapons on premises (excluding federal, state and local law enforcement officers).
- Prohibit narcotics, alcohol or other impairing drugs on the premises.
- Bimonthly outdoor equipment maintenance checks.

TRINITY PRESBYTERIAN SCHOOL AGE PROGRAM
2026-2027 School Calendar

Friday, July 3rd	Fourth of July, Trinity Closed
Friday, August 8th	Trinity Closed, In-service
Monday, August 10th	Trinity Closed, In-service
Tuesday, August 11th	First Day of School
Monday, September 7th	Labor Day, Trinity Closed
Monday, October 12th	Public School Closed, **Trinity Available**
Monday, November 23rd –Wednesday, November 25th	Public School Closed, **Trinity Available**
Thursday, November 26th & Friday, November 27th	Trinity Closed, Thanksgiving Break
Monday, December 21st - Friday, December 25th	Trinity Closed, Winter Break
Monday, December 28th – Wednesday. December 30th	Public School Closed, **Trinity Available**
Thursday, December 31st & Friday, January 1st	New Years, Trinity Closed
Monday, January 4th	Public School Closed, **Trinity Available**
Monday, January 18th	Martin Luther King, Jr Day, Trinity Closed
Friday, February 12th & Monday, February 15h	Public School Closed, **Trinity Available**
Monday, March 15th – Friday, March 20th	Public School Closed, **Trinity Available**
Friday, March 26th	Good Friday, Trinity Closed
Friday, April 23rd	Public School Closed, **Trinity Available**
Thursday, May 28th	Last day of public school (2hr, early dismissal)
Monday, May 31st	Memorial Day, Trinity Closed
Tuesday, June 1st	Summer Camp Begins
Monday, July 5th	Fourth of July, Trinity Closed
August	2 dates TBD, Closed for In-service