



Meeting Your Child's Every Need

1725 Hermitage Blvd. Tallahassee, FL 32308 ♦ (850)325-6301 ♦ Fax: (850)325-6302

Program Information

We are pleased to offer Progressive Pediatric Child Care (PPCC), providing care and education for ALL infants, toddlers, preschoolers and pre-kindergarteners through VPK. As a parent you will have assurance that all of your child's needs are being met in a safe and encouraging atmosphere. Not only will your child receive a high level of staff attention, they will be set up to succeed by having access to therapists on-site.

Hours of Operation: 7:30am – 6:00pm

2017/2018 School Year Closings:

PPCC will be closed in observance of the following holidays and teacher-planning days:

- Labor Day (Monday, September 4th, 2017)
- Teacher Planning/In-Service Day (Friday, October 13th, 2017)
- Thanksgiving Holidays
 - (Wednesday, November 22nd, 2017 CLOSE AT NOON)
 - (Thursday & Friday, November 23rd – 24th, 2016)
- Winter Holidays (Monday - Friday, December 25th – 29th, 2017)
- New Year's Holiday (Monday, January 1st, 2018)
- Teacher Planning/In-Service Day (Monday, March 19th, 2018)
- Memorial Day (Monday, May 28th, 2018)
- Independence Day (Wednesday, July 4th, 2018)

VPK NOTE: There will be additional days when VPK is not in session. The days will be consistent with Leon County Schools' closings. Your child may attend PPCC if he/she is enrolled in Full-Time Wrap-Around care.

Curricula: Beyond Centers and Circle Time / Beyond Cribs and Rattles / Creative Curriculum / Conscious Discipline

Therapy Services: Fulfilling our commitment to meet your child's every need; we offer a discounted rate for 1:1 Occupational, Physical and Speech Therapy services to children enrolled in PPCC: 1 hour of therapy: \$100.00, ½ hour of therapy: \$50.00. There is no discount on the evaluation fee (\$200.00).

We look forward to nurturing your child's growth and providing an environment where learning is embedded, differences are admired, and every child is cherished.

Beth Spear

Director, Progressive Pediatric Child Care

PPCC License #: C02LE0589



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2017-2018 Enrollment Form

Student Information: Date of Birth: _____ Sex: _____ Date of Enrollment: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Family Information: Child lives with: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Work Phone: _____

Persons Permitted to pick up child from PPCC:

Mother Yes [] No []
Father Yes [] No []
Guardian Yes [] No []

Legal Custody
Yes [] No []
Yes [] No []
Yes [] No []

Other persons authorized by parent(s)/guardian(s) to pick up child without prior notification. If parent(s)/guardian(s) cannot be reached, these individuals may be contacted in the event of illness, injury or an emergency. It is the parent(s)/guardian(s) responsibility to keep this list up-to-date. Persons listed below will need to show photo identification upon arrival.

Name	Phone	Relationship
	()	
	()	
	()	

For Administrative use only:

Date App/Update Submitted: _____ Door Code: _____

Proposed Start Date: _____ Tadpoles Code: _____

Date Registration Fee Submitted: _____ Classroom Placement: _____



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Tuition and Enrollment Agreement:

Please read and **initial** in the space provided next to each section of this form. Information is provided to ensure your understanding and cooperation with all of our policies including payments, late fees, withdrawal and additional matters to ensure the highest level of care for your child.

Registration Fee: The registration fee of \$150.00 is due at the time of enrollment (VPK only exempt). There is a 50% discount for siblings. The non-refundable registration fee includes processing of application, insurance, educational materials and supplies. _____

Annual Supply Fee: The Supply fee of \$100.00 is due initially by the first day of attendance. Each year following, the Annual Supply Fee is due by September 1st. _____

VPK Wrap-Around Supply Fee: If enrolled in VPK wrap-around, the Supply fee of \$50.00 is due by the first day of attendance.

Tuition: Tuition fees must be paid in advance, either weekly or monthly. Fees are due regardless of PPCC's closings or attendance. This is necessary due to fixed costs. Please select your payment option.

- Weekly: Tuition is due *in advance* by Tuesday at 6:00pm. If payment is not received by 6:00pm on the Friday prior to the week, a late fee of \$20.00 will be assessed. PPCC will require a credit card on file to bill in the event payments are not made timely. If payment is not received for two consecutive weeks, the child may not return to PPCC until all tuition and applicable late fees have been paid in full. _____
- Monthly: Tuition is due in advance, no later than the 31st of the preceding month. A late fee of \$30.00 will be assessed after the 4th of the month plus \$5.00 for each additional day late after the 5th. PPCC will require a credit card on file to bill in the event payments are not made timely. If fees are not paid by the 5th, the child may not return to PPCC until all tuition and applicable late fees have been paid in full. _____

Monthly and Weekly Tuition Rates – Full Time Enrollment, Mon – Fri, 7:30am – 6:00pm				
Brainiacs	Star Pals	High Fives Helping Hands	Pep Squad	VPK Wrap
\$890.00/\$225.00	\$815.00/\$205.00	\$775.00/\$195.00	\$735.00/\$185.00	\$540.00/\$135.00

VPK Tuition: The Parent/Guardian is responsible for paying the monthly tuition if Full-Time Wrap-Around is selected. The Leon County School calendar is followed. _____

- Full-Time Wrap-Around: Monday – Friday, 7:30am – 6:00pm. \$540.00 per month.
- VPK Only: Monday through Friday, 9:00am – 12:00pm. No additional tuition or fees are due.

Infant Room Deposit: (Please initial your acceptance if you are enrolling a child under one year of age) A \$150.00 registration fee and one-month infant tuition (\$890.00) will be due at the time of registration. The non-refundable one-month infant tuition will be applied to your child's first month of attendance. Your initial day of enrollment may not be changed. _____

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Pg 2 - Tuition and Enrollment Agreement:

Sibling Discount: A 10% discount in the weekly/monthly tuition will be applied if two or more siblings are enrolled full-time and will be discounted from the oldest sibling. ____

Returned Check: In the event of a returned check, a \$35.00 fee will be charged. ____

Withdrawal: The Director must receive a two week notice in writing prior to your child's 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 one week's tuition. As a result, no refunds will be given. ____

Early Drop-Off / Late Pick-Up Fees: The hours of operation are 7:30am – 6:00pm. Although staff may be present, there will not be anyone available to care for children outside of business hours. An administrative fee of \$1.00 per minute past 6:00pm or before 7:30am will be charged. ____

Grounds for Dismissal: The following conditions or occurrences may constitute grounds for the immediate termination of the child's enrollment privileges:

- Failure to pay tuition and possible accruing fees, as required on page 3, in a timely manner.
- Failure to submit required documents by given deadlines (Health & Safety, page 7).
- Failure to consistently drop-off and pick-up as required above (Early Drop-Off / Late Pick-Up Fees).
- Any behavior by the parent that is non-supportive, disrespectful, and/or threatening to the faculty and staff of Progressive Pediatric. ____

Discipline Policy: At PPCC our staff models composure to be able to appropriately respond to misbehavior. We use Conscious Discipline strategies to foster connection with students. Where there is misbehavior, we teach missing skills. Discipline that is severe, humiliating, frightening, or associated with food, rest, or toileting is prohibited. Spanking or any other form of physical punishment is not tolerated. A child who is exhibiting aggressive behaviors will be encouraged to use strategies offered or moved to a safe place until calm. ____

Open Door Policy: The Parent(s)/Guardian(s) have access to their child, in person and by telephone, whenever the child is in care at PPCC. ____

Photo Release: Photographs or video may be taken for class projects, posting in the classroom and to promote Progressive Pediatric.

I do____/do NOT____ give permission for my child to be photographed/videoed in the normal course of classroom activities/events.

I do____/do NOT____ give permission for my child's photograph/video image to be used in company promotional materials.

Nutrition Plan: PPCC currently does not supply snacks or lunches. In accordance with the Florida Administrative Code (Ch. 65C-22.005), parents and the child care facility are urged to work cooperatively to assure that children are provided with nutritious snacks and meals where lunches are not provided by the facility. Nutritional guidelines are included to help with meal planning. ____

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Pg 3 - Tuition and Enrollment Agreement:

Release of Information: Information regarding the child's health, well-being and therapy treatment will be shared among all necessary Progressive Pediatric entities. (Example: A child receiving therapy services – the child care teacher would receive information about therapy goals). _____

Florida Administrative Code Requirements:

- Section 65C-22.006(3)(c)1 requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility"
- Section 65C-22.006(3)(c)2 requires that parents are notified in writing of the disciplinary practices used by the child care facility
- Section 65C-22.006(3)(c)3 requires that parents receive information detailing the causes, symptoms, and transmission of the influenza virus.
- Section 65C-22.006(3)(c)4 requires volunteers to fill out a Volunteer Affidavit prior to volunteering.

My signature and initials certify that I have received the above items and that the information in this Enrollment Form is complete and accurate. In addition, I have read, understand, and agree to comply with the policies outlined in the Progressive Pediatric Child Care (PPCC) Tuition and Enrollment Agreement and the PPCC Parent Handbook. _____

Signature of Parent/Guardian

Date

Child's Name



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Health Insurance Information:

Insurance Carrier: _____ Policy Holder: _____ DOB: _____

Relationship (please circle one): Father/Mother/Self Insured ID#: _____

Group #: _____ Insurance Phone: _____ Coinsurance/Copay: _____

Insurance Notes: _____

Part C/Early Steps: Yes or No

Medical History:

Diagnosis: _____ Date: _____

Diagnosis: _____ Date: _____

Allergies: _____

Reactions: _____

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

No Yes Please list name(s) and dates attended: _____

Please list special instructions and accommodations needed for feeding, toileting and other areas of concern related to activities of daily living:

If PPCC is unable to reach either parent/guardian or emergency contacts, I give my permission to the school to consult my child's physician, seek emergency medical treatment and/or emergency transportation services if necessary. By signing below, I agree to pay any medical expenses incurred for treatment and/or emergency transportation.

Physician's Name: _____ Phone number: _____

Physician's Address: _____

Signature of Parent/Guardian

Date

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Health & Safety Information:

PPCC is responsible to have on file a complete **Student Health Examination Form** (DH 3040) and **Immunization Record** for each child enrolled. It is the parents' responsibility to keep it updated. According to the Florida Administrative Code, these documents must be provided to PPCC within 30 days of enrollment or the child will not be allowed to remain in the program.

Please keep your child home if he/she is showing any signs of a communicable disease. Signs and symptoms of a suspected communicable disease include the following:

- Fever - 100°F or above
- Severe coughing, causing a child to become red or blue in the face or to make a whooping sound
- Diarrhea/vomiting
- Generally not feeling like him/herself
- Lice

Your child will be kept in a separate area should they show signs or symptoms of illness. We will contact you to pick up your child immediately (within one hour) should your child show symptoms of a communicable disease, including:

- Fever - 100°F or above
- Diarrhea/vomiting
- Suspected pink eye
- Rash
- Lice
- Any other sign or symptom of illness

Additional Precautions:

Fever: If your child wakes up with a fever please do not give them medicine to lower the fever and send them to class. Most of the time the medicine will wear off and you will be contacted to pick up your child because the fever has returned. *Your child must be fever-free for 24 hours before returning to PPCC.*

Lice: PPCC has a NO NIT policy. If your child has head lice, he/she must be treated and all nits must be removed before your child may return. Your child's head must be checked by an administrative staff member before he/she can return to class.

Medication:

A medication permission form is available to parents/guardians, authorizing PPCC to dispense prescription and non-prescription medication to children in care. All medicine must be in the original container. Medication and forms must be given to a staff member, NOT placed in the child's backpack or lunch box.

By signing below, I acknowledge and agree to comply with PPCC's Health and Safety Policies. I am aware that I will need to arrange to have my child picked up from school within one hour, should he/she show signs/symptoms of illness.

Signature of Parent/Guardian

Date