



**REGISTRATION FORM**  
**SCHOOL YEAR 2023-2024**

Child's Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: Male: \_\_\_ Female: \_\_\_ Date of Birth (mo/day/yr): \_\_\_ / \_\_\_ / \_\_\_ Last 4 SSN - \_\_\_ \_\_\_ \_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone Mother: \_\_\_\_\_ Work Phone Father: \_\_\_\_\_

Mather's email: \_\_\_\_\_ Father's email: \_\_\_\_\_

Does child live with a legal guardian other than mother or father: Yes \_\_\_ No \_\_\_

If yes, Guardian's Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Child's Additional/other language: Spanish \_\_\_ Haitian-Creole \_\_\_ Other \_\_\_\_\_

Does Child have a documented disability? Yes \_\_\_ No \_\_\_

If yes, do you have \_\_\_ Infant Toddler Developmental Specialist (ITDS, if under 3 years old)

\_\_\_ a medical diagnosis from doctor

\_\_\_ a diagnosis by state certified/licensed professional (Neurologist/Psychologist)

If yes, please specify any type: \_\_\_\_\_

Please specify any health or special situation concerning the child of which Creativa Academy should be aware, such as allergies, existing/pre-existing illnesses, injuries, disabilities or dietary needs: \_\_\_\_\_

**Persons authorized to remove the child other than the parents (list at least two) Child will be released only to the custodial or legal guardian and the person listed below in case of illness, accident or emergency.**

\* Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

\* Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

\* Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

\* Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

\* Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Person(s) NOT Permitted To Remove Child: Name \_\_\_\_\_ Relationship: \_\_\_\_\_

**Medical Information:** I hereby grant permission for the staff of the facility to contact the following medical personnel

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Your signature indicated that the information on this enrollment form is completed and accurate.



## 2023 – 2024 SCHOOL YEAR AGREEMENT

### TODDLERS (18 Month Class & 2 Years old Class)

| PROGRAM                                | TIME              | WEEKLY FEE<br>Including Summer | WEEKLY FEE<br>No<br>Summer | REGISTRATION |
|--|-------------------|--------------------------------|----------------------------|--------------|
| Toddlers Full time                     | 7:00 am - 3:00 pm | \$240.00                       | \$260.00                   | \$250.00     |
| Toddlers Full time & <b>After Care</b> | 7:00 am - 6:00 pm | \$260.00                       | \$280.00                   | \$250.00     |

### TODDLERS (Early 3's & Late 3's Class)

| PROGRAM                                | TIME              | WEEKLY FEE<br>Including<br>Summer | WEEKLY FEE<br>No<br>Summer | REGISTRATION |
|--|-------------------|-----------------------------------|----------------------------|--------------|
| Toddlers Full time                     | 7:00 am - 3:00 pm | \$220.00                          | \$240.00                   | \$250.00     |
| Toddlers Full time & <b>After Care</b> | 7:00 am - 6:00 pm | \$240.00                          | \$260.00                   | \$250.00     |

### VPK PROGRAM

| PROGRAM                           | TIME              | WEEKLY FEE<br>WITH VPK<br>CERTIFICATE | PRIVATE<br>VPK | REGISTRATION |
|-----------------------------------|-------------------|---------------------------------------|----------------|--------------|
| VPK Program Full time             | 7:00 am - 3:00 pm | \$160                                 | \$220.00       | \$250.00     |
| VPK Full time & <b>After Care</b> | 7:00 am - 6:00 pm | \$180                                 | \$240.00       | \$250.00     |

**AGREEMENT:** I \_\_\_\_\_ am fully aware that:

**TUITION:**

- It is the school's policy to make no refunds on Registration Fees.
- Tuition is due biweekly, **based on a 12 month period.**
- There will be a late payment fee of \$30.00, if tuition is not paid by Wednesday of tuition week.
- I agree to pay the amount specified in the above School Year Tuition and Fees Schedule regardless of my child being absent from the center while being enrolled.
- If tuition is not paid by the 10<sup>th</sup> day after payment is due, my child will not be accepted in class and his/her enrollment may be terminated.
- A charge of \$35.00 will be charged to your account for any Non-Sufficient Fund checks.
- Full Tuition is due even on weeks when Holidays and Emergency conditions for which the school is closed.
- Tuition payments will continue to be charged unless I provide the school with a written withdrawal notice a minimum of 3 weeks prior to the last attendance date.
- Creativa Academy reserves the right to collect delinquent funds by using the services of a collection agency. Please be advised this may affect your credit history and interest will be compounded on the delinquent amount. Initials: \_\_\_\_\_
- Creativa Academy accepts as a form of payments cash and checks. For payments through Zelle, use our email: [info@creativaacademy.com](mailto:info@creativaacademy.com). If you would like to pay with Credit Card there will be a fee of 3% of the total amount per transaction. Initials: \_\_\_\_\_

**UNIFORM:** I understand that uniform and close shoes are mandatory for all children daily. It is expected that the child comes to school with their hair neat and clean and nails cut. If for any reason your child does not comply with these rules, the parent will be called to pick up the child or bring a change of appropriate clothing.

Initials: \_\_\_\_\_

**FOOD:** According to the Food Program, foods that come from outside the school will not be allowed without a medical note or for religious belief. Initials: \_\_\_\_\_

**HEALTH:** In order to comply with state law, it will be necessary for the parent or guardian to supply Creativa Academy with a current physical examination (HRS\_H form 3040) and immunization record (DH Form 680 or 681) Chapter 65C-22.0062, Florida Administrative Code. Initials:\_\_\_\_\_

**MEDICAL AUTHORIZATION:** All parents must complete an authorization form for any medication that must be given at the school. *No medication is allowed into the classroom or the child's book bag.*

We hereby grant Creativa Academy permission to take whatever action in its judgment may be necessary to supply emergency medical services to my child. We understand that, consistent with the circumstances of the situation and available time. Creativa Academy will attempt to contact and follow the instructions of the parent or guardian, physician or other person(s) designated by us above. In the event Creativa Academy is unable to contact the parent or guardian, physician or other person(s), we hereby grant permission Creativa Academy to contact and comply with the advice of an available physician, ambulance personnel or emergency room personnel. I understand that Creativa Academy, Inc., its Owner/Director, employees, volunteers will NOT be liable for any accidents that may occur in or around the school property any extracurricular activity. Initials: \_\_\_\_\_

**SICKNESS POLICY:** If your child appears ill, has had a fever above 100.0 degree Fahrenheit, diarrhea, vomiting and rash within the past 24 hours, please make arrangements for alternative care. If your child has such symptoms and is present at Creativa Academy you will be asked to pick her/him up immediately. No credit is given on Tuition when child is absent due to illness. Initials:\_\_\_\_\_

**HOURS:** Unless otherwise specified, hours of operation are from 7:00 am to 6:00 pm, Monday through Friday. A late fee charge of a dollar (\$1) per minute is charged to the child that remains on the school premises after closing at 6:00 pm. Initials:\_\_\_\_\_

**SCHEDULED HOLIDAY:** No Credit is given on tuition for school holidays and scheduled closed day.

|   |   |
|---|---|
| <b>June 8 &amp; 9, 2023</b> -Teacher Planning Day     | <b>December 22, 2023 - Jan 5, 2024</b> Winter Break |
| <b>July 4, 2023</b> – Independence Day                | <b>January 15, 2024</b> – Martin Luther King, Jr    |
| <b>August 10 &amp; 11, 2023</b> -Teacher Planning Day | <b>February 19, 2024</b> – President's Day          |
| <b>September 4, 2023</b> – Labor Day                  | <b>March 29, 2024</b> – Good Friday                 |
| <b>November 10, 2023</b> - Veteran's Day              | <b>May 27, 2024</b> – Memorial Day                  |
| <b>November 23 &amp; 24, 2023</b> - Thanksgiving Day  | <b>June 6 &amp; 7, 2023</b> - Teacher Planning Day  |
|   | <b>June 19, 2024</b> - Juneteenth                   |

**PHOTO RELEASE FORM:** As a school, we document past and present experiences that take place at school as part of our documentation process. These photos or videos may be demonstrated in Class Dojo app, Print Advertising, Web Site and Creativa's Instagram. Initials: \_\_\_\_\_

\*\* Parents are agreeing to receive notifications through text messages. Initials:\_\_\_\_\_

\*\*Parents received a copy of the Child Care Facility Brochure, KNOW YOUR CHILD CARE FACILITY section 402.3125(5) Florida statutes. Initials: \_\_\_\_\_





## **DISCIPLINE POLICY**

Our program will insure that age-appropriate, constructive disciplinary practices are used for your child. This care will allow the child time to look over his or her behavior. To ensure a safe and successful program, discipline is a must.

The following steps will be used for behavior modification:

- Children will be corrected and asked to change their behavior.
- Children will be re-directed from situation.
- Parents will be contacted if behavior is not corrected
- Children shall not be subjected to discipline which is severe, humiliating, or frightening.
- Discipline shall not be associated with food, rest or toileting.
- Spanking or any form of physical punishment is prohibited.
- Children may not be denied active play as a consequence of misbehavior.

## **EXPULSION POLICY**

Unfortunately, there are sometimes reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center:

### **IMMEDIATE CAUSES FOR EXPULSION**

The child is at risk of causing serious injury to other children or himself/herself. Parent threatens physical or intimidating actions toward staff members. Parent exhibits verbal abuse to staff in front of enrolled children.

### **PARENTAL ACTIONS FOR CHILD'S EXPULSION**

- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including the child's immunization records. Habitual tardiness when picking up your child. Verbal abuse to staff.
- Other (explain)

## **CHILD'S ACTIONS FOR EXPULSION**

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/ angry outbursts.
- Ongoing physical or verbal abuse to staff or other children.
- Child bites 3 consecutive times.
- Other (explain)

## **SCHEDULE OF EXPULSION**

If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally about the child's or parent's behavior warranting an expulsion.

The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternate child care (approximately one to two week notice depending on the risk to other children's welfare or safety).

## **PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION**

- Staff will try to redirect child from negative behavior.
- Staff will reassess classroom environment, appropriate of activities, supervision. Staff will always use positive methods and language while disciplining children. Staff will praise appropriate behaviors.
- Staff will consistently apply consequences for rules.
- Child will be given verbal warnings.
- Child will be given time to regain control.
- Child's disruptive behavior will be documented and maintained in confidentiality. Parent/guardian will be notified verbally.
- Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.
- The administration, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.
- The parent will be given literature or other resources regarding methods of improving behavior.
- Recommendation of evaluation by professional consultation on premises.  
Recommendation of evaluation by local school district child study team.

I, \_\_\_\_\_ have received in writing the disciplinary and expulsion practices by this child care facility.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Date



**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.

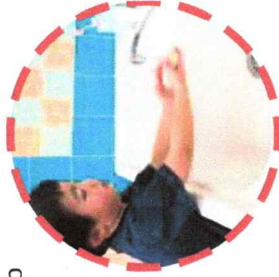
### CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- 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

## What can I do to prevent the 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 of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and 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 frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

## 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.



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





# FACTS ABOUT HEATSTROKE:

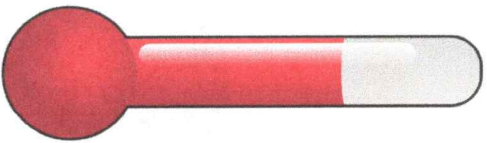
It only takes a car **10 minutes to heat up 20** degrees and become deadly.

Even with a **window cracked**, the temperature inside a vehicle can cause heatstroke.

The body temperature of a child increases **3 to 5 times faster** than an adult's body.

# PREVENTION TIPS:

- Never leave your child alone in a car and call 911 if you see any child locked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.



**During the 2018 legislative session,** a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



## My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

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Child's Name:

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Date:

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

# Emergency Contact Card



School Year 2023-2024

Child's Name: \_\_\_\_\_ Last 4 SSN# \_\_\_\_\_  
Date of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Work Phone Mother: \_\_\_\_\_ Work Phone Father : \_\_\_\_\_  
Mother's Email \_\_\_\_\_ Father's Email: \_\_\_\_\_

## Persons Authorized To Remove Child other than the Parents:

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

Person NOT Permitted to Remove Child: Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Medical Information (allergies, illnesses, injuries, disabilities or dietary needs) \_\_\_\_\_

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# CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION - COMBO

Child's Name: \_\_\_\_\_ Center Name & Address: **Crediva Academy Inc. / 13910 SW 8th Street, Miami, FL 33184**

Primary Hours of Care: From: \_\_\_\_\_ To: \_\_\_\_\_ Days of the Week in Care: **M T W TH F S S Meals Typically Served While in Care: BR MS LU AS SU ES None**  
 Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: ( ) \_\_\_\_\_

**STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)**

| Child's Name (Last Name, First Name) | Date of Birth | Attends this center? (circle) | Foster Child? (circle) | Migrant? (circle) | Homeless/Runaway? (circle) |
|--------------------------------------|---------------|-------------------------------|------------------------|-------------------|----------------------------|
|                                      |               | Yes No                        | Yes No                 | Yes No            | Yes No                     |
|                                      |               | Yes No                        | Yes No                 | Yes No            | Yes No                     |
|                                      |               | Yes No                        | Yes No                 | Yes No            | Yes No                     |

**STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?**  
 If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

FAP/SNAP Case Number: \_\_\_\_\_ or TANF Case Number: \_\_\_\_\_

**STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)**

Children's Income – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.  
 Children's Income – Total: \$ \_\_\_\_\_ How often received? (check only one):  Weekly  Bi-Weekly  Twice a Month  Monthly  Annually

**STEP 4: Household Income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)**

Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

| Adult Household Member's Name (Last Name, First Name) | Earnings from Work (\$ Amount / How often?) | Public Assistance/Child Support/Alimony (\$ Amount / How often?) | Pensions/Retirement/All Other Income (\$ Amount / How often?) |
|---|---|--|---|
|   |   |  |   |
|   |   |  |   |

Total Household Members (Add STEP 1 & 4): \_\_\_\_\_ Last four digits of Social Security Number (SSN) of adult household member: \_\_\_\_\_ If no SSN, write "none."

**STEP 5: Contact information and adult signature**  
 By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): \_\_\_\_\_ Street Address, City, State, Zip Code \_\_\_\_\_ Daytime phone #: ( ) \_\_\_\_\_

Signature of adult household member: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date signed: **10/01/2023**

**OPTIONAL: Child's ethnic and racial identities** We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino

Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White  
**FOR CONTRACTOR USE ONLY.**

Categorical Eligibility:  FAP/SNAP or TANF Household  Foster Child  Total Household Size: \_\_\_\_\_ Total Household Income: \$ \_\_\_\_\_  
 Eligibility Determination:  Free  Reduced-Price  Non-needly  How Often Income is Received (Frequency):  Weekly  Biweekly  Twice a Month  Monthly  Annually

NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Monthly x 12  
 Reason for Non-needly Status:  Income too High  Incomplete Application  Other Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Second Party Check Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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