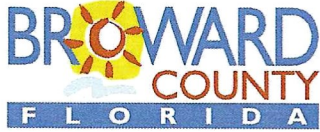


1



Resilient Environment Department  
Consumer Protection Division  
**Child Care Licensing and Enforcement Section**  
1 North University Drive • Plantation, Florida 33324 • 954-357-4800

**CHILD ENROLLMENT INFORMATION**

\_\_\_\_\_  
**PASSWORD**

Name of Child: \_\_\_\_\_ First Date of Attendance: \_\_\_\_\_

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Sex: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

List of Known Allergies: \_\_\_\_\_

Special Needs: \_\_\_\_\_

**Mother**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

***Place of Employment***

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

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

**Father**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

***Place of Employment***

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

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

**Guardian**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

***Place of Employment***

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

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

**Child's Physician**

Office Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

May facility consult the above physician if parent/guardian cannot be reached? Yes  No

Other persons to be notified in case of illness or accident

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Person(s) permitted to remove child:      Mother    Yes     No               Father    Yes     No

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

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Name of Person Enrolling Child (Print)

\_\_\_\_\_  
Signature of Person Enrolling Child

\_\_\_\_\_  
Date of Enrollment

# HOPEWELL PRESCHOOL ACADEMY

## MEDICAL STATEMENT/ EMERGENCY TREATMENT FORM



(I) (We), the undersigned parent (s) or guardian (s) of \_\_\_\_\_, a minor, do hereby authorize Hopewell Preschool Academy, as agent for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of a licensed physician and surgeon or medical staff of the preferred hospital name below. (I) (We), understand that in an emergency situation this authorization is valid at any licensed medical facility deemed appropriate by the aforesaid agent. Further, I release the Director, HMBC, and Hopewell Preschool Academy and its' entirety from any liability which might arise from giving of such authorization, it being my desire that my child will be furnished with medical or surgical service as soon as reasonably possible. I agree to cover all financial obligations associated with any emergency or accidents. I understand that my health insurance is the primary insurance covering accidents at the Pre-School and HMBC Ministry and for any field trips.

I hereby give my consent to \_\_\_\_\_  
Name of Hospital

To administer necessary treatment to my child, \_\_\_\_\_  
Child's Name

In the event of an emergency at which time I cannot be reached, I give consent to transport by ambulance if situation warrants it. This authorization shall remain in effect as long as \_\_\_\_\_ is enrolled as a student of Hopewell Pre-School Academy.

Child's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Child's address: \_\_\_\_\_  
Street Apt. City/State Zip

Name of Physician: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Child's DOB: \_\_\_\_\_ Date of Last DTP: \_\_\_\_\_ Ins. Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Policy #: \_\_\_\_\_ Expiration Date \_\_\_\_\_

List of known allergies to drugs or food: \_\_\_\_\_

List all known medications for pertinent information: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/ Legal Guardian

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

By: \_\_\_\_\_  
Name if Person Acknowledged

My commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public, State of Florida

Personally Known: \_\_\_\_\_

Produced Identification: \_\_\_\_\_

Type: \_\_\_\_\_

Expiration: \_\_\_\_\_

\_\_\_\_\_  
Print or Type Name of Notary



# HOPEWELL PRESCHOOL ACADEMY



**A Spirit of Excellence**

## DISCIPLINE POLICY

Dear Parent or Legal Guardian:

Please read the following information and sign below:

Discipline Policy:

The children of Hopewell Preschool Academy shall not be subjected to discipline which is severe, humiliating or frightening. Discipline shall not be associated with food, rest or toileting. Spanking and any other punishment is prohibited.

Hopewell Preschool Academy offers an environment of instruction and guidance in helping children learn appropriate behavior in the classroom. It is our goal to stress positive solutions to problems and encourage children to communicate their feelings in order to better deal with them. Please be advised that we do reserve the right to suspend a child/children whose behavior displays extreme disruptive acts in the classroom environment, teacher, him/herself, or other children while displaying constant inappropriate behavior.

---

Parent / Legal Guardian Signature

---

Date

---

Child's Name

---

Date of Birth

# HOPEWELL PRESCHOOL ACADEMY

## \*SPECIAL NEEDS\*

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

Child's Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Home Phone #: \_\_\_\_\_

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

Father's Home Phone #: \_\_\_\_\_

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

Parent's Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Other \_\_\_\_\_

.....  
Allergies, If Any: (Food, medication, etc.)

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

Special Needs or Concerns:

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

Food Consent:

I \_\_\_\_\_ the parent of \_\_\_\_\_ give HPA permission to allow my child to participate in any and all food related activities such as birthday parties, holiday parties, cooking experience, etc.

**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.

## 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.

**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 Families in consultation with the Department of Health.

INFLUENZA VIRUS



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



Part One  
Student File



**SWIM Central Water Safety Education Questionnaire**

**Parents:** *Do you know that drowning is the leading cause of death among children?  
Complete this form to receive information to protect your child from drowning.*

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Email (optional)** \_\_\_\_\_

*Your information is for the use of the Broward County Swim Central Program.*

1. How would you rate your own swimming ability?
  - Unable to swim
  - Can swim a little, but NOT comfortable in deep water
  - Able to swim for an extended period of time in deep water
  
2. Has your child ever received formal swimming lessons?
  - Yes
  - No, check all the reasons below that apply:
    - Do not know how to find information about swim lessons
    - Transportation problems
    - Swim lessons are not important
    - Lessons are too expensive
    - Schedule of lessons not convenient
    - We are too busy
    - Equipment such as swim suit, towel, goggles too expensive
  
3. Do you or a family member know how to perform CPR with rescue breaths?
  - Yes
  - No
  
4. Has your child's doctor talked to you about drowning prevention and water safety?
  - Yes
  - No
  
5. Would you redeem a \$40 coupon to apply to the cost of swim lessons for your child?
  - Yes, visit [Water SMART Broward Swim Instruction](#) for details.
  - No

**PART ONE FOR OFFICE USE ONLY:**

Broward Ordinance 2004, Section 7-8 requires parents/guardians to complete SWIM Central questionnaire and for **Child Care Facilities** to mail or fax a copy to SWIM Central. Also required is a copy of this form to be placed in each child's file to be monitored by the staff of the local licensing agency.

**Facility Name:** \_\_\_\_\_ **Facility License #:** \_\_\_\_\_

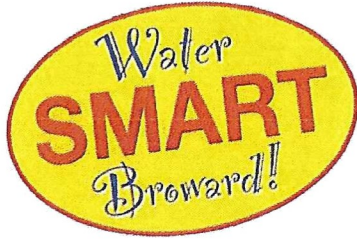
**Documentation of the original form via fax or mail is required, indicate below:**

**Date form faxed:** \_\_\_\_\_ **or, date mailed:** \_\_\_\_\_

Fax: 954.357.8077  
SWIM Central  
3700 NW 11<sup>th</sup> Place  
Lauderhill, FL 33311

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

## Drowning is the #1 Cause of Death Among Children Ages 1 to 4



### Facts You Need to Know About Drowning

- The main cause of drowning can be directly traced to an action or inaction by a parent or adult. Good people can make small mistakes that have tragic consequences.
- Most parents of a drowning victim say, "I can't believe this happened to my child." They never realized how quickly a drowning incident could become their reality.
- Most children pulled from the water during a drowning incident are wearing regular clothes - not a swim suit.

### Simple Steps Save Lives

#### Supervision

- Supervising your children means eyes on them, and giving your full attention.
- Do not rely on responsible behavior from an older child or other adults.

#### Extra Layers of Protection *if Supervision Fails*

- Install door alarms to alert the household should a child possibly leave the home unsupervised.
- Use an "isolation" fence to separate pool area from the house and rest of the backyard.
- Use self-closing gates that self-latch.
- Clear the area around the fence for objects children could use to climb over.
- Learn to swim: parents and child.

#### Be Aware of All Water Hazards

- These include bathtubs, garden ponds, swimming pools, buckets/containers of water, canals, lakes, and beaches.

#### Know How to Respond to an Emergency

- Learn CPR.
- Remove the child from the water immediately.
- Call 9-1-1, begin CPR.

#### Talk to Your Child

- "Don't go near a pool or other water without an adult."
- "If you see someone in trouble in the water, don't jump in to help! Run, get an adult."
- "If you fall into a pool, turn in the water, find the wall, and climb out or yell for help." Practice this technique in the pool.

#### Take Action Now and Think, "I know this could happen to my child, and I will do whatever it takes to prevent it."

- Enroll your child (and yourself) in swim lessons.
- Learn CPR with rescue breaths.

To learn about available coupons for swim lessons, location of swim classes and CPR training, visit: [Water SMART Broward](#)



# Rilya Wilson Act

Pursuant to s. 39.604, Florida Statutes, a child from birth to the age of school entry, who is under court-ordered protective supervision or in out-of-home care and is enrolled in an early education or child care program must attend the program 5 days a week unless the court grants an exemption. A child enrolled in an early education or child care program who meets the requirements of this act may not be withdrawn from the program without prior written approval of the Department or community-based care lead agency. If a child covered by this act is absent, the program shall report any unexcused absence or seven excused absences to the Department or the community-based care lead agency by the end of the business day following the unexcused absence or seventh consecutive excused absence.

Educational stability and transition are key components of this act to minimize disruptions, secure attachments and maintain stable relationships with supportive caregivers of children from birth to school age. Successful partnerships are imperative to ensure that these attachments are not disrupted due to placement in out-of-home care or subsequent changes in out-of-home placement. A child must be allowed to remain in the child care or early education setting that he/she attended before entry into out-of-home care, unless the program is not in the best interest of the child. If a child from birth to school-age leaves a child care or early education program, a transition plan needs to be developed that involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and associated psychological needs, and allows for a gradual transition from one setting to another. This law provides priority for child care services for specified children who are at risk of abuse, neglect, or abandonment. *These children are also known as Protective Services children.*

## Rilya Wilson Act Requirements:

- ☐ Protective services children **MUST** be enrolled to participate 5 days per week.
- ☐ Protective services children **MAY NOT** be withdrawn without prior written approval from the Department of Children and Families (DCF) or Community Based Care (CBC).
- ☐ If a Protective Services child has 7 consecutive excused or any unexcused absence, the child care provider **MUST** notify the appropriate community based care staff.
- ☐ The Department and child care providers **MUST** follow local protocols set up by the CBC to ensure continuity.
- ☐ If it is not in the best interest of the child to remain at the child care or early education program, the caregiver **MUST** work with the Case Manager, Guardian Ad Litem, child care and educational staff, and educational surrogate, if one has been appointed, to determine the best setting for the child.

## Community-Based Care Lead Agencies Contact Information:

<https://www.myflfamilies.com/service-programs/community-basedcare/docs/leadagencycontacts.pdf>

**\*\* If you have concerns regarding any child that you may care for, please contact the Florida Abuse Hotline at 1-800-96-ABUSE\*\***

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

## Children's Physical Activity Policy

The facility shall assure that each age group or class must have a written and followed plan of scheduled daily activities. The plan shall be posted in a conspicuous location accessible to parents. The written plan must meet the needs of the children being served, and must include alternate activities in case the inclement weather and includes alternate activities in case of inclement scheduled activities that:

1. The written plan must meet the needs of the children being served and must include alternate activities in case of inclement weather and include scheduled activities that promote emotional, social, intellectual, and physical growth.
2. Planned activities for children one (1) year and up to enrollment in kindergarten shall include a minimum of forty (40) minutes of combined indoor and outdoor physical activity for every three and one-half (3.5) hours in care excluding quiet or nap times.
3. Planned activities for school-age children (kindergarten through 5<sup>th</sup> grade) enrolled in after school child care programs shall include a minimum of forty(40) minutes of outdoor physical activity for every three (3) hours in care.
4. These activities may include but are not limited to playground equipment, ball games, teacher lead small group games, and teacher directed large group games. In the event of inclement weather a rainy-day activity schedule shall be followed.
5. The children's clothing and shoes must be appropriate for the activity scheduled, i.e. sneakers or closed toe shoes, jackets, short pants, etc.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

# HOPEWELL PRESCHOOL ACADEMY

## Photographic / Media Consent Form

### INFORMATION

I hereby consent to the collection and use of my personal images by photography or video recording.

I acknowledge these may be used to the [Hopewell Missionary Baptist Church](#) website, newsletters and publications as well as distributed to members.

I further acknowledge that my image may be used by the Marketing Ministry and media to promote [Hopewell Preschool Academy](#) in the future.

I understand that no personal information, such as names, will be used in any publications unless express consent is given.

I also understand that my consent can be withdrawn at any time in writing to [Hopewell Preschool Academy Administration at 900 NW 15<sup>th</sup> Street Pompano Beach, Fl., 33060.](#)

### CONSENT FORM

I \_\_\_\_\_

(Name of person giving consent & parent/ guardian if under 18 years of age)

Consent to the use of photographs or video footage for use on the Hopewell Missionary Baptist Church website, in newsletters and publications as well for distribution to members.

Consent to the use of photographs or videos footage being used to promote future Hopewell Preschool Academy events by Hopewell Missionary Baptist Church Marketing Ministry.

I further understand that this consent may be withdrawn by me at any time, upon written notice.

I give this consent voluntarily.

\_\_\_\_\_  
Printed Name of Parent/ Guardian

\_\_\_\_\_  
Signature of Parent/ Guardian

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

## AUTHORIZATION FORM

Student Name \_\_\_\_\_ Telephone \_\_\_\_\_

I authorize my child to walk across the street of the Hopewell Preschool Academy to the open field of Hopewell Missionary Baptist Church.

Charter Bus \_\_\_\_\_ Church Van \_\_\_\_\_ Walk  School Bus \_\_\_\_\_

### EMERGENCY CONTACT

In case of an emergency, I may be reached at \_\_\_\_\_. In the event I cannot be reached, please contact \_\_\_\_\_ at \_\_\_\_\_.

### HEALTH/ACCIDENT INSURANCE

My child is covered by twenty-four-hour student accident insurance or family insurance.

Insurance Company: \_\_\_\_\_ Policy Number \_\_\_\_\_

\_\_\_\_\_ I do not have insurance; however I will pay for all medical bills for emergency care of my child.

\_\_\_\_\_  
Print Name of Parent/Guardian \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

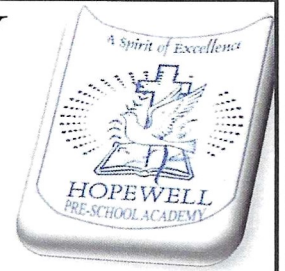
# HOPEWELL PRESCHOOL ACADEMY

900 NW 15<sup>TH</sup> Street Pompano Beach, Fl 33060

Office: (954) 943-1766 Fax: (954) 943-9274

## 2023-2024

### REGISTRATION RATE SHEET



\*Registration Fee: \$100.00 (Non- Refundable)

\*\*Matriculation Fee: \$100.00

- \* Full Time: 6 to 11 Hours Per Day / Part-Time: Less than 6 Hours Per Day
- \* Matriculation Fee: Nursery 2 - Pre-K
- \* An additional \$10.00 is charged to all Early Learning Coalition Clients

	Full -Time Weekly Rate	Full-Time Sibling Rate	Part-Time Weekly Rate	Part-Time Sibling Rate
INFANTS 0 TO < 12 MONTHS	\$175.00	\$158.50	\$125.50	\$113.95
TODDLER ONE 12 TO < 24 MONTHS	\$155.00	\$141.50	\$111.50	\$101.35
TODDLER TWO 24 TO < 36 MONTHS	\$145.00	\$131.50	\$104.00	\$94.00
PRESCHOOL THREE 36 TO < 48 MONTHS	\$135.00	\$122.50	\$95.30	\$86.77
PRESCHOOL FOUR 48 TO < 60 MONTHS	\$125.00	\$113.50	90.00	\$81.00
PRESCHOOL FIVE 60 TO < 72 MONTHS (NOT IN <b>School</b> )	\$115.00	\$103.50	\$90.00	\$81.00
SCHOOL AGE 5-10YRS	\$110.00	\$100.00	\$70.00	\$60.00
VPK (FREE)	(VPK WRAP AROUND FEE) ----- \$90.00 \$81.00			

Hours of Operation  
Monday- Friday  
7:00am- 6:00pm



# HOPEWELL PRESCHOOL ACADEMY

## UNIFORM POLICY

2023-2024

The HPA uniform policy is as follows:

VPK
Girls: Plaid Jumper, Plaid Scooter or Wrapped Skorts
Shirts: White Peter Pan Shirts/ White Polo Shirts
Boys: Khaki Pants/Shorts
Shirts: White Polo Shirts
P.E. Uniform Boys and Girls: Royal blue school t-shirt Royal blue gym shorts

PK3
Girls: Khaki Jumper, Khaki Scooter or Wrapped Skorts
Shirts: White Peter Pan Shirts/ White Polo Shirts
Boys: Khaki Pants/Shorts
Shirts: Blue Polo Shirt

PK2
Girls: Khaki/Blue Pants/Shorts
Shirts: Black Polo Shirts
Boys: Khaki/Blue Pants/Shorts
Shirts: Black Polo Shirts

Toddler 1
Uniform is optional. You may choose to wear any combination of Nursery 2 uniforms