![C:\Users\Harold\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\JW1I7FQA\mexillon_de_boiro_000[1].jpg]() **2020-2021 WELCOME!!!!!!!** 

 **Preschool Registration Packet**

**Welcome New Hope Learning Center where Registration is as easy as 1-2-3**

**STEP 1: Reserve a class slot**

First, please call (954) 587- 3842, email ([www.elorineclarke@newhopesdaschoo.org](http://www.elorineclarke@newhopesdaschoo.org)) or attend a schedule in person registration date to find availability and reserve a class spot for your child. Once you have confirmation that your child has a spot. You may continue with the next step.

**STEP 2: Submit Registration Packet**

Submit this registration packet in-person. There are two forms in the packet for you to complete, please make sure that all information is complete and accurate.

1. Registration form. This two page form contains important contact information.
2. Certificate of Immunization Status (CIS680) form/or certificate of Exemption form. A completed and signed CIS form is required by the State of Florida to be on file before a student may attend. If your child is exempt from immunization for medical, personal/religious reasons, please complete the COE form. State of Florida Health Exam Forms are also required to be completed before admittance.

Required: Birth certificate, Social Security#, Enrollment and Payment Agreement Signed and Child’s Photo

**STEP 3: Submit Payment**

You may attach a check to your registration packet Fee due at registration include a $75.00 nonrefundable registration fee, along with first week’s tuition.

Total Due with Registration Packet (Registration Fee and Tuition)

|  |
| --- |
| **FEES** |
| **Student Type** | **Full- Time** | **Part- Time** |
|  |  |  |
| **Infants**  | $235.00 | $175.00 |
| Toddler | $225.00 | $165.00 |
| 2 Year Olds | $205.00 | $155.00 |
| Preschool 3 | $200.00 | $155.00 |
| Preschool 4 | $200.00 | $155.00 |
| Preschool 5 | $200.00 |  |

**\*\*\*\*\*\* Preschool 4 is for children who will be four after September 1, 2016**

**DUE DATE**

**If you register before the start of School in August**, registration packet and payment are due within TWO WEEKS of registration. If fees and forms are not received in a timely manner, the student must be dropped from the roster in order to make space for others. If you register after the start of school in August, registration packet and payment are due prior to your child’s first day. For more information on registration, tuition and all New Hope SDA Learning Center Policies, contact our Registrar (954)-587-3842.

**NEW HOPE SDA Learning Center Registration Form**

![C:\Users\Harold\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\HIEGBQ0B\hand-print[1].png]() **“Performing Hands for Jesus** ![C:\Users\Harold\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\H0AX6RMD\hand-print[1].png]()

**Confidential- All Information is considered confidential. We value your privacy**

|  |
| --- |
| **CONTACT AND CUSTODIAL INFORMATION** |
| Child’s Name:  | Gender (M/F) : / / |
| Address: | City: / Zip code |
| Home Phone: ( ) | Email Address: |
| Child lives with (check one) Mother Father |  |
| Father/ Guardian Name: | Mother/ Guardian Name: |
| Cell Phone: ( ) | Cell Phone ( ) |
| Employer: | Employer: |
| Work Phone: ( ) | Work phone: ( ) |
| Emergency Contact: | Emergency Contact Phone : ( ) |
| Child’s Social Security Number |

**PICK UP AUTHORIZATION**

Please list the names of persons other than parents/guardians authorized to pick up your child:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( )

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( )

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( )

Pick up Secret Password: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ must be 6 – 8 characters

**HEALTH INFORMATION**

Name of Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician number ( )

Names of Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dentist’s Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fully describe any ALLERGIES or other HEALTH ISSUES that your child’s teacher needs to be aware of (Please use the back of this sheet if you need more room:

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

Are there any medications taken currently or regularly:

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

**The New Hope SDA Learning does not administer any form of medication whether prescribed or over the counter .**

**This includes lotions and creams in any form.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_We keep a health Alert list posted in each classroom of children with severe allergies/potentially life threating conditions. Because this information will be posted, there is a possibility that other parents may see it. If possible, do you give us permission to post your child’s name on this list? Yes No

|  |
| --- |
| **New Hope SDA Learning Center Registration Form**C:\Users\Harold\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\HIEGBQ0B\hand-print[1].png “Performing Hands for Jesus “C:\Users\Harold\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\H0AX6RMD\hand-print[1].png**RACIAL DIVERSITY AND NON DISCRIMINATION INFORMATION**As a registered 501c3 nonprofit corporation, New Hope SDA Learning Center admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic in administration of its educational polices, and admission policies, scholarship and school administered programs. |
| In accordance with IRS routine 7.25.2.7.2 (02-23-1999), Racially Nondiscriminatory Requirement for Schools. Fill in child’s racial/ethnic background information for confidential Racial Diversity Records:\_\_\_\_Caucasian\_\_\_\_ African American \_\_\_Asian \_\_\_\_Latino \_\_\_\_ Multicultural \_\_\_\_ other |
| What language is spoken most in child’s home? Does someone in Child’s home speak English? |
| Does Child Speak English Yes or No Does child understand English Yes No |
|   |
| **PRIVACY PREFERENCES AND RELEASES** |
| We sometimes use preschool PHOTOS of children in our printed brochures and /or website. We never use a child’s picture without parental permission. We will never list a child’s name on the website, even if we have your permission to use a photo in which your child’s name will appear\*\*\*\* ***Please see photo release form***\*\*\*\* |
|  |
| **SURVEY AND SIGNATURE** |
| Please help us in our advertising efforts by telling us how you heard about New Hope SDA Learning Center. Please mark all that apply. If this is not your child’s first year with us or if you have had previous children enrolled, please tell us how you first heard about New Hope SDA Learning Center. |
|  Family/Friend Telephone book Drive by /saw sign Preschool Information night |
| **This information provided on this form is complete and accurate to the best of my knowledge****Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **FOR OFFICE USE ONLY**Teacher : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Days \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ time(Circle) AM PMRegistration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Registration/Supply Fees Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total First Month Tuition Paid \_\_\_\_\_\_\_\_\_\_\_ Cash \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| C:\Users\Harold\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\JW1I7FQA\mexillon_de_boiro_000[1].jpg 2020-201 Preschool Registration PacketNew Hope SDA Learning CenterC:\Users\Harold\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\HIEGBQ0B\hand-print[1].png “Performing? Hands for Jesus “C:\Users\Harold\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\H0AX6RMD\hand-print[1].png | **545 East Campus Circle****Ft. Lauderdale FL, 33313****Phone: 954-587-3842** |
| PHILOSOPHY AND PURPOSE |
| New Hope SDA Learning Center was founded in response to a need for an educational program with a Christian Philosophy and a respect for the specific teachings of the Holy Bible. We hope that as a result of instruction at NHLC, students will grow in the grace and knowledge of our Lord and Savior Jesus Christ, glorify Him in all things, and become good citizens of the kingdom of God and our nation. |
|  |
| **ENTRANCE POLICY** |
| Although enrollment is available on application basis and each application is considered on its own merit, to get a preferred class, you should register as early as you can. We will do our best to meet your class preference. However, we will not guarantee it. New Hope SDA Learning Center does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission policies, athletic, or other school administered programs. |
|  |
| **PRESCHOOL HOURS OF OPERATION** |
| Monday – Thursdays: (6:30 AM – 6:00 PM)Fridays: (6:30 AM – 4:00 PM) |
|  |
| REGISTRATION PROCEDURE |
| Fill out the registration form completely. Return form, plus the non-refundable registration fee to New Hope SDA Learning Center. ***ALL FORMS, INCLUDING A COPY OF THE CHILD’S BIRTH CERTIFICATE MUST BE RETURNED TO FULLY ENROLL YOUR CHILD. the board of health requires that the medical form be on file in the school’s office before admitting your child for the first day.*** |

**Preschool Physicals**. According to the state law, preschool physicals are only valid for 12 months (Example) if your child received a physical in August of 2019 they will be required to have another physical in August 2020. In order to stay in school, schedule your child for a physical during the summer months to avoid a second examination in the middle of the school year.

**Orientation Meeting**: An orientation meeting will be held prior to the beginning of preschool

![C:\Users\Harold\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\JW1I7FQA\mexillon_de_boiro_000[1].jpg]()**New Hope SDA Learning Center**

**Motto: “Performing Hands for Jesus “**

**PAYMENT AGREEMENT CONTRACT**

|  |
| --- |
| **REGISTRATION FEE: $75.00 NON REFUNDABLE AND DUE AT TIME OF REGISTRATION** |

**Section 2 Rates 2018- 2019 School year VPK wrap around $60.00 weekly**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Categories of Care | Full time Weekly Rates | Full Time Sibling Rate 10% Sibling Discount | Part Time Weekly Rate | Part Time Rate Sibling Discount Not Applicable |
| Infants 0 to < 12 months | $160.00 | $144.00 | $100.00 | N/A |
| Toddler 12>24 months | $150.00 | $135.00 | $90.00 | N/A |
| Two yearold 24 to 36 months | $130.00 | $117.00 | $80.00 | N/A |
| Preschool 336 to <48 months | $125.00 | $112.50 | $80.00 | N/A |
| Preschool 448 to < 60 months | $125.00 | $112.50 | $80.00 | N/A |
| Preschool 560 to < 72 months | $125.00 | $112.50 | $80.00 | N/A |
| School Age | $120.00 | $120.00 | $100.00 | $100.00 |
| Public School Holidays | 120.00 | $120.00 | $100.00 | $100.00 |

Upon enrolling my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the New Hope SDA Learning Center, it is understood that such enrollment will be for the entire academic year, and I am responsible for the entire year’s tuition subsequent to the date of registration. In the event of a returned check, a $35 fee will be charged. We will require payments to be made by money order for a period of 3 months thereafter

Parent/Guardian signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
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| **SUPPLY LIST** |
| **24 MONTHS 3, 4 AND 5 YEAR OLDS** |
| * 1 Box of Kleenex
* 1 School bag or bag pack
* I Container of Wet Ones/ wipes
* 1 Package of Napkins
* 1 Complete change of clothes
* 1 Bottle of hand sanitizer
* 1 box of washable markers
* 1 Boxes of far crayons
* 4 Large glue s ticks

\*\*\*\*\*\*\*\*\*\*\*\*\* NO PENCIL BOX PLEASE\*\*\*\*\*\*\*\*\*\*\*\*\* NO ROLLING BACKPACKS  | * 1 Pair Fiskars Pointed Scissors
* 2 Sharpened Lead Pencils
* 1 Large Elmer’s Glue Stick
* 1Paint Shirt (pull over the head type- dad’s old T-Shirt is fine
* Long Crayola Colored Pencils- Sharpened
* 1 Basic Crayola watercolor set with brush
* 1 Box of Puff’s Tissues (Girl’s only)
* 1 School bag or bag pack
* 1 Container of Wet Ones/Wipes
* 1 Package of Napkins (Boys)
 |
|  |
| **Please label all supplies with your child’s name** |
| **INSURANCE** |
| New Hope Learning Center carries Liability Insurance on all students |
| **HEALTH REGULATIONS** |
| If your child appears ill he/she should be kept home. Children should not return to school for24 hours after having a fever. You will be notified if your child becomes ill at school. Parents must notify New Hope SDA Learning Center’s Director immediately when the child contracts any communicable illness other than a cold. |
| **ARRIVAL AND DEPARTURE** |
| **We ask that you please accompany your child inside the room each day. We cannot accept the responsibility for any child dropped off outside. This also provides them a nice transition into the classroom. We also ask that you sign your child in each morning and out at the end of class. We will have a sign in and sign out sheet in the classroom. We also ask that if you going to be out of town or at an appointment or in case if an emergency please let us know. Please call if you are going to be late (emergency Only), or if a person other than someone already authorized is going to pick up your child. WE WILL NOT ALLOW A CHILD TO LEAVE WITH SOMEONE UNDER THE AGE Of 15 years old OR WITH AN UNAUTHORIZED PERSON.** |
|  |
| C:\Users\Harold\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\JW1I7FQA\mexillon_de_boiro_000[1].jpg **2020-2021 Preschool Registration Packet****New Hope SDA Learning Center**C:\Users\Harold\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\HIEGBQ0B\hand-print[1].png **“Performing? Hands for Jesus “**C:\Users\Harold\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\H0AX6RMD\hand-print[1].png | **545 East Campus Circle****Ft. Lauderdale FL, 33313****Phone: 954-587-3842** |
| **REGISTRATION FORM**  |  **PRE-SCHOOL PROGRAM: \_\_\_\_\_\_\_\_\_\_\_\_** |
| **Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_** **Last First M****Social Security Number : \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ Home Phone ( ) \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Address where Child lives: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Street Address****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date entered this school : \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_****Program/ Days Requested: Half days: Full – Days**  **\_\_\_\_\_\_ 24 Months (Mon- Friday) A.M \_\_\_\_\_\_\_ 24 Months (Tue/Thurs) P. M** **\_\_\_\_\_\_ 3’s (Mon- Friday) A. M \_\_\_\_\_\_\_ 3’s (Mon – Friday ) P. M** **\_\_\_\_\_\_ 4’s (Mon –Friday) A. M \_\_\_\_\_\_\_ 4’s (Mon –Friday ) P. M** **\_\_\_\_\_\_ 5’s (Mon – Friday ) A. M \_\_\_\_\_\_\_ 5’s (Mon – Friday ) P. M****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Parents/Student’s Needs****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Father/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Place of Employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Other Phone ( ) \_\_\_\_\_ - \_\_\_\_\_\_\_\_ Email/ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Emergency Numbers- In case we cannot reach you:****1st Choice Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Numbers ( ) \_\_\_\_\_ \_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****2nd Choice Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Numbers ( ) \_\_\_\_\_ \_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Sitter/Daycare Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number ( ) \_\_\_\_\_ \_\_\_\_****Child Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number ( ) \_\_\_\_\_ \_\_\_\_\_\_****Child’s ( or Family ) Dentists \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Numbers ( ) \_\_\_\_\_ \_\_\_\_\_\_****Do you use bus transportation? \_\_\_\_\_ Yes \_\_\_\_ No What School District are you from ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Church no attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you active? \_\_\_\_\_\_ Yes \_\_\_\_\_ No****Signature of Parent/ Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_** |
| C:\Users\Harold\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\JW1I7FQA\mexillon_de_boiro_000[1].jpg **2020-2021 Preschool Registration Packet****New Hope SDA Learning Center**C:\Users\Harold\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\HIEGBQ0B\hand-print[1].png **“Performing? Hands for Jesus “**C:\Users\Harold\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\H0AX6RMD\hand-print[1].png | **545 East Campus Circle****Ft. Lauderdale FL, 33313****Phone: 954-587-3842** |
| **VOLUNTARY ROSTER FORM** |
| **Pictures are taken for classroom observations and not for the purpose of advertising. Please sign below to authorize or not to authorize pictures taken of your child** **Yes , I give permission** **No, I do not give permission** C:\Users\Harold\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\JW1I7FQA\mexillon_de_boiro_000[1].jpg **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **HOLIDAYS**  |
| **Please find the list of holidays for fiscal year 2018 - 2019****NO SCHOOL**1. **July 4th 2018 (Independence Day)**
2. **September 3, 2018 (Labor Day)**
3. **November 22 and 23, 2018 (Thanksgiving )**
4. **December 24th and 25th (Christmas)**
5. **January 1st , 2019 (New Year’s)**
6. **January 21, 2019 ( Martin Luther King Day)**
7. **February 1 6th, 2016 (President’s Day)**
8. **April 19, 2019 (Good Friday)**
9. **May 27, 2019 (Memorial Day)**

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| **DISCIPLINE POLICY** |
| **The administration and faculty of the New Hope SDA Learning Center desire that your child’s learning experience be pleasant and fruitful. Discipline will be administered with warmth, love and respect for your child.****Discipline is viewed as a process of learning self-control, respect for others and responsibility. The following guidelines are:*** **Children assist with making clear rules and limits**
* **Adults anticipate and redirect inappropriate behaviors**
* **Adults remind children of expectations, rules and limits**
* **Adults help children use words to express anger, resolve conflicts and express needs and desires**
* **Children are spoken to in a friendly (never angry) but firm voice when necessary**
* **Adults may remove a child from an activity if inappropriate behaviors persist and help the child to find an appropriate activity to engage in**
* **If a child physically hurts another child, he/she will be removed from the activity, the hurt child will be comforted and the children will then be assisted with the conflict resolution process and the parents will be informed at the end of the session.**
* **A conference will be held with parents if serious inappropriate behaviors continue.**
 |
| **DRESS CODE** |
| ***Uniform is mandatory, please mark your child’s name on clothing and personal belongings. Everything must be labeled.*** ***The Center will not be responsible for lost materials or clothes.******No jewelry is allowed at school or any sponsored programs. E.g., no earrings, ring bracelet, chains******No open to shoes may be worn, e.g., no sandals or flip flops******Hair braids are hazardous to small children and are not permissible at the Center. When loose, they fall to the floor and can be picked up and swallowed by smaller children at the Center.*****I have read and agree to meet my child’s disciplinary needs and dress code as defined in this agreement****Parent/Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_** |
| **C:\Users\Harold\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\JW1I7FQA\mexillon_de_boiro_000[1].jpg 2020-2021 Preschool Registration Packet** **New Hope SDA Learning Center**C:\Users\Harold\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\HIEGBQ0B\hand-print[1].png **“Performing Hands for Jesus “**C:\Users\Harold\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\H0AX6RMD\hand-print[1].png | **545 East Campus Circle****Ft. Lauderdale FL, 33313****Phone: 954-587-3842** |
| **NUTRITIONAL AGREEMENT** |
| **Lunch will be served from 11:00 a.m. -11:30a.m Meals follow USDA requirements for a healthy child’s intake. Listed below is a copy of the USDA’s my plate for children’s nutrition. Parents will provide snacks. Remember simple and healthy snacks are the best. Example, cheese and crackers, celery or carrots, apple slices or bananas. A list of examples will be provided at the beginning of the year. Parents may provide snacks for special occasions such as birthdays and celebrations****In accordance with federal law and U.S Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, and Office of Civil Rights. 1400 Independence Avenue, S.W Washington DC 20250 or call (800) 795-3272 (voice) or (202) 720 6882 (TTY), USDA is an equal opportunity provider and employer** |
| **NUTRITIONAL LUNCH MENU ITEMS** |
| **Veggie Chicken Apples****Veggie Fried Rice Bananas****Apple Juice French Fries** **Fruit Drink Pizza****Mac and Cheese Garden salad-lettuce, tomatoes, grated carrots****Veggie Chicken Nuggets veggie hot dog****Honey Mustard dip sweet and sour scallop (soy)****BBQ Scallops- Tofu veggie meat loaf (Tofu)****Mashed Potatoes Garlic bread****Steamed Veggies (broccoli, cauliflower, etc) Grilled cheese****Veggie Patty (Soy based burger) milk available upon request** |
| **MEALS PROVIDED BY PARENTS MAY CONSIST OF THE FOLLOWING:** |

* Meat/Poultry/Fish 2 ounces B. Fruits ( 2 or more) ½ cup

Eggs or cheese 1 egg/2 ounces or vegetables ½ cup

Peanut Butter ½ cup C. Bread and Butter 1 slice and 1 tsp

 D. Milk 1 cup – 8 oz

I have read and agree to meet my child’s nutritional needs as defined above

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/ \_\_\_ / \_\_\_\_\_

***Please note that New Hope SDA Learning Center does not serve or use pork related products on it compound***

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| **ILLNESSES** |
| Illness is always an issue in a group setting; however, under no circumstances should a child be brought to the program if he/she has a contagious illness. A sick child does not do well in a group setting and it is very difficult for the teacher to give a sick child the comfort and attention he/she will need when she has class to run. Parents must also notify New Hope SDA Learning School Director immediately when the child contracts any communicable illness other than a cold |
| **MEDICAL TREATMENT RELEASE**  |
| In the event your child becomes ill or injured under school supervision, I approve the authorities to take the following steps* Contact a parent of the student and follow their directions
* In the event neither parent can be reached, contact the student’s physician and follow his/her directions
* If the student’s physician can’t be reached, school authorities will use their own discretion in contacting a properly licensed practicing physician and follow his/her instructions
* If the child needs medical or surgical treatment which requires a parent/guardian consent before being supplied, and cannot be reached by phone. I authorize, appoint and empower the school authorities of New Hope SDA Learning Center and New Hope SDA Church to take my child to a properly licensed and practicing physician. I hereby release New Hope SDA Learning Center and New Hope SDA Church and authorized personnel from any liability which might arise from the giving of medical treatments or surgical services as soon as reasonably possible after the need arises.
* I give permission for my child to take part in all school activities including school sponsored trips from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activities.
* The Parent /guardian agree not to send their child to school if the child is sick or ill.
* Please fill out the information below so that we may complete your child’s file.

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize New Hope SDA Learning Center to seek medical treatment for my son/daughter. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the event of an emergency. I also give authorization for the health facility or physician to provide medical treatment as necessary. I assume responsibility for payment for medical services rendered.****Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_ / \_\_\_\_\_\_/ \_\_\_\_\_\_**C:\Users\Harold\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\JW1I7FQA\mexillon_de_boiro_000[1].jpghttp://webzoom.freewebs.com/aca-raleigh-nc/EDGE.jpg |

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**Motto: “Performing Hands for Jesus**

**Accredited by the accrediting Association of SDA’s**

**The National Council of Private Schools, Florida Coalition of CPSA, Inc.**

**We Accept \*Family Central**

**Unusual Behavior Policy and Procedures**

**Suspension/Expulsion/Dismissal**

The Hew Hope SDA Learning Center governed by the New Hope School Board will make every effort to work with all families of children with inappropriate behaviors through caring methods of redirection. Children displaying chronic disruptive behavior which has been determined to be upsetting or detrimental to the physical or emotional well-being of another child may require the following actions:

1. Employee will continue to observe and document child’s behavior.
2. Employee will continue to document interventions that has been implemented.
3. The Director may require the parents of any child who attends the Center to meet for conference. The problem will be defined on paper . Goals will be established and the parents will be involved in creating approaches towards solving problems.
4. The child may be referred to the agency for intervention upon the parent consent.
5. If the initial plan for helping the child fails, the parents will again be required to meet with the director. Another attempt will be made to identify/ alleviate the problem. New approaches will be outlined and consequences will be discussed with parents if progress is not apparent.
6. When the previous attempts have been followed and no progress has been made towards solving the problem, the child will be dismissed from the center immediately.

However, in situation where a child’s or children behavior is in a manner that endangers himself/herself or others and behavior that requires one on one supervision the center reserves the right to request that parents make other arrangements for their child/children.

In addition, the School Board of the New Hope SDA Learning Center also reserves the rights to ask any family to make other arrangements for child/children in the event that there is a loss of confidence of the school’s inability to meet the family’s expectations

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and agree to the above statement

Parent/Guardians’ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_