



# Vanderbilt Presbyterian Childcare & Learning Center

1225 Piper Boulevard • Naples, Florida 34110-1252 • Tel. 239.597.5410 • Direct Line 239.594.9557 • Fax 239.597.1720

March, 2018

Dear Parents and Families,

We are very excited to have your child/children enrolled for the 2018-2019 school year. Everyone is looking forward to an exciting school year. Our enrollment packet will advise you of important dates and information you may need, but if there are any questions, joys or concerns, please feel free to call me at 594-9557 (school) or 293-3607 (mobile) or via email at [jelmer@vpcnaples.org](mailto:jelmer@vpcnaples.org). Please note the possible change in start and end dates per the Collier County Public School Calendar. We will follow their changes if any. Changes to the dates may be made as late as June.

## **Required Forms:**

Some forms in this packet are for you to keep and others are for you to return to school. I have provided you with a checklist of the forms that you must return to minimize the confusion. You will need to provide us with the Immunization form and a physical form both of which may be obtained from your child's Florida pediatrician or from the Collier County Health Department. **These must be returned to The Learning Center with your tuition payment by April 1/June 1, 2018.** You may mail your forms to the school at 1225 Piper Blvd, Naples FL, 34110, or drop them off in the church office. **Your child will not be able to start school until we have received all the appropriate forms or keep his/her spot if payment is not received by the above date.**

## **Tuition:**

**PRESCHOOL: The first month's tuition is due on or before June 1<sup>st</sup>.** Thereafter, tuition is due on the first of each month beginning with August 1<sup>st</sup> through April 1<sup>st</sup>.

**KINDERGARTEN: The first month's tuition is due on or before April 1<sup>st</sup> then May 1<sup>st</sup> and June 1<sup>st</sup>.**

Thereafter, tuition is due on the first of each month beginning with August 1<sup>st</sup> through February 1<sup>st</sup>.

School days in June will be factored into the 10 monthly payments.

Please make your check payable to Vanderbilt Presbyterian Childcare and Learning Center and put your child's name on the memo line. If you are mailing your tuition, please put to the attention of the preschool in the address field. If you bring the tuition to school, please place it in the drop box located outside the Director's office. Please do not place any **CASH** in the drop box.

**Open House: AUGUST 13<sup>TH</sup> - 4 PM TO 5:30 PM \*\*\*\*\* SAVE THE DATE \*\*\*\*\***

Please feel free to come and meet your child's teacher during this time. You will also receive your key fob to enter the preschool and all the necessary information pertinent to your child's upcoming school year.

**Teacher Convention:** The Annual Early Childhood Convention will be held in Orlando on September 6-10<sup>th</sup>.

**Teachers will be attending the Friday event so therefore school will be closed that Friday, the 7th of September. There will be no after school care on September 6th.**

Please feel free to call me at 594-9557 (school) or 293-3607 (mobile) or via email at [jelmer@vpcnaples.org](mailto:jelmer@vpcnaples.org) if you have any questions. Thanks,

*Jackie Elmer, Director*



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## Checklist of Forms:

Current Vaccination Form- Blue Form \_\_\_\_\_

Current Physical Form- Yellow Form \_\_\_\_\_

Please sign and return with your first month tuition by April 1<sup>st</sup>/June 1<sup>st</sup>, 2018

D.C.F. Application for Enrollment #1\_\_\_\_\_

V.P.C.L.C. Enrollment Form #2\_\_\_\_\_

Nutrition Plan/ Discipline Policy #3\_\_\_\_\_

Information and Annual Permission #4\_\_\_\_\_

Auth. for Emergency Treatment-Notarized #5\_\_\_\_\_ Form must be notarized before you turn in to school.

Health and Development Questionnaire #6\_\_\_\_\_

Release /Consent Form #7\_\_\_\_\_

VPCLC Enrollment Contract #8\_\_\_\_\_

Student Directory Listing #9\_\_\_\_\_

Parent Volunteer Form #10\_\_\_\_\_

Volunteer Affidavit #11\_\_\_\_\_

Biting Policy #12\_\_\_\_\_

Please note new DCF food Regulations on page #3.



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State of Florida - Department of Children and Families

#1

## CHILD CARE APPLICATION FOR ENROLLMENT

**Student Information:** Date of Birth: \_\_\_\_\_ Sex: \_\_\_ Date of Enrollment: \_\_\_\_\_

Full Name: \_\_\_\_\_

Last First Middle Nickname \_\_\_\_\_

Child's Physical Address: \_\_\_\_\_

Primary Hours of Care: From \_\_\_\_\_ To \_\_\_\_\_

Days of the Week in Care: M T W Th F Sa Su

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack Sup Eve Snack

**Family Information:** Child Lives With: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ /Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ /Cell: \_\_\_\_\_

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

### **Medical Information:**

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

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

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

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

Hospital Preference: \_\_\_\_\_

Please list allergies, special medical or dietary needs, or other areas of concern \_\_\_\_\_

### **Contacts:**

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name	Address	Work #	Home#

Name	Address	Work #	Home#

Name	Address	Work #	Home#

Name	Address	Work #	Home#



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CF-FSP 5219, Child Care Application For Enrollment, March 2009, 65C-22.006(3)(c)1., 65C-22.008(3)(u)3. and 65C-20.011(2)(a). F.A.C. Page 1 of 2

## Helpful Information About Child:

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- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
  - Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or** Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
  - Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, **or** Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).
- Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

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Signature of Parent/Guardian

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Date



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## VPCLC CHILD CARE APPLICATION FOR ENROLLMENT

#2

**STUDENT INFORMATION:** Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Child lives with \_\_\_\_\_  
Full Name:

\_\_\_\_\_

Last First Middle Nickname

### FAMILY INFORMATION

Parent's name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Primary Email Address \_\_\_\_\_

\*\*\*\*\*

**A non-refundable \$200 Registration Fee is required per student, which covers materials, and insurance cost.**

\*\*\*\*\*

5 DAY 5 YR.KINDERGARTEN -HOURS 8:00 AM TO 1:00 PM TUITION RATE OF \$450.00 per month

5 DAY 4 YR OLD PROGRAM - HOURS 8:30 AM TO 12:30 PM TUITION RATE OF \$450.00 per month

5 DAY 3 YR OLD PROGRAM - HOURS 8:30 AM TO 12:30 PM TUITION RATE OF \$450.00 per month

3 DAY 3 YR OLD PROGRAM - HOURS 8:30 AM TO 12:30 PM TUITION RATE OF \$350.00 per month

2 DAY 3 YR OLD PROGRAM - HOURS 8:30 AM TO 12:30 PM TUITION RATE OF \$250.00 per month

5 DAY 2 YR OLD PROGRAM - HOURS 8:30 AM TO 12:30 PM TUITION RATE OF \$500.00 per month

3 DAY 2 YR OLD PROGRAM - HOURS 8:30 AM TO 12:30 PM TUITION RATE OF \$375.00 per month

2 DAY 2 YR OLD PROGRAM - HOURS 8:30 AM TO 12:30 PM TUITION RATE OF \$260.00 per month

**Extended Care Program (E.C.P.):** HOURS 7:30 am until 8:30 am and 12:30 pm until 5:00 pm.

THE **E.C.P.** TUITION RATE WILL BE ADDED TO YOUR RATE AS FOLLOWS: **2 day rate** =\$100.00.

**3 day rate** =\$150.00. **5 day rate** =\$200.00

I agree to enroll my child in Vanderbilt Presbyterian Childcare and Learning Center beginning August of 2018 through June 2019.

**PRESCHOOL:** I agree to pay \$ \_\_\_\_\_ on **June 1, 2018** and then from August 1<sup>st</sup>, each month on the first of the month through April 1<sup>st</sup>, regardless of any absence due to illness, holidays or vacation.

**KINDERGARTEN:** I agree to pay \$ \_\_\_\_\_ on **April 1<sup>st</sup>, May 1<sup>st</sup>, June 1<sup>st</sup>, 2018** and then from August 1<sup>st</sup>, each month on the first of the month through February 1<sup>st</sup>, regardless of any absence due to illness, holidays or vacation.

I understand that a late tuition check received after the 10<sup>th</sup> of the month will result in a late fee.

I have read and fully understand the terms of this contract. If I remove my child from attending VPCLC prior to June 2019, I understand that I remain liable for the monthly tuition until such time as the vacancy created by my action is filled.

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



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## Child Day Care Licensing Alternate Nutrition Plan Agreement

#3

Name of Facility: Vanderbilt Presbyterian Childcare and Learning Center.

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

Indicate special Dietary Requirements: \_\_\_\_\_ Please list on back.

**I understand the center does not supply meals or snacks for children in this program. I will be responsible to supply:** (Please check all that apply)

A.M. SNACK + DRINK: \_\_\_\_\_

LUNCH + DRINK: \_\_\_\_\_

P.M. SNACK + DRINK: \_\_\_\_\_ (Only for children enrolled in our Extended Care Program)

Please sign below.

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

Signature of Director \_\_\_\_\_ Date \_\_\_\_\_

**NEW DCF REGULATION: FOODS THAT ARE ASSOCIATED WITH YOUNG CHILDREN'S CHOKING INCIDENT'S MUST NOT BE SERVED TO CHILDREN UNDER 4 YEAR'S OF AGE; SUCH AS, BUT NOT LIMITED TO , WHOLE/ROUND HOT DOGS, POPCORN, CHIPS, PRETZEL NUGGETS, WHOLE GRAPES, NUTS, CHEESE CUBES AND ANY FOOD THAT IS OF SIMILAR SHAPE AND SIZE OF THE TRACHEA/WINDPIPE. Food such as grapes must be cut in half and cheese cubes must be cut into fourths.**

**NONE OF THE ABOVE FOOD ITEMS WILL BE SERVED BY THE VANDERBILT LEARNING CENTER.**

Please sign.

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

## Vanderbilt Presbyterian Childcare and Learning Center Discipline Policy

The purpose of all discipline at Vanderbilt Presbyterian Childcare and Learning Center is to help each child become increasingly self-managing and responsible. Our approach is positive, based on encouragement for appropriate behavior and aimed at helping children develop inner control of their actions. We rely on techniques for diverting attention to constructive pursuits, helping children learn to compromise and arbitrate differences, extending understanding of the reasons for rules and making choices from acceptable alternatives. Short separations from the setting of the problem will sometimes help the child regain his/her self-control (never more than one minute for their age) Parents will be informed if a problem persists. This may require cooperation from home. Dangerous situations will not be tolerated. Parents will be asked to withdraw their child from the preschool if they are not willing to assist in alleviating dangerous situations and seek professional interventions when appropriate.

**Physical punishment is NEVER used.**

I have read and understand the above policy.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_.



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# 4

## Information and Annual Permission Form

Vanderbilt Childcare and Learning Center  
1225 Piper Blvd, Naples, Florida, 34110

Valid from August 1, 2018 to June 30, 2019

PLEASE PRINT LEGIBLY:

### Child Information:

Child full/legal name: \_\_\_\_\_

Preferred name (if different): \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ DOB: \_\_\_\_\_

Home/Mailing address: \_\_\_\_\_

Child lives with: Both parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_\_\_

### Family Information:

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

M – e-mail: \_\_\_\_\_ F – e-mail: \_\_\_\_\_

M – cell phone: \_\_\_\_\_ F – cell phone: \_\_\_\_\_

M – work phone: \_\_\_\_\_ F – work phone: \_\_\_\_\_

Primary family/home phone: \_\_\_\_\_

### Emergency Contact Information:

In the event a parent cannot be reached at any of the numbers above, please provide two or more emergency contacts. Please make sure that the information is correct and up to date. Please print legibly.

#### List name, relationship and phone number, and driver license.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_



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## RELEASE FOR EMERGENCY CARE AUTHORIZATION FOR EMERGENCY TREATMENT

#5

To Whom It May Concern:

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child, \_\_\_\_\_ in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it. Permission for the Director, Acting Director, or the teacher to take whatever steps may be necessary for medical care of an emergency is hereby given. I understand that the order of actions taken will follow the outline below unless there is a need for immediate action, but will not be limited to these actions:

1. Parent or guardian will be called.
2. Contact person will be called from Parents list.
3. Child's physician will be called
4. If none of these efforts are successful:
  - A. Another physician will be called
  - B. Ambulance will be called
  - C. The child will be taken to the emergency room of NCH/closest hospital accompanied by a staff member.
5. In order for the school to assume responsibility for my child, I understand that I must sign the child in at arrival time and out at departure time.

Family Physician's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Insurance company covering child: \_\_\_\_\_

Policy Number: \_\_\_\_\_

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

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

Printed name of Parent /Guardian \_\_\_\_\_

Signed: \_\_\_\_\_ Parent/ Guardian

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

State of \_\_\_\_\_

County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me came \_\_\_\_\_

To me know to be the individual described in and who executed the forgoing instrument and acknowledged that he executed the same. Type of identification \_\_\_\_\_

\_\_\_\_\_

Notary Public

\_\_\_\_\_  
Print Name

This form must contain only one child's name, must not be a copy and must be updated annually. **PLEASE MAKE SURE THIS FORM IS NOTARIZED BEFORE RETURNING.**





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## Vanderbilt Presbyterian Childcare and Learning Center.

#6

### Child Health and Development Questionnaire

STUDENT'S NAME \_\_\_\_\_ SEX \_\_\_\_\_

AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ WEIGHT \_\_\_\_\_

#### PARENT INFORMATION:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Email Mom \_\_\_\_\_ Dad \_\_\_\_\_

#### Questionnaire:

1. Describe your child's appetite \_\_\_\_\_

2. Does your child dislike any foods? \_\_\_ If so, what? \_\_\_\_\_

3. What does your child usually eat for breakfast before arriving at the Preschool? \_\_\_\_\_

4. How easily does your child fall asleep? \_\_\_\_\_

5. What is the usual bedtime? \_\_\_\_\_ Wake up time? \_\_\_\_\_

6. What is the usual naptime? \_\_\_\_\_ Wake up time? \_\_\_\_\_

7. Is your child completely toilet trained? \_\_\_ Yes \_\_\_ No

8. Does your child remain dry all night? \_\_\_ Yes \_\_\_ No

9. Are other adults (not family) able to understand the child's speech? \_\_\_\_\_

10. Does your child have a regular playmate? \_\_\_ Same age \_\_\_ Older \_\_\_ Younger \_\_\_

11. What is your child's favorite toy or activity at home? \_\_\_\_\_

12. Does your child have temper tantrums? \_\_\_\_\_ How often? \_\_\_\_\_

13. Does your child bite his/her nails? \_\_\_ Yes \_\_\_ No Twist his/her hair? \_\_\_ Yes \_\_\_ No

14. If you could describe your child in one word, what would it be? \_\_\_\_\_

15. Please list your child's strong points, such as happy, curious, loving, etc. \_\_\_\_\_

16. Is there anything else, medical or otherwise that we need to know about your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Would like more information on Vanderbilt Presbyterian Church? \_\_\_ Yes \_\_\_ No.

18. Is this your child's first preschool experience? \_\_\_ Yes \_\_\_ No

Anything else you would like to share about your

child \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## RELEASE FORM

# 7

I have received, read and understand the Florida Dept. of Children and Families brochure entitled "Know Your Child Care Center". Initials \_\_\_\_\_.

I have read and understand the Parent Handbook. Initials \_\_\_\_\_.

I hereby consent to having my child photographed, recorded on audiotape, or videotaped by the Vanderbilt Presbyterian Childcare and Learning Center for the sole purpose of pre-school activities or church business. The end product WILL NOT be made for public information and will only be used by the Learning Center Staff, students and families. Initials \_\_\_\_\_.

I have read and understand the Influenza Virus Brochure. Initials \_\_\_\_\_.

I understand that during parties or activities, my child might be eating homemade food.

\_\_\_\_\_ My child DOES NOT have a food allergy or dietary restrictions. He or she MAY PARTICIPATE.

\_\_\_\_\_ My child DOES have food allergy or dietary restrictions. He or she MAY NOT PARTICIPATE.

I will provide a snack for my child on these days.

Initials \_\_\_\_\_

I understand that during parties or activities my child will be touching house pets.

I DO WANT my child to participate \_\_\_\_\_

I DO NOT WANT my child to participate \_\_\_\_\_

Initials \_\_\_\_\_

I understand that VPCLC will have a WATER DAY and

I DO WANT my child to participate \_\_\_\_\_

I DO NOT WANT my child to participate \_\_\_\_\_

Initials \_\_\_\_\_

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

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

Parent's name (Please Print) \_\_\_\_\_

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



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**Vanderbilt Presbyterian Childcare and Learning Center**

**#8a**

1225 Piper Blvd.  
Naples, Florida 34110  
239-594-9557  
Revised December 2016

## **Enrollment Contract**

### **School Calendar: 2018-2019 CONTRACT**

Students enrolled under the school contract will follow the Collier County Public School calendar and any changes made by the C.C.P.S. throughout the school year. **The first day of school is August 15, 2018 and the last day of school will be May 30, 2019.**

**\*Please note that VPCLC will also be closed on Friday, the 7th of September (teachers will be attending the Annual Early Childhood Convention in Orlando). September 6<sup>th</sup> and May 30<sup>th</sup>. There will be NO AFTER SCHOOL CARE.**

### **School Day**

The Learning Center opens at 7:30am for those children enrolled in the Extended Care Program (E.C.P.). **Occasional early drop off is available with permission from the Director.** You do need to sign up to drop off early as there is limited space available. (See added fees for early morning drop off) All other children should arrive **AFTER 8:30 am** and go directly to their classroom. **Pre-school classroom hours are from 8:30am-12:30pm and the Kindergarten classroom hours are 8:00 am-1:00 pm. This is the academic portion of the day involving curriculum taught by qualified teachers.** Students will be in their classrooms, in classes of 9-14, participating in educational age appropriate practices designed to prepare them for the next grade level. Kindergarten will be preparing the students for first grade. These activities enhance pre-reading and math skills, fine and gross motor development, cognitive thinking skills, and socialization. Students also participate in all school activities planned for the day, including music class, chapel, or visits from guest speakers. A portion of the morning pre-school class is devoted to outside play on the playground. Parents should send a prepared snack and lunch that does not require heating or refrigeration. Lunch schedule will be determined by each teacher and posted. Students will have lunch in their classrooms with their teacher. The normal pre-school day will end at 12:30pm and students must be picked up by 12:45pm in car line. Kindergarten pick-up time will be at 12:50 pm, in carline.

**A late fee will be charged if students are not picked-up on time.**

### **Extended Care Program :**

The **Extended Care Program** is designed to serve working families by providing quality childcare that keeps children actively learning during the day. Highly trained Childcare Professionals are responsible for keeping students involved in activities that promote educational development and health. These activities may include art projects, indoor and outdoor games, or storytelling. It is all designed to nurture and develop students overall well-being.

**Parents of children participating in this program will be required to enter into a contractual agreement for the entire school year.** Due to classroom and staffing limitations, space for this program is limited and is strongly suggested that parents sign up their children as soon as possible. Applicants will be accepted on a first come-first serve basis: if needed, VPCLC will open up a waiting list for this program and spaces will be filled as they become available.



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#8b

Students attending this program will have a rest time from 1:00 pm to 2:00 pm daily. They will not be required to sleep, but will be required to be quiet and restful on a cot. All children will need a “child size” tote or backpack to carry personal belongings for naptime, blankets, fitted sheets. Tote bags supplied by the teachers are for lunch/snack box and parent/school communication exchange ONLY! (**NO Electronic devices or games will be allowed**)

Children will need a small blanket, towel or sheet for rest time. These items will be taken home and laundered on weekends. Afternoon snack provided by the parent is served at 2:15pm. A daily planned activity or project will take place as well as outside play. The last hour of the day is spent free playing. **Parents are welcome to pick their children up anytime between 2:30pm and 5:00pm. You and your child must exit the building prior to 5:00pm per VPLC school clock. The monthly fee schedule is: 5 days= \$200.00, 3 days= \$150.00, 2 days= \$100.00 and is in addition to your monthly tuition rate. There will not be after school care on September 6<sup>th</sup>, and May 30<sup>th</sup>.**

## **TUITION PRICES ARE AS FOLLOWS AND ARE BASED ON STUDENT CONTRACT DAYS, NOT CALENDAR DAYS - Please check all that apply.**

- (M-F) Five day Kindergarten from 8:00am-1:00 pm - \$450.00 per month, 10 equal pays.
- (M-F) Five day Pre-K 4 from 8:30am-12:30 pm - \$450.00 per month, 10 equal pays.
- (M-F) Five day Pre-K 3 from 8:30am-12:30 pm - \$450.00 per month, 10 equal pays.
- (M-F) Five day 2 year old program from 8:30am-12:30pm for \$500.00 per month, 10 equal pays.
- (MWF) Three day PRE-K3 from 8:30am-12:30 pm for \$350.00 per month, 10 equal pays.
- (MWF) Three day 2 year old program 8:30am-12:30pm for \$375.00 per month, 10 equal pays.
- (T, TH) Two day PRE-K3 from 8:30am-12:30 pm for \$250.00 per month, 10 equal pays.
- (T, TH) Two day 2 year old program from 8:30am-12:30pm for \$260.00 per month, 10 equal pays.
- Extended Care Program** 7:30 am – 8:00/8:30 am and 12:30/1:00 - 5:00 pm (*Check all that apply*)
  - 5 day PM'S= \$200 per month
  - 3 day PM'S= \$150 per month
  - 2 day PM'S= \$100.00 per month
  - Drop in fee for the afternoon is \$25.00 per day. Please check with the Director about daily availability.
  - I agree to pay \$\_\_\_\_\_ on the first day of each month according to schedule, regardless of any absences due to illness, holidays or vacation. I understand that a tuition check received after the tenth of the month will be considered late and will result in a late fee charged to my account.
  - I have read and fully understand the terms of this contract. If I remove my child from attending Vanderbilt Presbyterian Childcare and Learning Center prior to the dates listed above, I understand that I remain liable for the monthly tuition until such time as the vacancy created by my action is filled.



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#8c

I have read all the terms and conditions and agree to enroll my child in Vanderbilt Presbyterian Childcare and Learning Centers **SCHOOL YEAR ENROLLMENT CONTRACT** beginning the month of August through the month of May, 2019. My child will attend on all regularly scheduled school days **according to the Collier County Public School Calendar**, excluding all listed non-school days.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



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#9

## Student Directory Listing

Please fill out legibly all information as you would like it to appear in the student directory that is given to all students at the beginning of the school year. If you would not like your information included in the directory, please check the appropriate box, and sign and return this form with your enrollment packet. Please sign your name in the appropriate space at the bottom. This directory is for social communication and is not intended for business use. Please initial here \_\_\_\_\_.

Thank you for your cooperation.

### PLEASE PRINT

Student's name \_\_\_\_\_

Mother's name \_\_\_\_\_

Mother's address \_\_\_\_\_

Mother's home phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mother's email \_\_\_\_\_

Father's name \_\_\_\_\_

Father's address \_\_\_\_\_

Father's home phone \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Father's email \_\_\_\_\_

\_\_\_\_\_ please include my information in the student directory.

\_\_\_\_\_ I do not wish for my information to be included in the directory.

Mother's signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ please include my information in the student directory.

\_\_\_\_\_ I do not wish for my information to be included in the directory.

Father's signature \_\_\_\_\_ Date \_\_\_\_\_



# Vanderbilt Presbyterian Childcare & Learning Center

1225 Piper Boulevard • Naples, Florida 34110-1252 • Tel. 239.597.5410 • Direct Line 239.594.9557 • Fax 239.597.1720

## Parent Volunteer Form

**#10**

Dear Parents,

Over the course of the school year there are many special events that enrich your child's school experience. Many of these events require parental participation to ensure that they run smoothly. We need your help. We would like you to take a moment to complete the following time and talent survey so that we will know which events you would most like to help with during the year. None of them requires a big time commitment. In addition, if you have any special talents (e.g., balloon animals, juggling, musical instrument, drawing, foreign language, being a fireman) or have something special that you would like to share through demonstration with the kids (e.g., a pet, piece of machinery, craft project) during an hour or two during the year, please let us know.

### **PLEASE PRINT**

Your name \_\_\_\_\_

Your child's name \_\_\_\_\_

Your telephone number \_\_\_\_\_

Your email address \_\_\_\_\_

Which of the following would you be most interested in assisting with? Please check all that apply.

Serving on the preschool parent committee (one hour each month) \_\_\_\_\_

Storytelling or reading to the children \_\_\_\_\_

Room parent \_\_\_\_\_

Teacher Appreciation Week (in early May) \_\_\_\_\_

Helping with Dr. Seuss Week (first week in March) \_\_\_\_\_

Other \_\_\_\_\_

Do you have any special talents or things that you would like to share with the kids or do you know someone with special talents who might be interested in sharing them with our kids? If so, what would you like to share? Please list below.

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## VOLUNTEER AFFIDAVIT

#11

I attest my name is \_\_\_\_\_ and  
(print volunteer/foster grandparent name)  
serve in the child care program known as \_\_\_\_\_.  
(print name of child care program)

I serve as a (check one)

Volunteer – As a volunteer, I do not receive any form of payment or compensation such as money, free or reduced child care, or any other type of compensation for my time. I also understand that as a volunteer, I must be under the constant supervision a trained and screened staff person and may not be left alone or in charge of any group of children. If I volunteer 10 hours or more per month, or receive some form of compensation I understand that I must submit background screening information in accordance with section 402.3055, Florida Statutes, and complete the state mandated training requirements.

Foster Grandparent – As a foster grandparent, I adhere to all of the Foster Grandparent Program Guidelines pursuant to Title 45, Public Welfare, Code of Federal Regulations, section 2552.75. I also understand I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children and complete training as outlined in the rule 65C-22.003(1)(m) or rule 65C-20.009(1)(a), Florida Administrative Code  
I attest that I have read the foregoing, and the facts alleged are true and correct.

\_\_\_\_\_  
Volunteer/Foster Grandparent Signature

\_\_\_\_\_  
Date

To Be Completed by the Owner/Operator/Director

I attest my name is \_\_\_\_\_, and I  
(print owner/operator/director name)

am the owner/operator/director of the child care program identified above. The above  
(circle one)  
individual serves, under the above definition, as a volunteer/foster grandparent in this child care program.

I attest that I have read the foregoing, and the facts alleged are true and correct.

\_\_\_\_\_  
Owner /Operator /Director Signature

\_\_\_\_\_  
Date





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CF-FSP 5217, Volunteer Affidavit, August 2010, 65C-20.009(3)(e), 65C-22.006(3)(c)4. and 65C-22.008(3)(u)4.,d., F.A.C.

## **BITING POLICY**

**#12**

Biting, unfortunately, is not unexpected behavior for toddlers. Some children and many toddlers communicate through this behavior. However, biting can be harmful to other children and to staff.

If a biting incident occurs, state regulations require that the parent of the child biting and the parent of the child who was bitten be contacted. Names of the children are not shared with either parents.

VPCLC strongly disapproves of biting. The staff's job is to keep the children safe and help a child that bites learn different, more appropriate behavior.

However, after consulting preschool experts and manuals, VPCLC has developed the following policy to be used if and when biting occurs in any of our rooms:

- Staff will remove biter from the situation, the wound of the bitten child will be assessed and cleansed with soap and water and covered with a bandage, if needed.
- An incident report form is filled out and parents of both children will be contacted.
- The parents of the biter will be asked to come and pick-up the child for the remainder of the day.

If the biting continues and the child inflicts 2 more bites, whether the skin is broken or bruised or the bite leaves a significant mark, a parent conference will be held with the Director.

If it is deemed in the best interest of the child, center and the other children, termination of the child from the center enrollment may occur.

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I read the VPCLC Biting Policy and agree with its terms.

I will contact the director immediately with any questions or concerns.

Please sign, date and return to the office. Thank you for your cooperation

\_\_\_\_\_  
Parent signature and date