



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 2021

Dear Parents and Families,

We are very excited to have your child/children enrolled for the 2021-2022 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. Please note the possible change in start and end dates per the Collier County Public School Calendar. We will follow their changes if any made by C.C.P.S.

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/May 1, 2021.** 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 and packet is not received by the above date.**

Tuition:

PRESCHOOL: The first month's tuition is due on or before May 1st. Thereafter, tuition is due on the first of each month beginning with August 1st through April 1st.

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

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

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 6TH – Time -TBA *** 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 determined at a later date. We will post the closing time and actual dates as the date is closer.

Please feel free to call me at 594-9557 (school) or 293-3607 (mobile) or via email at 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 1st/May 1st, 2021

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_____

Covid Release form _____

Please note new DCF food Regulations on page #3.



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State of Florida Department of Children and Families CHILD CARE APPLICATION FOR ENROLLMENT

#1

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: Breakfast AM Snack Lunch PM Snack Supper

Family Information: Child Lives With: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____/Cell: _____ Work Phone: _____/Cell: _____

Relationship to the child: _____ Relationship to the child: _____

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: _____

Emergency Care Plan instructions including symptoms, medication, and notification in the event of an actual emergency (if applicable): _____



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#1

Emergency Contacts:

Child will be released only to the custodial parent(s) or legal guardian(s) 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(s) or legal guardian(s) cannot be reached:

Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#

Helpful Information About Child:

- Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or**
- Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, 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 7.3, C.3 of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.
- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, **or**
- Section 2.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Parent/Guardian _____

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 \$475.00 per month
- ☐ 5 DAY 4 YR OLD PROGRAM - HOURS 8:30 AM TO 12:30 PM TUITION RATE OF \$475.00 per month
- ☐ 5 DAY 3 YR OLD PROGRAM - HOURS 8:30 AM TO 12:30 PM TUITION RATE OF \$475.00 per month
- ☐ 3 DAY 3 YR OLD PROGRAM - HOURS 8:30 AM TO 12:30 PM TUITION RATE OF \$375.00 per month
- ☐ 2 DAY 3 YR OLD PROGRAM - HOURS 8:30 AM TO 12:30 PM TUITION RATE OF \$275.00 per month
- ☐ 5 DAY 2 YR OLD PROGRAM - HOURS 8:30 AM TO 12:30 PM TUITION RATE OF \$525.00 per month
- ☐ 3 DAY 2 YR OLD PROGRAM - HOURS 8:30 AM TO 12:30 PM TUITION RATE OF \$400.00 per month
- ☐ 2 DAY 2 YR OLD PROGRAM - HOURS 8:30 AM TO 12:30 PM TUITION RATE OF \$285.00 per month

☐ **Early Room (E.R.) 7:30am to 8:25am.** The E.R tuition rate will be added to your rate as follows:

No Drop off after 8:20. 2 day rate=\$20.00. 3 day rate=\$30.00. 5 day rate=\$50.00 per month.

☐ **Extended Care Program (E.C.P.): HOURS: 1pm until 4:30 pm.**

THE E.C.P. TUITION RATE WILL BE ADDED TO YOUR RATE AS FOLLOWS: **2 day rate** =\$120.00.

3 day rate =\$180.00. **5 day rate** =\$250.00 per month.

I agree to enroll my child in Vanderbilt Presbyterian Childcare and Learning Center beginning August of 2021 through June 2022.

PRESCHOOL: I agree to pay \$_____ on **June 1, 2021** and then from August 1st, each month on the first of the month through **April 1st, 2022**, regardless of any absence due to illness, holidays or vacation.

KINDERGARTEN: I agree to pay \$_____ on **April 1st, May 1st, June 1st, 2021** and then from August 1st, each month on the first of the month through **February 1st 2022**, regardless of any absence due to illness, holidays or vacation.

I understand that a late tuition check received after the 10th 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 2022. 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, 2021 to June 30, 2022.

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: Please print clearly.

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 _____

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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#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. The food allergies

are _____ 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 _____

I understand the biting policy. Initials _____.

I have read and understand the potty trained policy. Initials _____

I have read and understand the Covid Policy. 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 February 2021

Enrollment Contract

School Calendar: 2021-2022 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 10, 2021 and the last day of school will be June 2, 2022.**

*Please note that VPCLC will also be closed on a Friday TBA (teachers will be attending the Annual Early Childhood Convention in Jacksonville). T.B.D.. There will be NO AFTER SCHOOL CARE THE DAY BEFORE CONVENTION. As soon as the date is confirmed we will let you know.

School Day

The Learning Center opens at 7:30am for those children enrolled in the Extended Room Program (E.R.). **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 8:00/8:30 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-12.45 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 12:45 pm, in carline.

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

Early room is from (7:30-8:20 am). A separate fee is charged for Early room Care.

Extended Care Program : (Afternoon Childcare 12:30-4:30p.m.)

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. The class 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 an all in one rest mat. 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 4:30pm. You and your child must exit the building prior to 4:30pm per VPLC school clock. The monthly fee schedule is: 5 days= \$250.00, 3 days= \$180.00, 2 days= \$120.00 and is in addition to your monthly tuition rate. Please note calendar dates when there is no P.M. Childcare.**

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 - \$475.00 per month, 10 equal pays.
 - ☐ (M-F) Five day Pre-K 4 from 8:30am-12:30 pm - \$475.00 per month, 10 equal pays.
 - ☐ (M-F) Five day Pre-K 3 from 8:30am-12:30 pm - \$475.00 per month, 10 equal pays.
 - ☐ (M-F) Five day 2 year old program from 8:30am-12:30pm for \$525.00 per month, 10 equal pays.
 - ☐ (MWF) Three day PRE-K3 from 8:30am-12:30 pm for \$375.00 per month, 10 equal pays.
 - ☐ (MWF) Three day 2 year old program 8:30am-12:30pm for \$400.00 per month, 10 equal pays.
 - ☐ (T, TH) Two day PRE-K3 from 8:30am-12:30 pm for \$275.00 per month, 10 equal pays.
 - ☐ (T, TH) Two day 2 year old program from 8:30am-12:30pm for \$285.00 per month, 10 equal pays.
 - ☐ Early Room, 7:30-8:20. (No Drop off after 8:20)
 - ☐ Afternoon room, 12:30/1:00 - 5:00 pm (*Check all that apply*)
- | | |
|---|---|
| <input type="checkbox"/> 5 ER'S = \$50 per month | <input type="checkbox"/> 5 day PM'S= \$250 per month |
| <input type="checkbox"/> 3 ER'S = \$30 per month | <input type="checkbox"/> 3 day PM'S= \$180 per month |
| <input type="checkbox"/> 2 ER'S = \$20.00 per month | <input type="checkbox"/> 2 day PM'S= \$120.00 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, 2022. My child will attend on all regularly scheduled school days **according to the Collier County Public School Calendar**, excluding all listed non-school days.

☐ I fully understand the potty trained policy. All children entering the preschool three and four year old classes **MUST** be completely potty trained and must be able to use the rest rooms independently. Reoccurring accidents may result in the child not being able to attend school per D.C.F.

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 _____



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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



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

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.

.....

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