



## The Learning Center

100 Biscayne Boulevard, 4<sup>th</sup> Floor  
Miami, FL33131  
Tel (305) 539-0088 Fax (305) 539-0188

# Welcome to TLC!

At The Learning Center for Kids we believe that a well trained staff and a great curriculum will provide children with a great advantage in their education and overall well-being.

TLC uses the "Creative Curriculum Learning" as its academic curriculum. This is a year-long curriculum developed specially for Toddlers, and preschoolers. This includes a complete program of developmentally appropriate activities based on the child's age. The activities include science, arts & crafts, computers, math, language, motor skills, dramatic play, music and much more. Different areas are integrated to make the child's learning experience meaningful and fun. Also Creative Curriculum facilitates the development of the social, emotional, intellectual and physical aspects of the child as a whole. Creative Curriculum enhances the daily experiences of children, meets their individual needs through a program that is creative, self-paced and very educational.

To complement our program we also use an early literacy program developed by Pearson Early Learning called OPENING THE WORLD OF LEARNING, Extra-curricular activities which include Karate, Ballet and computer programs.

We encourage parents to share in their child's excitement for learning. Creative Curriculum provides many opportunities for parents to get involved at home and in the school. Parents' interest in their child's education will be one of the child's main incentives to continue to learn and grow.



## The Learning Center Policy

1. The school year begins August 21<sup>st</sup>, 2017 and ends June 7<sup>th</sup>, 2018.
2. Tuition fees are paid monthly and are due in advance on the first business day of each month.
3. A late fee of \$5.00 per day will be added if payment is not received on time. There is a \$30 fee for bounced checks plus applicable late fees. Children will not be accepted in class on the 4<sup>th</sup> day of the month if payment has not been received.
4. We accept cash, personal or business checks, money orders, cashier's check.
5. Registration and all other one-time fees are non refundable. Tuition fee paid for the following two weeks is also non refundable.
6. Full monthly tuition fee is due even if child is absent during all or some days of such month, except for the one month in which the child is taking the "one free week" for vacation per school year. On such month full monthly payment minus one week's fee will be due. For more information please inquire at the office about our "Vacation Policy". There are no proration for National Holidays or Disasters.
7. Food is ordered monthly. There is no proration for National Holidays or Disasters. Parents can provide lunch and/or snacks for their child if desired.
8. Additional one-time fees might be collected from children 1+yrs. old for our "Summer Camp", "Winter Camp", "Graduation Ceremony", and special events including "Field trips".

Please visit our website or review our Parent Orientation manual for information on specific policies.

# The Learning Center

## PERSONAL INFORMATION SHEET

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

Date child will begin: \_\_\_\_\_

### STUDENT INFORMATION:

NAME OF CHILD: \_\_\_\_\_ Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: M/F

Full Home Address: \_\_\_\_\_

\*\*\* PLEASE LIST ANY ALLERGIES/RELEVANT MEDICAL CONDITION:

**PARENTS MUST PROVIDE UPDATED, SIGNED IMMUNIZATION RECORD AND MEDICAL EXAMINATIONS FROM A FLORIDA LICENSED PEDIATRIST.**

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

### FAMILY INFORMATION:

#### MOTHER'S INFORMATION:

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

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

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Address: \_\_\_\_\_

#### FATHER'S INFORMATION:

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

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

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Address: \_\_\_\_\_

Parents: Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Re-married \_\_\_

COURT ORDERED PRESENTED: YES/NO

Siblings information (please list the names and ages of all siblings)

**PHYSICIAN'S INFORMATION:** Name: \_\_\_\_\_

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

Insurance Company: \_\_\_\_\_

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

### EMERGENCY CONTACT WHEN PARENTS ARE NOT AVAILABLE:

1) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**\*Child will be released only to the custodial parent or legal guardian and the persons listed below with parent's authorization. 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.**

PERSONS AUTHORIZED TO PICK UP CHILD: Mother: YES/NO Father: YES/NO

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph. #: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph. #: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph. #: \_\_\_\_\_

**IN ORDER FOR ANY AUTHORIZED PERSON TO PICK UP YOUR CHILD HE/SHE MUST BRING A PHOTO ID AND PARENT MUST CONTACT US IN ADVANCE. PERSON MUST BE ON THE LIST IN ORDER FOR US TO RELEASE A CHILD.**

**CONSENT TO MONITORING**

(Please initialize after each sentence)

We the:

\_\_\_\_ Parent(s)

\_\_\_\_ Parent

\_\_\_\_ Legal Guardian

\_\_\_\_ other: \_\_\_\_\_

do hereby consent to our Child(ren) being monitored as follows and initial each item to affirm our understanding and agreement:

Most areas will have cameras that are linked to the internet.

\_\_\_\_\_  
We will have access to the web cameras that will allow us to view the center and our Child(ren).

\_\_\_\_\_  
We will be given a confidential code to access the web cameras.

\_\_\_\_\_  
Each authorized person will have their own individual code which will not be shared.

\_\_\_\_\_  
We will not give this code out to anyone. The code is FOR INDIVIDUAL USE ONLY.

\_\_\_\_\_  
If we lose this code or if we find that anyone has gained access to this code we will report this immediately to The Learning Center for Kids and they will cancel the code and replace it.

\_\_\_\_\_  
We fully understand that other parents and/or guardians and/or family members of other children will have access to this system if they properly registered to obtain a code and will be able to observe our child(ren).

\_\_\_\_\_  
Once the child(ren) are withdrawn all codes relating to the child(ren) will be canceled.

\_\_\_\_\_  
The facility will make every effort to keep the web site secure from:

Hackers

Other parents being careless with their code

Other factors;

The facility cannot guarantee total security of the web site cameras, and it is possible that others could gain access to the web site cameras and view your Child(ren).

\_\_\_\_\_  
We will hold The Learning Center for Kids harmless in the event that the security of the web site cameras is breached, and the consequences of the same.

\_\_\_\_\_  
We understand that the acceptance of all of the foregoing is mandatory for our Child(ren) to be registered in and attend The Learning Center for Kids.

\_\_\_\_\_  
If we chose to have the option of seeing our Child(ren) through the web site cameras we understand and agree to pay the sum of \$20.00 per month for this service in addition to a one-time \$50.00 set-up fee.

\_\_\_\_\_  
I am aware that tuition is paid monthly and it is due on the first business day of each month; and that a registration fee and materials are paid annually prior to the beginning of the school year in August.

I fully understand and agree to the above agreement as a parent or guardian of \_\_\_\_\_

Name of adult responsible for tuition payment: \_\_\_\_\_

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

Helpful Information about Child:

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HRS Required

- 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 CENTER".
  - 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 all information on this enrollment form is complete and accurate.

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

\_\_\_\_\_  
Date

CF-FSP 5219, Mar 2009

TLC PARENT MANUAL ACKNOWLEDGEMENT

By signing below you certify that you have read and understood the information provided in our Parent Manual.

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

\_\_\_\_\_  
Date



## The Learning Center CONTRACTUAL AGREEMENT

Parties to this contract are The Learning Center for Kids and the Parent(s) or Guardian(s) of the named child, hereinafter called Parents(s), and the parties here to agree as follows:

The Child \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_, gender \_\_\_\_\_, at sole discretion of the school, enrolled for the full term (or remainder thereof) attendance to commence on or about \_\_\_\_\_, I/We agree that the child is admitted for full term (or remainder of term if starting date is within a current term) and I/We hereby agree to pay tuition and fees according to the school schedule fee in effect at the time of attendance and agree that said schedule and subsequent schedules are a part of the contract. I/We agree the services will be suspended immediately if payment schedules are not met. I/We agree that tuition and fees are not subject to adjustment or refunds because of absence, illness or withdrawal of the child from school for any reason after the school term begins or after attendance begins. In case of voluntary school termination, I/We agree to give school a one month advance notice or I/We will guarantee payment in full for those subsequent month after withdrawal if such notice is not provided. I/We agree that there will be no adjustment or refund fees for absence due to school closure because of riot, civil commotion, civil emergency, war, national holidays, teacher planning days, government order directed to the student or school facility, or general economic panic collapse.

I/We agree to elect a payment plan as set forth on the school schedule of tuition and fees in effect at the date of attendance, and to be jointly and individually liable to pay all tuitions and fees according to the terms of said Payment Plan. If collection due to default occurs, I/We agree that the child's school records are property of the school and will not be released until all monies due are paid in full.

I/We affirm and certify that I/We have read and understood the contents of this agreement and will abide by the terms of this contract.

I/We, \_\_\_\_\_, agree to pay the sum of \$ \_\_\_\_\_ on the first business day of every \_\_\_\_\_ starting on \_\_\_\_\_. I/We will add a \$5.00 charge per day late and a \$30 for any bounced checks. I will provide the school with a two week advance notice prior to voluntarily withdrawing my child from the school, otherwise I/We will pay an additional two weeks of tuition.

Information of person completing this application:

Name: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Social Security: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Employment Ph: \_\_\_\_\_

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

Personal Ph: \_\_\_\_\_

Signature: \_\_\_\_\_

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





# PHOTO RELEASE

RE: \_\_\_\_\_

Dear Parent:

*TLC kid.com, Inc is requesting your authorization to use your child's image/photos, along with those of other selected children, in our corporate website TLCKid.com, Facebook page TLCKid.com, Site billboard and other marketing material. By signing below you are authorizing us to use only the image/photos shown and approved by you in advance. Please specify each item by marking YES or NO; ie. keep your child first name and/or last name and/or age private. You have the right to cancel this authorization at any time, and photos will be removed from all sites 72 hours thereafter.*

Yes / No      Use approved image/photos on TLCKid/preschools' WEBSITE

Yes / No      Use Image/Photos on TLCKid FACEBOOK page

Yes / No      Use Image/Photos on Printed/Marketing material

Yes / No      Use First Name

Yes / No      Use Last Name

Yes / No      Use Age

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THANKS FOR PARTICIPATING!**

[www.TLCKID.COM](http://www.TLCKID.COM)





The Learning Center for Kids

Food/Cooking Permission during the School Year and Summer Camp 2018

From: August 21st, 2017 to June 7th, 2018

Cooking Activities in the School

During the cooking activities our class will be using: sugar cookies, graham crackers, chocolate cookies, bread, crackers, pretzels, hummus, white sugar, brown sugar, salt, cream cheese, sour cream, vegetables, fruits, vegetables, milk, condensed milk, rice milk, evaporated milk, food coloring, ice cream, eggs, turkey, chicken, cheese, whipped cream, yogurt, purpose flour, cinnamon, vanilla, baking soda, baking powder, butter, gelatin, chocolate, cheerios, cornflakes, marshmallows, granola (NO NUTS), gummies, pasta, beans, rice, rice cakes, cornstarch, cocoa, jelly, Kool-Aid, cake mix, pudding mix, frosting, mayonnaise, ketchup, mustard, vegetable oil, canola oil, vegetable oil, sprinkles, coffee and tea.

I, \_\_\_\_\_ give permission for my child \_\_\_\_\_ to participate in the making, tasting, and eating of foods at school that are part of activities and lessons aligned with our curriculum.

List any known allergies or food exceptions:

\_\_\_\_\_

I, \_\_\_\_\_ DO NOT give permission for my child \_\_\_\_\_ to participate in the making, tasting, and eating of foods at school that are part of activities and lessons aligned with our curriculum.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

Special Events and Birthdays

During these events the children will be provided with the following foods: vanilla and/or chocolate cake or cupcakes, cookies, crackers, chocolate, healthy fruit juices (low sugar), vegetable chips, pretzels, chicken or cheese croquettes, pastries, empanadas, potato salad, cheese, fruits (bananas, grapes, watermelon, melon, strawberries, apple, and pineapple, etc.), vegetables, croissants, sandwiches (turkey and cheese), chicken, cheese pizza, tortilla chips and dip (cheese or tomato).

I, \_\_\_\_\_ give permission for my child \_\_\_\_\_ to participate in the consumption of these foods at school that are part during these special events.

List any known allergies or food exceptions:

\_\_\_\_\_

I, \_\_\_\_\_ DO NOT give permission for my child \_\_\_\_\_ to participate in the consumption of these foods at school that are part during these special events

\_\_\_ I want my child to get the goody bags provided by other families.

\_\_\_ I do **not** want my child to get the goody bags provide by other families.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

**\*According to the new regulations of the DCF, it is not permitted to bring homemade food to our celebrations and activities. No exceptions.**

**NO PORK/NO PEANUT BUTTER OR NUTS/TLC for Kids is a NUTS FREE environment**