

CITY OF LARGO

# PRESCHOOL AND VPK ENROLLMENT PACKET



**City of Largo  
Preschool Program  
2021-2022 Enrollment Packet**

Little Pals - 400 Highland Ave, Largo, FL 33770 – (727) 518-3016  
Southwest Preschool – 13120 Vonn Rd, Largo, FL 33774 – (727) 518-3125

**Class Hours:**

Mon-Fri: 7am-6pm

Must be signed in by 9:00am

**VPK Hours:**

Mon-Fri: 9:00 am – 12:00 pm

**Ratios:**

3-5 year old: 1 teacher to 15 children

**School will be closed and no care will be available on the following City of Largo holidays and dates:**

Aug 8<sup>th</sup> - 9<sup>th</sup>, 2022 (cleaning and prep days)

Sept 5<sup>th</sup>, 2022

Nov 11<sup>th</sup>, 2022

Nov 24<sup>th</sup> - 25<sup>th</sup>, 2022

Dec 23<sup>rd</sup>, 2022

Dec 26<sup>th</sup>, 2022

Jan 2<sup>nd</sup>, 2023

Jan 16<sup>th</sup>, 2023

Feb 20<sup>th</sup>, 2023

May 29<sup>th</sup>, 2023

Jul 4<sup>th</sup>, 2023

**Non VPK Days:**

On the following weeks all children enrolled will be charged the full time rate. VPK programming is not offered on these dates.

Nov 21<sup>st</sup> - 25<sup>th</sup>, 2022

Dec 26<sup>th</sup> - 30<sup>th</sup>, 2022

Jan 2<sup>nd</sup> - 6<sup>th</sup>, 2023

Mar 13<sup>th</sup> - 17<sup>th</sup>, 2023

**VPK Program**

VPK Instruction will be offered from August 15<sup>th</sup>, 2022 – May 26<sup>th</sup>, 2023 for children that are 4 years of age by September 1<sup>st</sup>, 2021 and have submitted an enrollment voucher for the program. The instruction will be offered daily from 9 am – 12 pm.

A second teacher will be in the classroom during these hours to work with the children that are not enrolled in the program on activities at their level.

**Mission Statement:**

To provide an opportunity for children to express themselves freely by creating memorable early social experiences while emphasizing the joy of learning allowing for the successful transition into the formative elementary school years.

### **Preschool Tuition:**

- Tuition is \$150 per week for children that are not enrolled in the VPK Program and for VPK Children during holiday weeks. A \$5 discount will be given for families enrolled in auto-debit.
- Tuition is \$81 Per Week for VPK Children. A \$5 discount will be given for families enrolled in auto-debit.
- A Registration Fee (due at registration and annually in Aug) is \$25
- Childcare fees are expected to be paid in full by Friday each week for the upcoming week.
- Tuition is due in full weekly regardless of child's attendance.
- If fees are not paid by 9am on Monday, a \$5 Late Fee will apply and children will not be allowed to attend.
- Each family will be allowed two vacation weeks per year. A vacation week will only require 50% of weekly tuition to be paid. A vacation request form must be submitted two weeks prior to the vacation in order for fees to be adjusted. If you have been approved for a vacation week, the child may not attend preschool that week.
- VPK Children must be present for 80% of the program (see the enclosed attendance form) Excessive absences may result in the parent owing full price for the VPK student.

### **Potty Training:**

All children registered in the preschool must be potty trained and be able to independently use the restroom.

### **What to bring to School:**

- Labeled water bottle (first and last name) with spill proof lid (thermos with straw or sports cup).
- Lunch with an ice pack to keep lunch items cool.
- A change of clothes in case of potty accidents or spills.
- Snack and drink for the afternoon.

We recommended you over pack your child's lunch in order for them to have enough food and snacks for the day. We are unable to refrigerate any lunches.

We reserve the right to replace any items in your child's lunch with a healthier item. Please do not pack high sugar food items, soda, and candy.

We provide a sheet and blanket for each child. Students may bring in one small rest time item from home. Please do not send additional items from home. Sheets and blankets are laundered weekly.

### **Outdoor Play:**

We will try to incorporate as much outdoor time as possible in our daily schedule. Since the children play outside daily, we recommend they dress appropriately for the anticipated weather. This includes comfortable clothing, shoes and socks (open toed shoes are not allowed for your child's safety).

### **Toys From Home:**

Toys from home are not allowed unless it's specifically requested by the teacher (for example, show & tell).

### **Visitation/Volunteering:**

You may visit your child at any time. Unannounced visits are encouraged and welcomed. If you will be spending a large amount of time in the classroom, you will be considered a volunteer. All volunteers are required to go through a fingerprinting and background check. If you are interested in having this completed to be an approved as a volunteer, the facility manager can provide you information on the location and cost.

### **Guidance Discipline Policy**

Our preschool philosophy for discipline is to create a positive atmosphere that emphasizes self esteem and self control. Our daily schedule is planned so that each child is given choices to learn to take control over certain areas of his/her life. Rewarding positive behavior and ignoring behavior we wish to discourage is part of our discipline approach. Discipline will always be appropriate and respectful.

### **Communication:**

A monthly newsletter will be sent home to inform you of what activities are going on in the classroom and remind you of upcoming events. Daily reports may be electronic or on paper. Please use this to build conversations with your child about their week.

### **Late Policy**

The hours of the preschool are 7am-6pm. Children should not be dropped off prior to 7a and must be picked up by 6p. If a child is not picked up by 6p, a late fee of \$1.00 per minute will be charged.

### **Medication:**

The staff at the preschool program, do not give medications. If your child is on a prescription medication with the exception of inhalers and epi pens, the parent must come on site to administer it.

If your child requires an epi pen or inhaler a prescription must be accompanied with written instructions from the parent or doctor. The prescription must be submitted in its original packaging with a label that clearly states on the label the name of the child. A medication form can be requested from the classroom teacher.

### **Shoe Policy:**

All children must have proper footwear during the program. We require closed toe shoes at all times. This is to prevent foot and ankle injuries and to prevent any insect bites.

### **Nap Time:**

Each child is provided an individually assigned cot during daily rest time. A child is never required to sleep, but quiet time is scheduled after lunch.

### **Parent Involvement:**

We believe that parents are the most significant adults in a child's life. We encourage parental involvement and input and open communication. Please feel free to discuss any concerns or questions with the director and teachers.

### **Cubbies:**

We provide an individual cubbie for the child's belongings. Please place your child's lunch box and extra clothes in the cubbie. We will also send home art projects on a regular basis. Please take these projects home daily.

### **Enrollment Policy:**

Parents are responsible for completing an enrollment packet and having the following forms before their child attends class. All required forms are to be completed accurately and submitted a minimum of 5 days before the first day of attendance.

#### **\* Florida's Student Health Form**

A report of current physical examination, signed by the child's provider of medical care in Florida. This must include current immunizations, health care summary, and name, address, and phone number of doctor. Updated reports of physical examination must be submitted annually or prior to the expiration date listed on the form.

### **\* Child Health and Development Questionnaire**

This form is to be completed by the parents to give the preschool staff a better understanding of where your child is developmentally and any health issues they have previously had. (Reverse side of Student Health Form)

### **\* Florida's Certification of Immunization**

When a child is enrolled, documentation of current immunization records or a religious exemption must be presented. **Each immunization form has an expiration date and you are responsible to update as it expires.** The record must be on an approved State of Florida form. Your child must have a current record or the religious exemption form DH681 if you are claiming a religious exemption.

### **Incident Reporting:**

Any time a child has an accident or receives an injury that requires First Aid, the staff member in charge fills out a report explaining the nature of the accident and injuries. This form must be completed on the day of the incident. A copy of the form is given to the parent upon parent request and the original is placed in the child's file.

### **Sign In/Out:**

Parents are required to sign their child in by 9:00 am daily. Please use a full signature and the time which you are arriving or leaving the program. It is important that you not only sign your child in and out but to make contact with teacher to let them know you are leaving. To ensure a happy arrival and departure, please have a goodbye ritual for you and your child established. This may mean giving a hug, a kiss or a "high five" goodbye. This type of procedure helps the child know when you are leaving and what to expect.

The teachers will only release children to authorized persons named on the authorized pick up form. Photo identification will be required before the child is released.

If there is a situation where someone may not pick up your child due to legal issues, copies of the legal documents/restraining orders are required for our files so we can ensure we protect your child.

**All absences must be reported to the front desk by calling 727-518-3016 for Highland and 727-518-3125 for Southwest.**

### **Keeping Us Informed:**

All information on Enrollment and Emergency Form must be kept current. In order to assure that information is kept up to date, parents will be asked to complete a registration packet on an annual basis (August). It is the responsibility of the parent to let us know of changes as they occur such as:

- Any other information about your child that would aid our staff in caring for your child
- Phone and address changes of emergency contacts, parents, guardians, and places of work
- Name, address and phone number of child's physician
- Any changes in the home situation, or unusual events in family life

### **Health and Sickness Policy:**

Please notify the center by 9am if your child will be absent. Any child who is suspected of having a communicable disease or exhibits other signs and symptoms which include any of the following shall be placed in the isolation area. A child in isolation will be supervised by a staff person and his/her condition will be monitored. Measures will be taken to make the child as comfortable as possible. The condition shall be reported to the parent, guardian or other person

authorized by the parent, and the child shall be picked up from the facility as soon as possible. Such children can return to the preschool when their illness or condition is no longer communicable.

- Diarrhea one or more abnormally loose stools since arrival that day
- Rash, untreated infection
- Reddened eyes, conjunctivitis (Pink eye), or pus draining from the eye
- Vomiting
- Continuous cough or green yellow discharge from nose, signs/symptoms of possible severe illness or respiratory infection
- Lice, ringworm, scabies that is untreated and contagious to others
- Fever of undiagnosed origin, of one hundred degrees or higher
- Inability to participate in the school activities with reasonable comfort or who require more care than the program staff can provide without compromising the health and safety of other children in their care
- Chicken pox until the child is no longer infectious or until the lesions are crusted over

If a child develops a contagious disease, the parents must **bring a slip from the doctor giving permission for the child to return to the center.** Any child sent home due to illness, cannot be re-accepted back in the recreation complex the same day. Parents are required by State laws and our facility policies to inform the facility within 24 hours, exclusive of weekends/holidays, if their child is diagnosed with a communicable disease. If your child is sent home with a fever he/she cannot return to the facility for 24 hours. A child sent home for lice must be nit free before returning.

#### **Accidents/Emergency Treatment:**

The majority of the staff have First Aid and CPR training that work in the preschool. We will implement active accident prevention measures. Should an accident occur, staff will act immediately to administer emergency procedures.

- 1 ) Immediate first aid will be given by staff to accident victims.
- 2 ) Director or lead teacher will immediately call parents
- 3 ) If parents or immediate care giver cannot be reached, the director has the authority to call a previously designated physician and/or call 911 for treatment and/or transportation to a hospital if recommended.
- 4) If a child is failing to breathe, 911 will be called before the parent.

#### **Evacuation Plan:**

In the event of an emergency that requires an evacuation from the facility, the children will be relocated to the Largo Community Center, located at 400 Alternate Keene Rd if participating in Little Pals and relocated to the Southwest Pool, located at 13120 Vonn Rd if participating in the Southwest Preschool.

#### **Withdrawal Policy:**

A minimum of a 2 week notice in writing prior to withdrawing a child is required. Regular tuition will be charged until official notification is received.

#### **No Smoking:**

This building is a smoke free facility. This includes all forms of tobacco including but not limited to cigarettes, e-cigarettes or vaping in the building or within 500 ft of the building entrance.

## Staff Registration Check List

In order for your registration to be complete you must complete and turn in the following:

- The child's rec card must be good until May 26, 2023.
- Child's Identification Record Form complete with
  - \* child's full name
  - \* date enrolled
  - \* full address of residence that **MUST** include city and zip code for child, parents, and persons permitted to pick up child
  - \* phone number where child resides
  - \* dentist and doctors complete address and phone number
  - \* authorized pick up with full address and phone number
  - \* child's date of birth
  - \* work and emergency phone numbers
  - \* parent signature
- Release for Emergency Care Form (*must be notarized*) and have complete doctor's address and phone number as well as an emergency contact with full information
- Valid physical and immunization form (or religious exemption on a DH681 form) from their pediatrician to register. The immunization record can not be expired.
- Authorized Pick Up List
- Food Permission Form
- Discipline Policy Form
- Parent Acknowledgment Form
- Photo/Video Release Form
- Auto Debit Registration Form
- VPK attendance policy if applicable
- Child Health and Development Questionnaire

**\*\*Staff** please be sure that you are checking off all of the **REQUIRED** paperwork. Your signature below verifies that you have personally checked all paperwork and are **ONLY** accepting those that are **FULLY** completed. This is very important for the license board so please adhere to all needed above.

Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_

Start Date of Child: \_\_\_\_\_



# CHILD'S ENROLLMENT RECORD

<b>DIRECTOR'S USE ONLY</b>
Date enrolled _____

Child's full legal name \_\_\_\_\_  
First Middle Last Nickname

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Primary Hours of Care From \_\_\_\_\_ To \_\_\_\_\_ Days of Week in Care \_\_\_\_\_

Child's Physical Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Family Information: Child Lives with \_\_\_\_\_

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

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

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

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

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

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

**Emergency 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 children's center in case of illness, accident or emergency, if for **some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name \_\_\_\_\_

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

Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Name \_\_\_\_\_

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

Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

**Please use additional sheet of paper to list name, address and phone number of any other people authorized to pick the child up.**



CONTINUED ON BACK  
**CHILD'S ENROLLMENT RECORD**  
(Back Page)

**Medical Information:**

**Child's Physician/Health Resource** \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

**Hospital Preference** \_\_\_\_\_

**Name of Dentist** \_\_\_\_\_ **Telephone** \_\_\_\_\_

Address \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

**Meals typically served while in care:** Breakfast AM Snack Lunch PM Snack Supper

**Emergency Care Plan instructions (if applicable)** \_\_\_\_\_

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

**MISCELLANEOUS INFORMATION**

List all known allergies \_\_\_\_\_

List all identifying scars, birthmarks, skin discolorations \_\_\_\_\_

Special medical or dietary needs of child \_\_\_\_\_

List any areas of concern \_\_\_\_\_

**My signature below verifies that:**

**I give permission to consult the child's physician/health resource listed above in case of emergency if parent/legal guardian cannot be reached.**

**I have received a copy of the "Know Your Child's Children's Center" brochure.**

**I was notified in writing of the disciplinary and expulsion policies used by the children's center.**

**I was provided the food and nutrition policies used by the children's center.**

**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 Custodial Parent or Legal Guardian**

\_\_\_\_\_  
**Date**



### EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

#### Please Print Information

Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Medicines Routinely Taken: \_\_\_\_\_

Name of Custodial Parent(s)/Legal Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Family Physician's Name/Health Care Resource: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City State Zip Code

Telephone ( ) \_\_\_\_\_

Hospital Preference: \_\_\_\_\_  
Name City

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

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

Emergency Contact (if custodial parent/guardian cannot be reached): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (number, apartment #, street) City, State, Zip Code

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

#### Sign in the presence of the Notary.

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.

Signature of Custodial Parent/Legal Guardian (Affiant)  
STATE OF FLORIDA COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ 20\_\_\_\_\_  
(Month) (Day) (Year)  
by means of  physical presence or  online notarization by \_\_\_\_\_ who is personally known  
(Name of Affiant)  
to me or has produced \_\_\_\_\_ as identification.  
(Type of identification)

SEAL OF NOTARY

Signed: \_\_\_\_\_ (Signature of Notary)

### Authorized Pick Up List

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

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize the people listed below to pick up/drop off my child.

Name	Phone Number	Date Added	Staff Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

\_\_\_\_\_  
Date



## Food Experience Permission Form

I give permission for my child \_\_\_\_\_ to participate in food related activities.

Please check one of the following:

\_\_\_\_\_ My child DOES NOT have a food allergy or dietary restriction.

\_\_\_\_\_ My child DOES have a food allergy or dietary restriction. He or she may participate, but may not eat or handle the following items (please list below)

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

\_\_\_\_\_ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

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

\_\_\_\_\_  
Date

**Disciplinary Policy  
for the City of Largo's  
Preschool**

The City of Largo's preschools enforce general rules to ensure a safe, professional, and organized program. The following disciplinary procedures are put in place for the program participants. These disciplinary procedures are designed to help each participant learn and grow as a responsible person in a fair and consistent manner.

Minor infractions of the Code of Conduct will have the following consequences that vary with the developmental level and ages of children in care:

First Offense: Verbal reprimand

Second Offense: Conference with Program Director

Third Offense: Individual circumstances will be considered and the appropriate consequences will occur:

1. written reprimand
2. suspension (1-5 days)
3. permanent suspension (expulsion) from program.

Each offense will be written on a disciplinary action form for the parents to sign and review with the Director.

Such disciplinary policies shall include standards that prohibit children from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited by all childcare personnel.

In consideration of the nature of the offense, we reserve the right to implement whichever of the above steps are necessary.

I have read the Discipline Policy for participants. I understand and agree to abide by these.

---

Parent's Signature

---

Date

**PARENT ACKNOWLEDGMENT FORM**

**PLEASE INITIAL AFTER READING AND UNDERSTANDING EACH POLICY AND PROCEDURE REVIEWED IN THE PARENT PACKET:**

\_\_\_\_ I acknowledge that picking my child/ren up after 6pm will result in a late fee of \$1/per minute and that more than 3 occurrences is grounds for suspension from the program.

\_\_\_\_ I understand that I must notify the preschool staff if my child will not be in attendance for the day.  
Highland Recreation Complex: 727 518-3016  
Southwest Recreation Complex: 727 518-3125

\_\_\_\_ I understand that payments are due on Friday of each week for the upcoming week.  
Payments not made Monday at 9 am will result in a \$5 late fee and my child will be suspended.

\_\_\_\_ I understand that if I choose to withdrawal my child/ren, I must notify the director in writing 2 weeks in advance.

\_\_\_\_ I understand staff will ask for identification from individuals picking up my child/ren.

\_\_\_\_ I understand that my child may not bring toys, games, or electronics to the program. The City of Largo is not responsible for lost, stolen or broken items brought from home.

\_\_\_\_ I give permission for my child to attend field trips that are announced in advance.

\_\_\_\_ I give permission for my child to attend walking field trips to the playground when on the recreation center property during school days.

**NOTICE TO PARTICIPANTS/PARENTS/GUARDIANS:**

I/We the participant or parents/legal guardians of the named child/children, hereby give my approval to my/his/her participation in programs and activities of the City of Largo Recreation and Parks Department. I/We do assume all risks or hazards incidental to such participation and use of equipment and facilities by myself or my minor dependents and do hereby agree to waive, release, absolve, and hold harmless the City of Largo, it's employees, agents, and elected officials from any claim, loss, or injury of any kind, including losses or injury arising from the negligence of the City of Largo, it's employees, agents, and elected officials.

I HAVE READ AND UNDERSTAND THE CONTENTS PROVIDED IN THE PARENT PACKET FOR THE CITY OF LARGO'S PRESCHOOL PROGRAM.

- My signature below verifies that I give permission for the City of Largo to transport my child to safety in case of an emergency such as: hurricane, tornado, flood, toxic spill, etc.

X \_\_\_\_\_  
Signature of Parent or Legal Guardian

X \_\_\_\_\_  
Date

We use a text alert system for program updates, reminders and emergencies. The fastest way to alert our families in the event of an emergency is through text alerts. Please list the cell phone number you wish to use for such alerts: Parents Cell Phone Number: \_\_\_\_\_

## **GENERAL NAME AND LIKENESS RELEASE**

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby give the City of Largo, a municipality of the state of Florida, and its licensees, designees and assignees (collectively the "City"), the absolute and irrevocable right and permission to photograph, film, audio/videotape, and draw the undersigned in all forms of media including digital, electronic, print, television, film, radio and other media now known or to be invented and to record the results and collect all proceeds thereof (collectively the "Material") as stated below. I acknowledge the I have posed for and/or permitted the City to take my photograph, video, film, etc. or to otherwise record and/or memorialize my image, voice, and/or likeness.

1. To register for copyright the Material in the City's own name or in any other name (the Material shall be considered a "work made for hire.") To the extent that the law deems the Material not a "workforhire," I hereby assign all right, title and interest that I may have in the Material to the City and agree to execute any further necessary documents to effect this assignment.
2. To use, incorporate, broadcast, distribute, reuse, publish, republish, display and/or edit the Material and/or my name, likeness, and/or image in whole or in part, severally or in conjunction with other material(s) (including in the main or end titles) for the purposes of advertising, promoting, marketing and packaging for the City of Largo and its various programs and publications. The City has no obligation to use the Material, my name, voice or likeness.
3. To use, publish and display or permit the use, publication and/or display of the Material, including in the form of negatives, slides, prints, photographs, videos, posters, stories, and other depictions of me throughout the world, in any medium whatsoever in which the Material may appear.
4. To use the Material in any manner, format and/or medium and to alter the Material without my consent. I understand I shall not have any right to approve or disapprove any use or modification of the Material by the City.

I understand that all rights in and to the Material and any derivative works created therefrom, including but not limited to, negatives, outtakes, sounds and the images contained therein, shall be the City's sole and absolute property. I agree that the City may use my name, likeness or biological information that I have provided for any purpose associated with the Material. I assign the City all of my right, title and interest in and to the Material throughout the universe, including, without limitation, all trademarks, personality rights, publicity rights and any other intellectual property rights. I also waive any and all privacy rights, moral rights and any other rights I may have in and to the Material to the world. I understand that I do not own the copyright in the Material and I hereby waive any right to copyright that I may have in the Material.

I represent and warrant that I have the right to grant the City the abovementioned rights without obtaining the permission of, or making any payments to, any third party or entity. This authorization and release shall inure to the benefit of the legal representatives, licensees and assigns of the City. I hereby release the City from, and covenant not to sue the City for, any claim or cause of action, whether known or

unknown, for libel, slander, invasion of right of privacy, publicity or personality, or any other claim or cause of action, based upon or relating to use of the Material or the exercise of any of the rights referred to herein. I agree to indemnify and hold harmless the City and any person claiming under, by or through the City, and the elected officials, officers, attorneys, employees, and agents thereof, from and against any liabilities, losses, claims, demands, costs (including without limitation attorneys' fees) and expenses arising in connection, whether direct or indirect, with any breach or alleged breach by me of any of the above representations, warranties or agreement hereunder.

I acknowledge that, in the event of any breach by the City or any third party, the damage, if any, caused me thereby will not be irreparable or otherwise sufficient to entitle me to injunctive or other equitable relief. My rights and remedies in such event will be strictly limited to the right, if any, to recover damages in an action at law, and I will have neither the right to rescind or terminate this agreement or any of the City's rights hereunder, nor the right to enjoin the production, exhibition, or other exploitation of the Material or any subsidiary or allied rights with respect thereto. This Release constitutes our entire understanding and agreement with respect to the subject matter hereof and cannot be amended except by a written instrument signed by the parties hereto. This Release will inure to the benefit of and will be binding upon our respective affiliates, successors, licensees, assigns, heirs and representatives. This Release will be governed by the internal laws of the State of Florida, and any suit shall be brought in the Sixth Judicial Circuit Court in and for Pinellas County, Florida for state actions and in the United States District Court for the Middle District of Florida, Tampa Division for federal actions where this contract was wholly negotiated, executed and performed therein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date of Birth

**CONSENT OF PARENT OR GUARDIAN (if under 18)**

I am the father/mother/guardian of \_\_\_\_\_ (print name) and I consent to the foregoing on his/her behalf and execute this Release on his/her behalf and I will not revoke my consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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





**Auto Debit Registration and Authorization Form**

<b>Program</b>	<b>Weekly Fee on Auto Debit</b>	<b>Full Price Without Auto Debit</b>
Preschool and non-VPK weeks	\$145.00	\$150.00
VPK Wrap	\$76.00	\$81.00

Parent/Guardian's Name: \_\_\_\_\_

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

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

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

Auto debit will be pulled every Friday for the upcoming week. I agree for the fees for my child's childcare listed above to be paid weekly. Should any credit card (EFT) not be honored by my financial institution for any reason, I realize that I am still responsible for the total payment due. In addition, I may incur a processing fee of \$20 assessed by the City of Largo for any payments that are not able to be electronically processed. After two non-successful payment attempts, I will be withdrawn from the auto pay program. I also understand it is my responsibility to notify the City of Largo in writing should my credit card expire, my financial institution changes, or I make any changes to my account information at any time. The City of Largo requires a 10 day notice to change/cancel an EFT processing. All weekly fees are required to be paid if your child attends or not.

**Initial Payment:**

**Membership** \_\_\_\_ + **Registration** \_\_\_\_ + **First Week of Tuition** \_\_\_\_ =

**Total Due Today** \_\_\_\_\_

**Name as it appears on the credit/debit card:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_ / \_\_\_\_

**Parent Signature:** \_\_\_\_\_

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

**City of Largo Preschool  
VPK Attendance Policy  
2022-2023**

- The VPK program runs Monday-Friday 9 am – 12 pm
- The first day of the VPK program will be on Wednesday, August 15<sup>th</sup>
- The last day of the VPK program is Wednesday, May 26<sup>th</sup>
- The VPK approved holidays are:
  - Monday, September 5
  - Friday, November 11
  - Monday, November 21 – Friday, November 25
  - Friday, Dec 23
  - Monday, December 26 – Friday, December 30
  - Monday, January 2 – Friday, January 6
  - Monday, January 16
  - Monday, February 20
  - Monday, March 13 – Friday, March 17
- The purpose of the VPK program is to prepare your child for kindergarten therefore attendance on a daily basis is a priority.
- If your child is going to be absent, please notify the staff.
- Your child must complete 80% of the program to qualify for funding.
- In the event that your child exceeds the permitted absences they will be withdrawn from the VPK program at our site. In this case, you'll be given the option to continue in the program by using our private pay program. This would require that you pay \$150 per week (\$145 per week if on auto debit).
- Part of the VPK program is signing your child in and out every day, as well as verifying your child's attendance at the end of each month by signing the monthly form. We expect that you will verify your child's attendance no earlier than the last VPK day of the month and no later than five VPK days after the end of the month.
- We offer wrap around care for the VPK children for \$81 per week (\$76 per week if on auto debit). This allows your child to be in the facility anytime from 7am-6pm Monday-Friday. The full week tuition, at the rate of \$150 (\$145 if on auto debit) is due on the weeks when VPK is not in session.
- In the event that circumstances arise outside of the above listed attendance violation then termination from our VPK program or wrap care program is at the discretion of the Director.

Parent  
Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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



**CHILD HEALTH AND DEVELOPMENT QUESTIONNAIRE**  
(To be completed by parent or guardian)

Date \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Name of Parent or Guardian completing form \_\_\_\_\_

*Please answer the questions on this form. We feel this information will help us be more effective in working with your child.*

<u>Childhood Disease Child has had</u>	<u>Date</u>
Chicken Pox	_____
Measles	3 Day (Rubella) _____
	10 Day (Rubella) _____
Scarlet Fever	_____
Rheumatic Fever	_____
Mumps	_____
Strep Throat	_____

Is your child taking over-the-counter or prescribed medication regularly at home?  Yes  No

If yes, what? \_\_\_\_\_

Is your child taking vitamins regularly at home? Yes  No

If yes, what? \_\_\_\_\_

List any known allergies to food or environment \_\_\_\_\_

Describe the allergic reaction \_\_\_\_\_

Does your child complain of feeling ill often?  Yes  No

Have you ever suspected your child of having seizures?  Yes  No

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

Does your child dislike any foods?  Yes  No If so, what? \_\_\_\_\_

What does your child usually eat for breakfast before arriving at the center? \_\_\_\_\_

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

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

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

Is the child completely toilet trained?  Yes  No

Does the child remain dry all night?  Yes  No

When did the child begin to walk alone? \_\_\_\_\_

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

Does your child have a regular playmate?  Yes  No Same Age  Yes  No

Older  Yes  No Younger  Yes  No

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

Does your child have temper tantrums?  Yes  No

Does your child bite his nails?  Yes  No Twist his hair?  Yes  No

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

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

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