



## Individual Classroom Supply Lists

Listed below are the supplies your child will need for their classroom. A reminder letter will be sent home if your child's supplies are running low or if they no longer have any supplies left. Failure to provide the necessary daily supplies will result in a per item charge to your account. Children without necessary supplies for the day will not be accepted in the morning. Blankets should be taken home every Friday to be laundered and returned with your child Monday morning.

<u>Infant Room</u>	<u>Toddler Room</u>	<u>Awesome Two's</u>
6 diapers	6 diapers	pull-ups/underwear
Change of clothes	change of clothes	change of clothes
Wipes	Wipes	Wipes
(2) blankets	(2) blankets	(2) blankets
Premade bottles	sippy cup	

### Junior Pre-K

Change of clothes  
(2) blankets  
Wipes  
\*Classroom supply list

### Pre -K

Change of clothes  
(2) blankets  
Wipes  
\*Classroom supply list



## Great Expectations Enrollment Application

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home# \_\_\_\_\_ Start date \_\_\_\_\_

Permission to text you? \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_

Work # \_\_\_\_\_ Cell \_\_\_\_\_ DL# \_\_\_\_\_

Email \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_

Work # \_\_\_\_\_ Cell \_\_\_\_\_ DL# \_\_\_\_\_

Email \_\_\_\_\_

Child's Physician \_\_\_\_\_

Phone# \_\_\_\_\_ Hosp. Pref. \_\_\_\_\_

In the event of an emergency I give permission to Great Expectations Child Care Corp to seek medical attention if no one can be reached.

Parent signature \_\_\_\_\_

Primary hours of care: M T W Th F Hours \_\_\_\_\_

\*\*I understand that my weekly tuition for my child is \$\_\_\_\_\_.

Registration fee for my child is \$100.00 which is due upon enrollment and non-refundable. There is a \$5.00 per day late fee after Wednesday for unpaid tuition.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## Great Expectations Early Learning Center

### Emergency Contact Sheet /Pick up Authorization

Listed below are the names and telephone number of individuals authorized to pick up my child \_\_\_\_\_ if I am unable to do so. This list can only be modified in writing. All individual must be over the age of 16 and have a valid photo id upon pick up.

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

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

Relationship to child \_\_\_\_\_

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

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

Relationship to child \_\_\_\_\_

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

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

Relationship to child \_\_\_\_\_

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

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

Relationship to child \_\_\_\_\_

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

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

Relationship to child \_\_\_\_\_

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

\_\_\_\_\_  
Date

## Nutrition Agreement

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

1. ARTICLE XZ,B,7,a, PBC Rules requires that parents must receive a copy of the Child Care Facility Brochure, KNOW YOUR CHILD'S DAY CARE CENTER. I have received a copy of the Child Care Facility Brochure, KNOW YOUR CHILD'S DAY CARE CENTER.
2. ARTICLE IV, C, 5, PBC Rules requires that parents be notified in writing of the disciplinary practices used by the child care facility. I have received in writing the disciplinary practices used by the child care facility.
3. ARTICLE XII, B, 1, PBC Rules requires the parents complete an AUTHORIZATION FOR EMERGENCY MEDICAL CARE in the event of serious illness or accident and if the parents cannot be reached. I authorize the child care to obtain medical care for my child.

I understand and agree to the above statements indicated in numbers 1 through 3:

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Signature of parent or guardian

Date

4. ARTICLE XII, B, PBC Rules require the parent and the center complete an ALTERNATE NUTRITION PLAN AGREEMENT if the meals or snacks are furnished by the child's parent. ALTERNATE NUTRITION PLAN AGREEMENT:

Indicate Special Dietary Requirements: \_\_\_\_\_

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and snacks to meet my child's nutritional and dietary needs:

(Mark P for Parent Provides, or C for Center Provides)

Breakfast       PM Snack       Noon Meal       Formula

I agree to provide the parent with a suggested meal pattern and menus and to discuss any problems which might develop in the use of the Alternate Nutrition Plan.

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Parent signature

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today's date



### STUDENT ACCEPTANCE LETTER

I, \_\_\_\_\_, the parent of \_\_\_\_\_ understand that all children are required to arrive to our summer camp/out of school days no later than 8:30am. Children with medical, dental, WIC or Family Central appointments will be accepted with a note excusing their tardiness.

If for any reason, you have an emergency, please phone to speak with a staff member; however, this will not guarantee late acceptance.

Please understand, to avoid disruption to our classrooms, any children arriving after 8:30 am without an excuse will be turned away.

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Signature of parent or guardian

date

## Great Expectations Child Discipline Policy

When discipline is necessary, it is our policy to use only constructive disciplinary practices, such as:

1. Talking to the child quietly and explaining what he/she has done wrong and how to correct his/her behavior.
2. Redirecting the children to an alternate activity until their behaviors is under control.
3. We prohibit staff from using spanking, or any other form of physical punishment. They will never be associated with food, rest or toileting. Under no circumstances is corporal punishment permitted at any time.
4. Children are given an opportunity to solve conflicts independently and speak about their feelings with the other child.
5. If the child continues to be severely disruptive and it becomes a deterrent to the education of the child, the parents will be notified upon arrival or a phone call home.

I HAVE READ AND UNDERSTAND THE DISCIPLINE POLICIES THAT ARE SET FOR THIS FACILITY.

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

\_\_\_\_\_  
date



## **STATEMENT OF RECEIPT OF POLICIES**

- I have received a copy of Great Expectations Childcare Corp. Operating and Disciplinary policies.
- I have received a copy of Great Expectations Childcare Corp. Parent Handbook.
- I have received and submitted a copy of Nutrition Agreement per the standards set forth by the Palm Beach County Health Department.
- I have received, signed and understand the Student Acceptance Letter.
- I have received a copy of "Know Your Childcare Facility"
- I have received a copy of "Distracted Adult" handout
- I have received a copy of "The Flu" handout.

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Signature of parent or guardian

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Date

**CONSENT TO PARTICIPATE IN TEACHING STRATEGIES GOLD®**

Dear Parent or Guardian:

Your child's preschool has been asked to participate in Teaching Strategies GOLD®/MyTeachingStrategies™. GOLD®/MyTeachingStrategies™ is an on line, authentic, ongoing observation-based assessment system that helps teachers record observations of your child and use the information to plan classroom lessons and activities that will support your child's development.

**WHAT CAN I EXPECT FROM THIS PROGRAM?**

- Teachers will enter observations about your child into the data system to track your child's learning and development.
- These observations will be used to support teacher planning and classroom activities.
- Observations entered into the system include anecdotal notes, pictures, videos and audio recordings.

Please initial either 1 or 2:

1.  I allow my child to have picture, video, audio recording and anecdotal note observations about his/her learning and development entered into Teaching Strategies GOLD®/MyTeachingStrategies™ online system. This means that *I agree to participate*.
2.  I do not want observations about my child to be entered into Teaching Strategies GOLD®/MyTeachingStrategies™ online system. This means that *I do not agree to participate*.

**WHO CAN ANSWER MY QUESTIONS ABOUT THE PROGRAM?**

If you have more questions about this program at any time, you can call The GOLD assessment Team at the Early Learning Coalition of Palm Beach County (ELCPBC) at 561-600-9427

**CONSENT TO PARTICIPATE IN THE PROGRAM**

By signing my name below, I confirm the following:

- I have read (or had read to me) this entire consent letter. I have had the opportunity to have all of my questions answered to my satisfaction.
- I agree to let the GOLD Assessment team at ELCDBC use and share the information gathered from this program with funding partners.

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Signature of Parent or Guardian

Date

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Name of Child



## PHOTO/FILM RELEASE AGREEMENT

Please fill out and sign at the bottom:

Parent/Legal Guardian Name \_\_\_\_\_

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

Address \_\_\_\_\_

Phone: (home) \_\_\_\_\_ Cell \_\_\_\_\_

Email (optional) \_\_\_\_\_

I hereby consent to and authorize Great Expectations Childcare Corp., the use of all photographs/video tapes, film which have been taken of my child or children both singularly and/or part of a group, without any compensation to me; any pictures or films taken either on or off premises such as consented field trips, documentation for monitoring of children's progress in our program— All negatives and positives, and digital images, together with the prints, video tape masters, and dubs, shall constitute solely and completely the property of Great Expectations Childcare Corp.

In the case of photos and or videos to be used on websites or pamphlets for advertising and or the purpose of displaying activities provided for me.

I do give permission \_\_\_\_\_ date \_\_\_\_\_

I do not give permission \_\_\_\_\_ date \_\_\_\_\_



## **Great Expectations Childcare Corp.**

### **Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Great Expectations has put in place numerous preventative measures to reduce the spread of COVID-19; however, Great Expectations cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Great Expectations could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Great Expectations and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Great Expectations may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Great Expectations or participation in Great Expectations programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Great Expectations, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Great Expectations, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Great Expectations program.

Signature of Parent/Guardian Date

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Print Name of Parent/Guardian Name of Club Participant(s)

## Child Care Food Program Infant Feeding Form

**Child care facility: Please fill in facility name and formulas offered before distributing to parents.**

Child Care Facility Name:	Great Expectations Childcare Corp.
*Formulas offered at this facility:	Good Start Gentle Complete
Milk-based:	
Soy-based:	Good Start Gentle Soy

**This child care facility participates in the Child Care Food Program (CCFP) and is required to offer infant formula and food to your baby.** The CCFP provides reimbursement for healthy meals provided and served to your baby while in our care. Our child care staff have been trained in infant feeding practices and offer age appropriate foods for your baby.

We welcome breastfed babies and support and encourage moms to continue breastfeeding when returning to work or school. For formula fed infants, we offer the iron-fortified infant formulas listed above to babies in our care.

To qualify for reimbursement, infant meals and snacks must include, at a minimum, the following food components at appropriate age and developmental stages:

- ~ Breastmilk or iron-fortified infant formula (or a combination of both)
- ~ Iron-fortified infant cereal
- ~ A variety of texture-appropriate vegetables and fruits such as sweet potatoes, bananas, and peas.
- ~ A variety of texture-appropriate meat and meat alternates such as chicken, yogurt, and cheese.
- ~ Bread, crackers, Florida WIC-approved ready-to-eat cold cereals

Please be aware this child care facility:

- ~ Will offer all food components to each infant that is developmentally ready to accept them. Parents do not have to bring in any foods for their children.
- ~ Can feed solid foods to infants in a bottle only when a medical statement is provided.
- ~ May request parents to supply clean, sanitized and labeled bottles on a daily basis.
- ~ Requires the parent to label bottles of breastmilk or formula and containers of food that they provide with baby's name, date, and time of bottle or food preparation.

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### Parents please complete the following:

Baby's full name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please check  this box  if your baby is breastfed. Please check if you plan to do one or both:

Provide pumped breastmilk  Visit facility to nurse

I understand that this child care facility will supply the above iron-fortified formulas for formula-fed infants up to 12 months of age and infant cereal and baby food for infants 6 months and older, according to the CCFP requirements.

I prefer to supply my own formula (write in name of \*formula): \_\_\_\_\_

**This facility has not requested or required me to provide infant formula or food.**

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

Printed Name of Parent: \_\_\_\_\_

\*Please note: Early Head Start facilities provide the brand of formula you currently give your infant as well as all age-appropriate food