



A UNIVERSAL LEARNING CENTER  
1825 Tamiami Trail Unit E6  
Port Charlotte, Florida 33948  
941-613-2323

## **Enrollment Checklist**

Material to give parents (**Needs to be filled in, signed, and return to provider before child starts**)

- ◆ \_\_\_\_\_ Physical and Immunization forms (Blue and yellow forms)
- ◆ \_\_\_\_\_ VPK voucher, if eligible
- ◆ \_\_\_\_\_ Childcare application filled out completely
- ◆ \_\_\_\_\_ Universal Learning Center Registration/release forms
- ◆ \_\_\_\_\_ Parent Payment Agreement
- ◆ \_\_\_\_\_ Credit Card Payment Form
- ◆ \_\_\_\_\_ Parent Handbook Signature Page
- ◆ \_\_\_\_\_ Emergency Medical Release
- ◆ \_\_\_\_\_ Authorized Pick-Up List/Emergency Contact Form
- ◆ \_\_\_\_\_ Discipline Statement
- ◆ \_\_\_\_\_ Exclusion Policy
- ◆ \_\_\_\_\_ Expulsion Policy
- ◆ \_\_\_\_\_ Observation and Screening Authorization Form
- ◆ \_\_\_\_\_ Media Release
- ◆ \_\_\_\_\_ Coalition Photo Release Forms
- ◆ \_\_\_\_\_ Sunscreen/Insect Repellent Forms
- ◆ \_\_\_\_\_ First Week's Tuition Payment/Registration Fee from Parent/Guardian
- ◆ \_\_\_\_\_ Parent handbook signature page

### **Included in Preschool Packet:**

- ◆ *Universal Learning Center Hours of Operation Page*
- ◆ *Handbook Location*
- ◆ *Current School Year Calendar/ Rates Page*
- ◆ *Supply List (Once a year)*



State of Florida  
Department of Children and Families

## **CHILD CARE APPLICATION FOR ENROLLMENT**

### **Student Information:**

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle Nickname

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

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

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

### **Family Information:**

Child's Lives With: \_\_\_\_\_

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

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

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

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

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

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

Custody: ☐ Mother ☐ Father ☐ Both ☐ Other (specify): \_\_\_\_\_

**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 Number: \_\_\_\_\_

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

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

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

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

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

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



Emergency Care Plan Instructions (if applicable):

**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 facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone

**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 entitled "Know Your Child Care Facility" (CF/PI 175-24) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=860>], 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 entitled "Selecting A Family Day Care Home Provider" (CF/PI 175-28) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=841>].
- 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

# UNIVERSAL PERFORMING ARTS CENTER

## REGISTRATION/RELEASE FORM

STUDENT'S NAME: \_\_\_\_\_ / \_\_\_\_\_ LAST: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ LAST: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ LAST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

STUDENT D.O.B.: \_\_\_\_\_ STUDENT D.O.B.: \_\_\_\_\_

E-MAIL Address: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

\*\*\*\*\*

I, \_\_\_\_\_, PARENT/GUARDIAN OF \_\_\_\_\_ UNDERSTAND THE PHYSICAL NATURE OF THE ARTS CLASSES AND THAT INJURY CAN OCCUR TO MY CHILD. I ACCEPT FULL RESPONSIBILITY FOR THE CARE AND/OR TREATMENT OF SUCH INJURIES SUSTAINED BY MY CHILD THROUGH PARTICIPATION IN CLASSES AND PERFORMANCES. AS PARENT/GUARDIAN, I HEREBY RELEASE THE OWNERS AND INSTRUCTORS OF UNIVERSAL PERFORMING ARTS CENTER FROM LIABILITY, PRESENT AND FUTURE CLAIMS, OR CAUSE OF ACTIONS WHICH THE UNDERSIGNED WOULD HAVE ON BEHALF OF THE STUDENTS.

I GIVE MY PERMISSION FOR MY CHILD'S STILL AND VIDEO IMAGE, WITHOUT RESTRICTIONS, TO BE USED BY UNIVERSAL PERFORMING ARTS CENTER. THE IMAGES WILL BE USED IN THE SELLING OF RECITAL VIDEOS, UPAC INTERNET WEBSITE AND ANY OTHER ADVERTISING DONE BY UNIVERSAL PERFORMING ARTS CENTER. (IE: PRINT AND/OR VIDEO)

UNIVERSAL PERFORMING ARTS CENTER IS A "HANDS ON" FACILITY. IN ORDER FOR OUR FACULTY TO PROPERLY TEACH AND SPOT YOUR CHILDREN IN THE VARIOUS ARTS FORMS, THERE WILL BE TIMES THAT THEY WILL NEED TO PHYSICALLY TOUCH YOUR CHILD IN ORDER TO PROPERLY TRAIN THEM. PLEASE BE ADVISED THAT ALL INSTRUCTORS WILL CONDUCT THEMSELVES IN A HIGHLY PROFESSIONAL MANNER AND ARE ALWAYS CONCERNED FOR YOUR CHILD'S BEST INTEREST, SECURITY AND SAFETY.

### **WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19**

#### **ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT**

In consideration of being allowed to participate on behalf of UNIVERSAL PERFORMING ARTS CENTER programs and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS UNIVERSAL PERFORMING ARTS CENTER, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.



**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

IN ADDITION, I HAVE READ THE AGREEMENT AND POLICY BOOK AND I UNDERSTAND THE INFORMATION BEFORE ME. AS PARENTS/GUARDIANS REGISTERING THIS STUDENT AT UNIVERSAL PERFORMING ARTS CENTER, I AM RESPONSIBLE FOR ALL PAYMENTS AND CHARGES TO STUDENTS ACCOUNT. ACCOUNTS THAT ARE PAST DUE WILL BE CHARGED A \$20.00 LATE FEE.

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

.....

Student #1:

CLASS 1:	DAY:	TIME:
CLASS 2:	DAY:	TIME:
CLASS 3:	DAY:	TIME:
CLASS 4:	DAY:	TIME:
CLASS 5:	DAY:	TIME:
CLASS 6:	DAY:	TIME:
CLASS 7:	DAY:	TIME:

Student #2:

CLASS 1:	DAY:	TIME:
CLASS 2:	DAY:	TIME:
CLASS 3:	DAY:	TIME:
CLASS 4:	DAY:	TIME:
CLASS 5:	DAY:	TIME:
CLASS 6:	DAY:	TIME:
CLASS 7:	DAY:	TIME:

# Universal Performing Arts Center

## Payment Form

Please provide UPAC with a credit card to keep on file for late payments or automatic withdrawals. Don't worry, the files are kept safe and secure for your protection!

\_\_\_\_\_ Yes, I would like automatic withdrawal.

Would you like us to remember your tuition payments every month for you so you don't have to worry about late fees? We can do that for you. Just notify us by checking the "line" for automatic withdrawal.

Please fill out the form below. If you have signed up for automatic payment, the deduction will be done on the 1st of the month and you don't have to worry about it again this session. We promise to protect your privacy and we will not charge any other items on your card that you have not agreed upon. The only way you will be charged a late fee is if the charge is denied and you do not get payment to us by the 10th of the month. If you stop coming to classes, your account will continue to be charged until you call to cancel classes. Classes are being held for your child and as long as we think you are still attending, you will be charged for holding a spot. By signing below, you agree to all stated on this form. Your signature authorizes Universal Performing Arts Center to charge your credit card account.

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

Billing Contact: \_\_\_\_\_

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

\_\_\_\_\_ Visa      \_\_\_\_\_ Master Card      \_\_\_\_\_ Discover

Account Number: \_\_\_\_\_

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

3 Digit Code: \_\_\_\_\_ (last 3 numbers after account number on back of card near signature)

Name on Card: \_\_\_\_\_

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

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

If your account status changes, please notify us before we process charges or you will be liable for any fees incurred.

THIS FORM, IF WANTING TO AUTOMATIC WITHDRAWAL, ALLOWS UNIVERSAL PERFORMING ARTS CENTER TO CHARGE ANY AND ALL FEES THAT ARE PAST DUE. ADVANCED TUMBLING WILL BE CHARGED 3 MONTHS AT A TIME!



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Acknowledgement for Receipt of Parent/Guardian Student  
Handbook

**\*\*\* Located on the Website\*\*\***

**[www.UniversalPerformingArtsCenter.com](http://www.UniversalPerformingArtsCenter.com)**

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

**Parent/Guardian Signature:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_



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## **Emergency Release Form**

### **Consent to Emergency First Aid and Transportation:**

I hereby give permission that my child \_\_\_\_\_, may be given emergency treatment by a staff member at Universal Learning Center. I also give permission for my child to be transported by car, ambulance, or other appropriate means to an emergency center for treatment and agree to hold Universal Learning Center, and its employees harmless.

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Consent to Medical Care and Treatment:**

In the event, that I cannot be contacted immediately, medical, or surgical treatment can be administered to my child in the case of an accident or emergency, prescribed by a treating physician(s), and hold Universal Learning Center harmless.

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Regular Medications: \_\_\_\_\_

Blood Type: \_\_\_\_\_

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

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

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

Special Health Concerns: \_\_\_\_\_



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**Authorized Pick-up List**

**Child's Name:**

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**Parent(s)/Guardian:**

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**Contact Phone Numbers**

**Mother's Name:**

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**Home Phone:**

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**Work Phone:**

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**Cell Phone:**

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**Father's Name:**

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**Home Phone:**

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**Work Phone:**

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**Cell Phone:**

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**Authorized to pick up AND Emergency Contact**

**Name:** **Relationship to Child:** **Phone:**

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**\*\*\*Preferred Hospital:**

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**\*\*\*Pediatric Doctor:**

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## **Discipline Statement**

At Universal Learning Center, we respect each child and his or her level of development, individual personality, and their family cultural influences. We create a positive environment (plenty of toys, activities, space, as well as boundaries, to divide activities) to influence behavior(s).

Our teachers are fully trained in child development and how it relates to guidance (discipline). The positive guidance strategies are mentioned below.

Our program has a set daily routine but allows for flexibility. Clear guidelines are provided so that children know what is expected of them. Limits that relate to safety and protection of self, others, and the environment are clear and enforced consistently in a positive way. Children are given time to respond to expectations.

Teachers may use a variety of strategies depending on the child and the situation. These strategies include gaining a child's attention, staying close in proximity to the child, reminding, acknowledging feelings before setting limits, redirecting, or diverting, age-appropriate choices, and natural consequences.

All children will be treated with **RESPECT**. Children **WILL NOT** be disciplined in a punitive manner.

Our goal is to encourage children to develop respect, self-control, self-confidence, and sensitivity in their social interactions during their time at preschool.

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***(Director Signature and Date)***

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***(Parent OR Guardian Signature and Date)***



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## **Exclusion Policy**

Control of communicable disease should be **ALL** parties' primary concerns.

Policies and guidelines related to outbreaks of communicable diseases and illnesses in this facility have been developed with the help of the local health department and local pediatricians to protect the group, as well as the health of your own child. We kindly ask that parents/guardians assist us by keeping sick children at home. If they have or have experienced **ANY** of the following symptoms in the past 24 hours, they need to be kept at home and away from this facility.

- ◆ A fever of 100\* orally or 99\* under the arm
- ◆ Signs of a newly developed cough or a severe cough
- ◆ Diarrhea, vomiting or an upset stomach
- ◆ Unusual or unexplained loss of appetite, fatigue, irritability, or headache
- ◆ Any discharge or drainage from the eyes, nose, ears, or open sores

Children who show signs or symptoms listed above will be sent home immediately. We appreciate your cooperation with this policy.

If you have any questions concerning this policy and whether your child should attend, please contact us prior to bringing your child to the facility.

\_\_\_\_\_ I have read and understand this policy.  
(Initials)

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Parent/Guardian Signature

Date

Director Signature

Date

*Shirley Harris*



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## **Expulsion Policy**

Unfortunately, there are sometimes reasons we must expel a child from our program either on a short term OR permanent basis. We want you to know that we will do everything possible to work with the family of the child(ren) to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from our facility.

### **Immediate Causes for Expulsion**

- ◆ *The child is at risk of causing serious injury to other children or him/herself*
- ◆ *Parent threatens physical or intimidating actions towards staff members*
- ◆ *Parents exhibits verbal abuse to staff in front of enrolled children*

### **Parental Actions for Child's Expulsion**

- ◆ *Failure to pay/habitual lateness in payments*
- ◆ *Failure to complete required forms including the child's immunization records*
- ◆ *Habitual tardiness when picking up your child.*
- ◆ *Verbal, physical threats / intimidating actions towards staff*

### **Child's Action for Expulsion**

- ◆ *Failure of child to adjust after reasonable amount of time*
- ◆ *Uncontrollable tantrums/angry outbursts*
- ◆ *Ongoing physical or verbal abuse to staff or other children*
- ◆ *Excessive biting*

Prior to expulsion, a parent/guardian will be called, and correspondence will be sent home indicating what the problem is, and every effort will be made by both facility, the parent/guardian to correct the problem. If, after on or two weeks, depending on the risk to the other children(s) welfare or safety, and behavior does not improve, and the facility finds that they can no longer accommodate the child, parent/guardian will be asked to remove him/her immediately. The facility reserves the right to not give notice to the parent for care to stop if they find it is in the safety of the children.

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**Parent/Guardian Signature**

**Date**

*Shirley Harris*  

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**Director(s) Signature**

**Date**





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## **Observation and Screening Authorization Form**

During the first few years of life, important skills and abilities are established. Skills that can be the key to success in school later in life. There are stages that come by age that can be used to chart a child's development progress.

With you permission, we will be screening your child occasionally and recording the results using a standardized screening tool.

All results will be followed up with a parent/guardian – teacher conference. During the conference, the teacher will provide a summary of your child's progress and we will discuss age-appropriate activities that can be done with your child

All the information about your child and family will always be kept confidential.

I grant universal Learning Center Preschool to screen my child with an age-appropriate developmental progress tool.

**Parent/Guardian Signature:**

**Date:**

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**Was your child born prematurely?**      \_\_\_\_\_ **Yes**                      \_\_\_\_\_ **No**

**If yes, how many days/months:** \_\_\_\_\_



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## Early Learning Coalition of

## Florida's Heartland, Inc.

### Release Form for Adults

I give my consent for the ELCFH to photograph me and to use my statement/story in publications, press releases, news stories, and other ELCFH sponsored events for an indefinite period of time. I understand that photographs might be shared with other groups to promote quality childcare and early education. I consent that such information (photographs, videos and recordings, or tapes) from which they are made shall be property of ELCFH. The ELCFH has the right to duplicate, reproduce and make other use of such information as desired.

Name(Print): \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Release Form for Minors

I, being the parent/guardian of \_\_\_\_\_, give my consent for the ELCFH to photograph me and to use my statement/story in publications, promotional videos, press releases, news stories, and other ELCFH sponsored events for an indefinite period or time. I understand that photographs might be shared with other groups to promote quality childcare and early education. I consent that such information (photographs, videos and recording, or tapes? From which they are made shall be property of ELCFH. The ELCFH has the right to duplicate, reproduce and make other use of such information as desired.

Name(Print): \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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## **COVID-19 RELEASE AND WAIVER OF CLAIMS ADDEMDUM**

The Undersigned, in my capacity as parent or legal guardian, hereby acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child is in the care of A Universal Learning Center.

As such, and in consideration for childcare services to be provided by A Universal Learning Center, Port Charlotte, the undersigned, for myself and my minor children enrolled in the center fully assume all of the risks associated with participation in the center, including the possibility of COVID-19 (or the novel coronavirus) community spread.

**I, AS PARENT AND/OR LEGAL GUARDIAN, HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING A UNIVERSAL LEARNING CENTER, PORT CHARLOTTE AND ITS SCHOOL BOARD, DIRECTORS, EMPLOYEES AND VOLUNTEERS FROM ANY AND ALL LIABILITY, DAMAGES, AND EACH AND EVERY ACTION (COLLECTIVELY, "CLAIMS") BY PARTICIPATION IN AND/OR ASSOCIATED WITH THE PROGRAM INCLUDING, BUT NOT LIMITED TO EXPOSURE OR TRANSMISSION OF THE COVID-19 VIRUS.**

I represent that I have full authority to sign on behalf of my child(ren) and that my signature binds each other person having authority to make decisions on behalf of the child(ren).

**MY SIGNATURE BELOW IS CONFIRMATION THAT I HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING A UNIVERSAL LEARNING CENTER, PORT CHARLOTTE AND ITS SCHOOL BOARD, DIRECTORS, AND EMPLOYEES AND VOLUNTEERS FROM THE CLAIMS.**

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Parent(s) Name

Parent(s) Signature

Date

Child(ren) Names:

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### **Sunscreen / Insect Repellent Form**

I, \_\_\_\_\_, give permission for staff at Universal Learning Center to apply  
sunscreen/insect repellent that I must provide to my child, \_\_\_\_\_.

\_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Signature**

\_\_\_\_\_ Date \_\_\_\_\_

**Director(s) Signature**



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## **School Hours: 7AM-5PM**

### **Full-Time Care**

#### **Infant Care**

*\$250.00 Per week*

#### **One-Year Old**

*\$230.00 Per week*

#### **Two-Year Old**

*\$220.00 Per week*

#### **Three-Year Old/Four-Year Old (Non VPK)**

*\$205.00 Per week*

#### **VPK Wrap**

*\$185.00 Per week*

#### **School Age Camp**

*\$185.00 Per week*

#### **Registration Fee (One time)**

*\$100.00 Individual*

*\$150.00 Per family*

### **LATE POLICY:**

- ◆ *You will be charged \$10.00 from 5PM-5:05PM then an additional \$2.00 per minute. For example, if you show up at 5:10PM you will be charged \$15.00. Which is \$10.00 first 5 minutes and then \$2.00 per minute. Payment is expected at pickup. Child cannot return until payment has been made. A dismissal from the program will occur after **3 late pick-ups.***



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## **Policy Procedures and Items Needed**

### **ALL CHILDREN MUST HAVE THE FOLLOWING PRIOR TO START DATE OR PROOF OF PURCHASE:**

- ◆ Water cups **MUST** be labeled with appropriate bands (With FIRST & LAST name – Inchbug.com)
- ◆ Every child **MUST** have 1 complete change of clothes, if potty training multiple sets of clothes and underwear are needed. (All girls **MUST** have shorts on under dresses OR skirts)
- ◆ See supply list below for reference & direct links

### **FRIENDLY REMINDERS:**

- ◆ All children need a healthy lunch and snack packed daily with appropriate labeled water cup. If their cup is **NOT** labeled, they will **NOT** be able to have it in the classroom. Please make sure **ALL** your child's belongings including lunch boxes/thermoses are labeled with your child first and last name.
- ◆ Ice packs **MUST** be placed in lunch boxes as there will be no refrigeration available.
- ◆ Microwaves will not be available – hot food should be warmed at home and brought with in a thermos with appropriate labels.
- ◆ Fabric Publix bag at school until Friday. They will be sent home with all their nap stuff to be cleaned and returned on Monday. NO backpacks can be brought to school

### **SCHOOL HOURS:**

- ◆ **7:00AM – 5:00PM**. Children **MUST** be in school prior to 9:00AM (They can enter **ONLY** if they have a doctor's note up till 10:00AM with Directors prior knowledge) **No exceptions.**

### **LATE POLICY:**

- ◆ You will be charged \$10.00 from 5PM-5:05PM then an additional \$2.00 per minute. For example, if you show up at 5:10PM you will be charged \$15.00. Which is \$10.00 first 5 minutes and then \$2.00 per minute. Payment is expected at pickup. Child cannot return until payment has been made. A dismissal from the program will occur after **3 late pick-ups.**



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### **School Supply List (2022 – 2023)**

#### **Must come with student on first day:**

- ◆ Ziplock bag with **complete set** of clothing including socks. (Label with **First** and **Last name**)
- ◆ Backpacks **NO** wheels (regular size), **MUST** stay at school **ALL WEEK**. Will go home on Fridays with bedding, please to be return on Monday's.
- ◆ Crib sheets, under pads and small blankets for nap time **MUST** fit inside cubby. (**NO** pillows, sleeping bags or stuffed animal)
- ◆ (1) **MUST** IMPROVIA® Washable Under pads, 34" x 36" (Pack of 1) - Heavy Absorbency Reusable  
**LINK** → <https://a.co/d/8DTzr51>
- ◆ Water cup with appropriate label – Must have First and Last Name  
**LINK** → <https://www.inchbug.com/collections/orbit-labels/products/orbit-labels>
- ◆ (2) Plastic three prong folders with two pockets
- ◆ (3) Packs of baby wipes
- ◆ (2) Clorox bleach wipes
- ◆ (1) Hand sanitizer
- ◆ (2) Lysol spray cans
- ◆ (2) Tissue boxes
- ◆ (2) Soap bottles OR (1) large refill
- ◆ (2) Paper towel rolls
- ◆ (2) Copy paper reams
- ◆ (1) **Crayola** watercolor paint (8ct)
- ◆ (1) **Crayola** colored pencils (12ct)
- ◆ (1) **Crayola** classic washable markers (8ct)
- ◆ (1) **Crayola** jumbo crayons (16ct)
- ◆ (1) **Crayola** crayon box
- ◆ (1) Play do pack
- ◆ (2) Ziplock bags (1 gallon, 1 quart)
- ◆ (2) Large glue bottles

### **ALL VPK STUDENTS IN ADDITION TO ABOVE LIST**

- ◆ (1) Clear Sterlite/casemate plastic pencil box
- ◆ Fiskars 5" blunt tip scissors
- ◆ (1) Headphones (Over ear type w/name label)
- ◆ (1) Pencil pack #2s
- ◆ (1) Crayola crayons (24ct) (DO not need to provide ones above)
- ◆ (1) One 1/2-inch binder with plastic sleeve on front
- ◆ (2) Highlights (Any color – chubby kind)



## What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Centers for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.

## How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



For additional information, please visit [www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare) or contact your local licensing office.

This brochure was created by the Department of Children and Families in consultation with the Department of Health.

# THE FLU

## A Guide for Parents





## What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

### Call or take your child to a doctor right away if your child:



- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse

## How can I protect my child from the flu?



A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.



## What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions.

### To prevent the spread of germs:



- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



## When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group settings until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.



*During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.*

**For additional helpful information about the dangers of the flu and how to protect your child, visit: [www.cdc.gov/flu/](http://www.cdc.gov/flu/) or [www.immunizeflorida.org/](http://www.immunizeflorida.org/)**

## Parent's Role

### A parent's role in quality child care is vital:

- Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- Know the facility's policies and procedures.
- Communicate directly with caregivers.
- Visit and observe the facility.
- Participate in special activities, meetings, and conferences.
- Talk to your child about their daily experiences in child care.
- Arrange alternate care for your child when they are sick.
- Familiarize yourself with the child care standards used to license the child care facility.

## Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, you should consider the facility's quality indicators related to activities, caregivers, and environment.

### Quality Activities

- Activities are children initiated and teacher facilitated.
- Activities include social exchanges with all children.

### Quality Caregivers

- Caregivers are friendly and eager to care for children.
- Caregivers accept family cultural and ethnic differences.

### Quality Environments

- Environments are clean, safe, inviting, comfortable, and child-friendly.
- Environments provide easy access to age-appropriate toys.



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# KNOW YOUR CHILD CARE FACILITY



# Know Your Child Care Facility - General Requirements

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:

- Valid license posted for parents to see.
- All staff appropriately screened.
- Maintain appropriate transportation practices (if transportation is provided).
- Provide parents with written disciplinary and expulsion practices used by the facility.
- Provide access to the facility during normal hours of operation.
- Maintain minimum staff-to-child ratios.

## Health Related Requirements

### Emergency procedures that include:

- Posting Florida Abuse Hotline number along with other emergency numbers.
- Staff trained in first aid and pediatric cardiopulmonary resuscitation (CPR) on the premises at all times.
- Fully stocked first aid kit.
- A working fire extinguisher and documented monthly fire drills with children and staff.
- Medication and hazardous materials are inaccessible and out of children's reach.

## Ratios



<u>Age of Child</u>	<u>Child: Teacher Ratio</u>
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

## Training Requirements

- 40-hour introductory child care training.
- 10-hour in-service training annually.
- 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- Director Credential for all facility directors.

## Food and Nutrition

Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

## Record Keeping

### Maintain accurate records that include:

- Children's health exam/immunization record.
- Medication records.
- Enrollment information.
- Personnel records.
- Daily attendance.
- Accidents and incidents.
- Parental permission for field trips and administration of medications.

## Physical Environment

- Maintain sufficient usable indoor floor space for playing, working, and napping.
- Provide space that is clean and free of litter and other hazards.
- Provide sufficient outdoor play area.
- Maintain sufficient lighting and inside temperatures.
- Equipped with age and developmentally appropriate toys.
- Provide appropriate bathroom facilities and other furnishings.
- Provide isolation area for children who become ill.
- Practice proper hand washing, toileting, and diapering activities.



**To report suspected or actual cases of child abuse or neglect, call the Florida Abuse Hotline 1.800.962.2873**

# Remember:

## It is NOT safe

to put anything your baby's bed, such as sheepskins, stuffed animals, baby positioners, crib wedges, comforters, pillows, heavy blankets, or bumper pads.

## It is NOT safe

to smoke around your baby or in a room where your baby spends time.

## It is NOT safe

to let your baby sleep on an adult bed, air mattress, beanbag, reclining chair, sofa, waterbed, or on any furniture not made for babies.

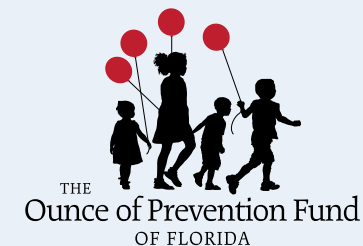
Sleeping  
with your  
baby is  
dangerous.

Even if your baby is breastfed and you don't smoke, drink alcohol, or use drugs or other medications, **sleeping with your baby still increases your baby's risk of suffocation or strangulation** while sleeping.

The only way to protect your baby from higher risk is to have your baby sleep in a crib.



For more information about safe sleep for babies, **visit [PreventChildAbuseFL.org](https://PreventChildAbuseFL.org)** or **scan the QR code**.



# SAFE SLEEP FOR YOUR BABY

[PreventChildAbuseFL.org](https://PreventChildAbuseFL.org)



# Helping you reduce the risk of sleep-related death

"The safest place for an infant to sleep is alone in a crib, in the parents' room for the first year of life."

*-American Academy of Pediatrics*

Some parents believe sleeping with their baby will protect the baby from harm, but **sleeping with a baby is dangerous and actually raises the risk of infant death.**

## Important Information

Consider these facts before you decide where your baby will sleep:

- Suffocation and strangulation in an adult bed is the leading cause of injury-related death for infants under one year of age in the state of Florida.
- The risk of sleeping-related infant death is 40 times higher for babies who sleep in adult beds compared to babies who sleep in their own cribs.

## Keep your baby safe during sleep.

To lower the risk of sleep-related death and suffocation and keep your baby safe while they sleep, it is important to:

- Make sure baby's crib, bassinet, cradle, or portable crib is undamaged and meets current standards ([www.cpsc.gov](http://www.cpsc.gov)).
- Put baby's crib, cradle, or bassinet close to your bed for their first year of life.
- Place your baby face-up to sleep. Sleeping on the stomach or side increases the risk of suffocation.
- Tell everyone who takes care of your baby how to keep your baby safe during sleep.
- Make sure the baby's mattress is firm, flat (not inclined), and fits snugly in its frame. Use only the mattress that comes with the crib.
- Make sure the baby's sheet fits tightly around the mattress.
- Keep the baby's sleeping area away from all loose strings (e.g., blind cords, electrical cords, and clothing).
- Respond to your baby's cries during the night.
- Avoid exposing your baby to smoke, alcohol, or drugs.
- Offer your baby a pacifier (never a bottle) when placing your baby down to sleep. The pacifier should not be put back if it is spit out during sleep. If the baby does not want the pacifier, do not force it and never hold it in place. If breastfeeding, do not use a pacifier until the baby is one month old.
- To keep baby from overheating, make the temperature in baby's room comfortable enough for a lightly clothed adult.
- Always hold the bottle when feeding your baby, since propping a bottle can lead to choking or death.
- Hang the baby's mobile out of reach and remove it once they learn to sit up.
- Lower the baby's mattress when your baby learns to sit, and again when they learn to stand to prevent falling out of the crib.



A change in daily routine,  
lack of sleep, stress,  
fatigue, cell phone use, and  
simple distractions are some  
things parents experience and  
can be contributing factors as  
to why children have been left  
unknowingly in vehicles...



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# WHEN LIFE HAPPENS... DON'T BE A **DISTRACTED** **ADULT**







## Distraction Prevention Tips:

- **Never** leave your child alone in a car and **call 911** if you see any child locked in a car!
- **Make a habit** of checking the front and back seat of the car before you walk away.
- **Be especially mindful** during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- **Create reminders** by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- **Keep a stuffed animal** in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- **Set a calendar reminder** on your electronic device to make sure you dropped your child off at child care.
- **Make it a routine** to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

*During the 2018 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.*



## Facts About Heatstroke:



It only takes a car **10 minutes** to heat up 20 degrees and become deadly.



Even with a window cracked, the **temperature inside a vehicle** can cause heatstroke.



The body temperature of a child increases **3 to 5 times faster** than an adult's body.

