

# Enrollment Packet Checklist

Please be sure to print clearly. The entire packet needs to be complete. Make sure to check for initials or signatures. WE WILL NOT ACCEPT INCOMPLETE PACKETS.

Please mark off each item and then sign below verifying all forms are completed.

Fee Schedule ( <b>circle desired schedule</b> )
Registration Fee ( <b>Payable to "Saint Andrew Catholic Church"</b> )
Application Page Password for use in case of emergency, Emergency Contacts, and Photo Release
After School Care Information ( <b>only needed if child is staying past 2:30pm</b> )
<b>FOR VPK ONLY</b> VPK Voucher with school info and parent signature VPK Attendance Policy
Authorization for Emergency Medical Treatment ( <b>MUST BE NOTARIZED</b> )
Alternate Nutrition Plan
Classroom Celebration List
Policies and Hours of Operation Form
Expulsion Policy
Swim Central Water Safety Education Questionnaire
Shot Records from the doctor ( <b>Original HRS #680</b> )
Physical Form from the doctor ( <b>fill out and sign Statement of Good Health</b> )
Influenza Virus Guide
Distracted Adult Brochure
Birth Certificate ( <b>bring original to be copied</b> )
Baptismal Certificate ( <b>if applicable</b> )
Enrollment Contract
Tuition Agreement
Family Service Hour Commitment Form
Child Health and Development Questionnaire
All About Your Child Sheet

I have read each page in this packet and have signed/initialed where required. I have included all required forms including registration payment, VPK Voucher if applicable, Shot Record, Physical Form, and Birth Certificate.

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

**Saint Andrew Catholic School-Preschool  
FEE SCHEDULE  
2024 - 2025**

**\$275.00 NON-REFUNDABLE REGISTRATION FEE**

I understand that Saint Andrew Catholic Preschool has a no-refund policy on all school tuition and school related fees. I understand that there will be NO refunds, or pro-rating tuition if my child is absent, is withdrawn, or is dismissed from the school. If my child misses a day or a week of school, I will not be compensated with other weeks or days of school. All payments must be made through the approved Saint Andrew Catholic School billing program.

**FINANCIAL INFORMATION – RESPONSIBLE PARTY (PLEASE PRINT AND CIRCLE/MARK SELECTION BELOW)**

Name \_\_\_\_\_

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

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

**Twos-** Must be 2 by September 1<sup>st</sup>

**Threes-** Must be 3 by September 1<sup>st</sup> / Must be fully potty trained

**Half Days 8:30-11:30 a.m.**

3 Days a Week- \$500 per month

5 Days a Week- \$575 per month

**Full Days 8:30 a.m.- 2:30 p.m.**

3 Days a Week- \$550 per month

5 Days a Week- \$750 per month

**VPK-** Must be 4 by September 1<sup>st</sup> / Must be fully potty trained

Half Day 8:30-11:30- Free with VPK Voucher

Full Day 8:30-2:30 – \$540 per month

**EXTENDED DAY PROGRAM**

5 Days a Week- 2:30 p.m. - 5:45 p.m.

\$265 per month + \$35 registration fee



**Saint Andrew Catholic School-Preschool**  
**Student Application for Admissions**  
 2024 - 2025

Applicant Information — Please **print** all information for each student Entering Class \_\_\_\_\_

Password \_\_\_\_\_

Family Name \_\_\_\_\_

Student Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Child's Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Caucasian \_\_\_\_\_ African-American \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_ American Indian \_\_\_\_\_ Other \_\_\_\_\_

Student Sacramental Information (Date/Church/City/State): Baptism \_\_\_\_\_

<b>Parent/Guardian Information</b>		
Student Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian:		
Mother's/Guardian Name: <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Father's/Guardian Name:	
Mother's Address:	Father's Address:	
City, State Zip:	City, State Zip:	
Cell Number:	Cell Number:	
Home Phone Number:	Home Phone Number:	
Work Number:	Work Number:	
Email:	Email:	
Employer:	Employer:	
Position:	Position:	
Living: <input type="checkbox"/> Yes <input type="checkbox"/> No	Catholic: <input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER INFORMATION		
Emergency Contact:	Relationship:	
Phone Number:	Cell Number:	
Physician's Name:	Physician's Phone Number:	
Medical Conditions/Medications:		
Family member(s) currently attending this school (list grade level/relationship):		
Names of person(s) with permission to pick-up student during school hours:		
Name:	Name:	Name:
Phone Number:	Phone Number:	Phone Number:
My child <b>MAY NOT</b> be picked up by:		
Explain:		

Saint Andrew Catholic School requires a minimum of Twenty (20) hours of volunteer services per family. Eight (8) of these hours are to be completed at the parish carnival scheduled by the school.

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

In case of divorce or separation, please complete the following:

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

Legal Custody: Joint \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_

Correspondence should be sent to: \_\_\_\_\_

If remarried, name of stepfather \_\_\_\_\_

If remarried, name of stepmother \_\_\_\_\_

A copy of the Court Order should be on file in the school office if custodial rights are restricted.

**Information and Photos:**

Saint Andrew has my permission to publish my email address & telephone number on the class list \_\_ Yes \_\_ No

I will allow the publication (School Website, School Facebook, School Instagram) of any photos taken of my child while at Saint Andrew \_\_ Yes \_\_ No

I \_\_\_\_\_ give my child \_\_\_\_\_ permission to consume foods while at Saint Andrew Catholic Preschool. If there are any revisions it is my responsibility, as a parent/guardian, to notify the preschool director and/or front office.

Does your child have an IEP, 504 Plan , or any other additional needs? (Please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note it is the parents' responsibility to provide all records as well as any special needs files for the student prior to acceptance. Failure to do so may result in the student being denied acceptance. If it is discovered that information regarding the child's needs were withheld, the family may be asked to withdraw the student.

Please explain if your child has any serious health concerns or allergies:  
\_\_\_\_\_  
\_\_\_\_\_

The Archdiocese of Miami states that an exemption from immunization requirements is permissible only with a physician's certification as to the need for either a temporary or permanent medical exemption. An exemption from immunization requirements is not permissible for religious, philosophical, personal, or other reasons.

- Sections 7.1 and 7.2. of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24).
- 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.

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.*

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



# Saint Andrew Catholic School

9990 NW 29<sup>th</sup> Street  
Coral Springs, FL 33065

Phone (954)753-1280

Fax (954) 753-1933

Msgr. Michael Souckar, Pastor

Kristen B. Hughes, Principal

## 2024-2025 Voluntary Pre-Kindergarten Attendance Policy

Your child is enrolled in the Voluntary Pre-Kindergarten program. Since this is a state-funded program, there are rules and regulations set by the State that both the provider and the parents/guardians must follow.

### 1. Sign In/ Attendance Verification

**Daily:** Your child must be signed in upon arrival and signed out at dismissal every day. If someone other than the parent picks up, they must show photo ID and we need prior approval from the parent in writing or verbally to confirm. The time and full signature, **NO INITIALS ALLOWED**, must be written on the attendance sheet. This is a requirement of the VPK program.

**Monthly:** At the end of each month, you will be required to sign a “Student Attendance and Parental Choice Certificate that gives confirmation that your child has been in the program during the month and that you wish your child to continue in the program at this school.

### 2. Attendance/ Absence

Regular (Daily) attendance is required in this program. It is important that your child attendance every day in order to receive the maximum benefit of his program so that your child is prepared for success in Kindergarten. Any more than three (3) absences per month is considered excessive. Continued excessive absences may lead to the dismissal of your child.

**Please Note:** It is a State requirement that parents/guardians comply with the provider’s attendance policy as well as any of its other policies and procedures. The state VPK program allows a provider to dismiss any child who does not follow these rules.

### 3. Drop Off and Pick Up

Children enrolled in a VPK class need to be on time for arrival and picked up in a timely fashion. Arriving late to school has your child missing important routines for the day. If you are late for pick up 11:40 for VPK only, 2:40 for full day, and 6:01 for extended day) you will be charged ten (10) dollars plus one (1) dollar for every minute after that time.

## VPK ATTENDANCE REQUIREMENTS:

Written documentation must be provided for every excused absence.

Any more than three (3) absences per month is considered excessive. Continued excessive absences or tardies may lead up to the dismissal of your child from the provider.

A child's absence is excused if the child does not attend the VPK program on an instructional day due to one of the following reasons:

- Illness or injury of the child or the child's family member which requires a hospitalization or bed rest (with doctor's note).
- Infectious disease or parasitic infestation.
- Physician or Dentist appointment.
- Funeral service, memorial service, or bereavement upon the death of the child's family member.
- Life-threatening illness or injury of the child's family member.
- Compliance with a court order (e.g. visitation, subpoena).
- Special education or related service as defined in 20 U.S.C. 1401 (2004) for the child's disability.
- Observance of a religious holiday or service, or because the child's or parent's/guardian's religion forbids secular activity on the instructional day.
- Family vacation- family vacation is not to exceed five (5) excused absences per program year and must be documented by a note from the parent/guardian stating the absence was due to vacation. These absences are counted as part of the number of allowable absences per month. Vacation days can be taken throughout the year and do not have to occur all at once.

If your child has exceeded the total number of absence days available to them, or the accompanying documentation is not submitted, further enrollment in Saint Andrew Catholic School- Preschool VPK Program will be jeopardized. Saint Andrew Catholic School- Preschool reserves the right to review each child's attendance/absence in its VPK program to determine continued enrollment.

I agree to comply with the requirements stated above and comply with the use of the forms and their submission.

Parent/Guardian Name (Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

### Mission Statement

*Saint Andrew Catholic School, as part of the parish community, prepares students in a spiritual, academic, and nurturing environment to become productive leaders rooted in the Catholic virtues of faith, hope, and love.*



Accredited by the Florida Catholic Conference





Resilient Environment Department  
 Consumer Protection Division  
**CHILD CARE LICENSING AND ENFORCEMENT**  
 One North University Drive, Suite A203,  
 Plantation Florida 33324  
 954-357-4800 • Fax 954-765-4804

### AUTHORIZATION FOR EMERGENCY TREATMENT

Today's Date: \_\_\_\_\_

To Whom It May Concern:

I hereby give my consent to \_\_\_\_\_  
Name of Hospital

to administer necessary treatment to my child, \_\_\_\_\_  
Name of 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.

**Name of Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Allergies of Child:** \_\_\_\_\_

**Date of Last DPT or Tetanus:** \_\_\_\_\_

**Insurance Company Covering Child:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

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

\_\_\_\_\_  
 Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_  
Name of Person Acknowledged

My Commission Expires:

\_\_\_\_\_  
 Signature of Notary Public, State of Florida

\_\_\_\_\_  
 Print or Type Name of Notary as Commissioned

- Personally Known
- Produced Identification

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

#: \_\_\_\_\_



Board of County Commissioners, Broward County, Florida  
HUMAN SERVICES DEPARTMENT  
Community Partnerships Division  
Child Care Licensing and Enforcement Section

**ALTERNATE NUTRITION PLAN**

Name of Child Care Provider: Saint Andrew Catholic School- Preschool

Name of Child: \_\_\_\_\_

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

Dear Parent/Guardian:

In accordance with the Broward County Ordinances, parents/guardians and Child Care Providers are urged to work cooperatively to assure that children are provided with nutritious snacks and meals when they are not offered by the Provider.

The Provider agrees to offer a nutritious:  
(Operator/Director checks those which apply)

- Breakfast
- Mid-morning snack
- Lunch
- Mid-afternoon snack
- Dinner
- Evening snack
- No meals or snack

The parent agrees to provide a nutritious:  
(Parent checks those which apply)

- Breakfast
- Mid-morning snack
- Lunch
- Mid-afternoon snack
- Dinner
- Evening snack

I have read the preceding and agree to meet the child's nutritional needs as defined above.

\_\_\_\_\_  
Parent/Guardian Print

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

Rebecca Suchocki  
Operator/Director Print

\_\_\_\_\_  
Operator/Director Signature

# 24-25 Classroom Celebration List

Dear Parent/ Guardian:

We have several times during the year where we are learning about seasons and holidays. Sometimes the culmination of this is a party or a snack where the children will be able to share a meal together in celebration. We also will want to have some parent events. While these are most of the dates that children will be given food that is not provided from home, the teachers may add extra dates in their own rooms based on children's birthdays in the classroom. Please sign below to state that your child may take part in eating foods other than what is packed from home on these occasions. The list of dates is below.

October

- Friday, October 4<sup>th</sup>- Pastries with a Parent
- Wednesday, October 30<sup>th</sup>- Fall Harvest Celebration

November

- Friday, October 22<sup>nd</sup>- Thanksgiving Feast

December

- Friday, December 6<sup>th</sup>- Pastries with a Parent
- Wednesday, December 18<sup>th</sup> – Christmas Celebration

February

- Friday, February 14<sup>th</sup> –Valentine's/ Friendship Day

March

- Monday, March 17<sup>th</sup> – St. Patrick's Day Celebration

April

- Wednesday, April 16<sup>th</sup> – Easter Celebration

June

- End of the Year Celebrations

**Please check the appropriate line and sign the sheet at the bottom.**

\_\_\_\_\_ Yes, my child may eat the store-bought foods brought in for the class celebration.

\_\_\_\_\_ No, my child may not eat the store-bought foods brought in for the class celebration.

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

\_\_\_\_\_  
Date



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## Saint Andrew School 2024-2025 Policies and Hours of Operation

### Required Forms for Registration:

- Original Birth Certificate\*
  - Original Baptismal Certificate\*
- (\*These documents will be copied and originals returned)
- Current Original Florida Health Forms 680 & 3040
  - Foreign Students are required to attain an F-1 visa to attend a Catholic School

### Age Requirements:

- 2 Year Old Program – must be 2 by September 1<sup>st</sup>
- 3 Year Old Program – must be 3 by September 1<sup>st</sup>
- 4 Year Old Program – must be 4 by September 1<sup>st</sup>
- In order to be enrolled in the Pre-K 3 & 4 program, a student must be able to take care of all his/her toilet needs without any adult assistance.

### School Hours of Operation: Open at 7:30 am and close at 5:45 pm

- Morning Care: 7:30 a.m. - 8:05 a.m.
- Pre-K 2 & 3 Year old Program (may be dropped off between 8:10am & 8:30am)  
Half Day Hours: 8:30am – 11:30am  
Full Day Hours: 8:30am – 2:30pm
- Pre-K 4 Year Old Program (may be dropped off between 8:10am & 8:30am)
- VPK Only Hours 8:30am-11:30am (Children enrolled in VPK Only)  
Half Day Hours: 8:30am –11:30am  
Full Day Hours: 8:30am – 2:30pm
- Extended Day Program  
7:30am – 5:45pm

### Parent Orientation

Saint Andrew Catholic School Preschool has a parent orientation meeting every year. During the orientation parents are provided with a Parent Handbook. Please sign and return confirmation page. They are also provided with more information regarding their child's classroom, lunch, arrival and dismissal procedures and schedules, etc. \_\_\_\_\_ **Initial**

### Illness Policy

If your child is ill, please keep him/her at home. You must call the office and let us know by 8:30am. If your child has a fever, wait 24 hours after the fever has gone before sending the child back to school. If a child is too sick to play outside, the child is too sick to be in school. Often times if a child is just not him/herself, we will notify you to let you know that something is going on with your child, so you are aware of this and have the option to pick him/her up. If your child has a fever or is obviously sick you will be called and you will need to make arrangements to pick up your child. \_\_\_\_\_ **Initial**

### Program's Discipline Policy

Here at Saint Andrew we believe in guiding our children to make appropriate choices and become responsible individuals. As educators we act as facilitators of the children in our class and are capable of anticipating most problems that occur. Therefore, we re-direct children into other activities and use developmentally appropriate consequences when discussing their behavior, in the event that further involvement is necessary, parents will be notified. \_\_\_\_\_ **Initial**

**Biting Policy**

If a child bites another student, it may be necessary for the parent to come to pick up their child. If a child bites a second time, it may be necessary for the parent to come and pick up their child and will be asked not to return to school for up to one week. If a child bites a third time, the parents may be asked to withdraw their child from Saint Andrew Catholic School Preschool per the Director's discretion. \_\_\_\_\_ **Initial**

**Attendance Policy**

Parents need to adhere to the arrival and dismissal schedules. It is imperative that parents arrive on time with their student. It is disruptive and unfair to the rest of the children in the class when students arrive late. Doors to the preschool lobby open at 8:15 am and close at 8:30 am. You need to make arrangements to have your child here by 8:30 a.m. \_\_\_\_\_ **Initial**

If your child is going to be absent, please send an e-mail to [bsuchocki@sacccs.org](mailto:bsuchocki@sacccs.org) or [mkomula@sacccs.org](mailto:mkomula@sacccs.org) or leave a brief message at 954-905-6374 before 8:30am. If your child is enrolled part-time, only a few days per week and misses one of their scheduled days, that day cannot be made up. For the safety of the children we have ratios to maintain.

If you are late to pick your child up, you will be charged a late fee. This will be incurred after 11:40 (11:30 pick up), after 2:40 (2:30 pick up) and after 6:00 (in after care). The fee will be ten (10) dollars plus one (1) dollar for every minute after that time.

In the event there is a special celebration and your child is not scheduled to come in, your child may come to the special celebration at the time that it will start and then leave when the celebration has concluded. The parents must stay in the office until the celebration or activity has concluded. There will be no changing of scheduled school days, your child will just come in for the event.

**Preschool Uniform**

Uniforms need to be purchased through Debbie's School Uniforms Store 954-581-1761 or online at [www.DebbiesSchoolUniforms.com](http://www.DebbiesSchoolUniforms.com). Shoes – sneakers can be black or white. No light up sneakers and no laces.

**Physical Participation Policy**

Students will engage in 40 minutes of gross motor activity for every 3.5 hours they are in attendance. \_\_\_\_\_ **Initial**

**I acknowledge the Hours of Operation and agree to the attached 2024-2025 Policies form covering Discipline, Illness, Biting and Attendance.**

Read & Sign: Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Name: \_\_\_\_\_



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## Discipline, Suspension, and Expulsion Policy

Some preschool students exhibit aggressive behaviors such as biting, pushing, hitting (note, these are just examples and are not all inclusive) that create unsafe situations. Unfortunately suspension and expulsion are sometimes the only alternatives available to protect children, staff, and others.

Additionally, there are certain parental actions (see below) that may result in suspension or expulsion of a child. If a child has continual behavioral issues the following procedures will be adhered to:

The child's parent/guardian will be advised verbally and in writing about the child's behavior warranting a suspension. A suspension action is defined as a period of time that the parent/guardian may work on the child's behavior. The period of time and action plan will be decided by the Preschool Director. Failure of the child and parent/guardian to satisfy the terms of the agreement may result in permanent expulsion from Saint Andrew Catholic School-Preschool.

### Parent Guardian Actions Resulting in a Child's Expulsion:

1. Failure to pay or habitual lateness in payment.
2. Failure to complete the required forms, including the child's health records.
3. Child is not current with State Mandated Immunization Records.
4. Failure to provide school with IEP materials information regarding child's social, emotional, cognitive, and behavioral growth as well as speech and all developmental areas.
5. Use of physical or verbal threats with staff or others.
6. Use of intimidating actions toward staff or others, including verbal abuse.
7. Habitual tardiness when picking up your child after their scheduled hours.

### Child's Actions Resulting in an Expulsion:

1. Failure of a child to adjust after a reasonable amount of time or exercising uncontrollable tantrums/angry outbursts.
2. Ongoing physical or verbal outbursts to staff or other children.
3. Excessive biting or other chronic negative physical or verbal behavior.
4. Child consistently uses behaviors that are not safe for themselves.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Mission Statement

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Accredited by the Florida Catholic Conference



**Part One  
Student File**



**SWIM Central Water Safety Education Questionnaire**

**Parents:** *Do you know that drowning is the leading cause of death among children?  
Complete this form to receive information to protect your child from drowning.*

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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

*Your information is for the use of the Broward County Swim Central Program.*

1. How would you rate your own swimming ability?

- Unable to swim
- Can swim a little, but NOT comfortable in deep water
- Able to swim for an extended period of time in deep water

2. Has your child ever received formal swimming lessons?

- Yes
- No, check all the reasons below that apply:
  - Do not know how to find information about swim lessons
  - Transportation problems
  - Swim lessons are not important
  - Lessons are too expensive
  - Schedule of lessons not convenient
  - We are too busy
  - Equipment such as swim suit, towel, goggles too expensive

3. Do you or a family member know how to perform CPR with rescue breaths?

- Yes
- No

4. Has your child's doctor talked to you about drowning prevention and water safety?

- Yes
- No

5. Would you redeem a \$40 coupon to apply to the cost of swim lessons for your child?

- Yes, visit [Water SMART Broward Swim Instruction](#) for details.
- No

**PART ONE FOR OFFICE USE ONLY:**

Broward Ordinance 2004, Section 7-8 requires parents/guardians to complete SWIM Central questionnaire and for **Child Care Facilities** to mail or fax a copy to SWIM Central. Also required is a copy of this form to be placed in each child's file to be monitored by the staff of the local licensing agency.

**Facility Name:** \_\_\_\_\_ **Facility License #:** \_\_\_\_\_

**Documentation of the original form via fax or mail is required, indicate below:**

**Date form faxed:** \_\_\_\_\_ **or, date mailed:** \_\_\_\_\_

**Fax:** 954.357.8077  
SWIM Central  
3700 NW 11<sup>th</sup> Place  
Lauderhill, FL 33311

**Form and educational handout for parent distribution can be downloaded:** [Water SMART Broward](#)

## Drowning is the #1 Cause of Death Among Children Ages 1 to 4



### Facts You Need to Know About Drowning

- The main cause of drowning can be directly traced to an action or inaction by a parent or adult. Good people can make small mistakes that have tragic consequences.
- Most parents of a drowning victim say, "I can't believe this happened to my child." They never realized how quickly a drowning incident could become their reality.
- Most children pulled from the water during a drowning incident are wearing regular clothes - not a swim suit.

### Simple Steps Save Lives

#### Supervision

- Supervising your children means eyes on them, and giving your full attention.
- Do not rely on responsible behavior from an older child or other adults.

#### Extra Layers of Protection *if Supervision Fails*

- Install door alarms to alert the household should a child possibly leave the home unsupervised.
- Use an "isolation" fence to separate pool area from the house and rest of the backyard.
- Use self-closing gates that self-latch.
- Clear the area around the fence for objects children could use to climb over.
- Learn to swim: parents and child.

#### Be Aware of All Water Hazards

- These include bathtubs, garden ponds, swimming pools, buckets/containers of water, canals, lakes, and beaches.

#### Know How to Respond to an Emergency

- Learn CPR.
- Remove the child from the water immediately.
- Call 9-1-1, begin CPR.

#### Talk to Your Child

- "Don't go near a pool or other water without an adult."
- "If you see someone in trouble in the water, don't jump in to help! Run, get an adult."
- "If you fall into a pool, turn in the water, find the wall, and climb out or yell for help." Practice this technique in the pool.

#### Take Action Now and Think, "I know this could happen to my child, and I will do whatever it takes to prevent it."

- Enroll your child (and yourself) in swim lessons.
- Learn CPR with rescue breaths.

To learn about available coupons for swim lessons, location of swim classes and CPR training, visit: [Water SMART Broward](#)



**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.**

**My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents:***

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

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

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

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

*Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.*



### **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



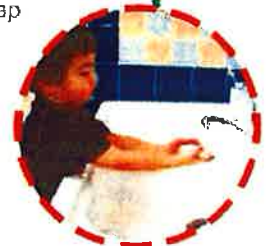
### **How can I protect my child from the flu?**

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 setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

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





## 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.



## ⚠️ 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.



My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

Child's Name:

Date:

Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records

**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...

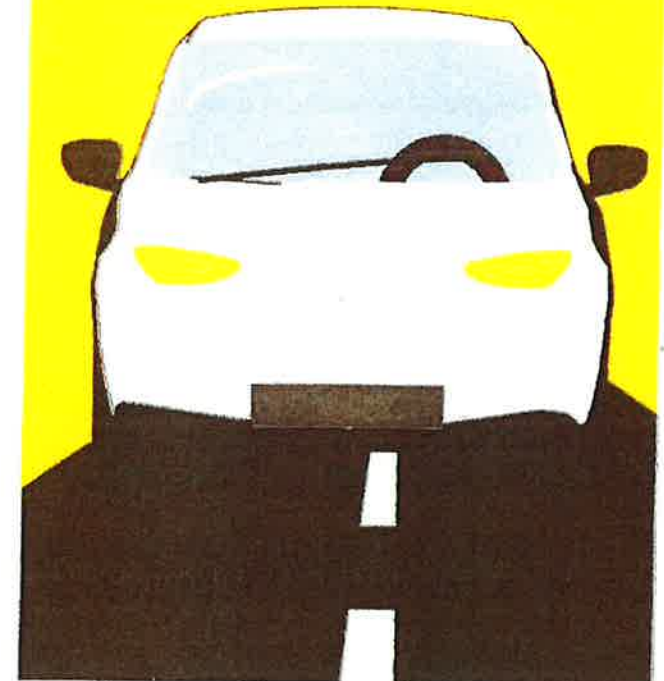


Developed by:

The Office of Child Care Regulation

[www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare)  
CF/PI 175-12, May 2018

When life happens...Don't be a  
**DISTRACTED  
ADULT**



**Saint Andrew Catholic School-Preschool**  
**9990 N.W. 29<sup>th</sup> Street**  
**Coral Springs, FL 33065**  
**Enrollment Contract School 2024-2025**

As I/we the undersigned submit this re-registration/registration application to Saint Andrew School Preschool for my/our child/ren for the 2024-2025 school year. I/We hereby sign freely and willingly this enrollment contract, accepting all the obligations herein described, if my/our child/children are accepted.

We understand that our obligation to pay fees for the full academic year is unconditional and binding, even if the child/ children is/are withdrawn, or for disciplinary reasons dismissed from the school anytime during the school year.

**THERE ARE NO REFUNDS ON REGISTRATION FEES OR TUITION**

Saint Andrew School Preschool shall have the right to legal action for collection of school fees. Parents and/or legal guardians will be responsible for all costs of collection, including court expenses and reasonable attorney's fees.

The undersigned agrees to release and hold harmless the school, the church, its agents and employees from all claims, damages or other liabilities for injuries to my/our child/children, which are not the result of the gross negligence by this school or church, its agents, or employees. The undersigned also agrees to indemnify the school for damages caused by my/our child/children. The undersigned authorizes my/our child/children to attend school-sponsored trips and activities unless that authorization is revoked by me/us in writing seventy-two hours prior to the school-sponsored trips or activities.

The undersigned further understands and agrees that my/our child/children may be photographed during the school year by the media, school staff or parents. These photographs may be used to visually explain many and varied types of programs and events which the school offers and may be used in the school or church publications like yearbook, news bulletins, magazines, school or parish webpage, and also in public media publications to promote the school. In addition, periodically news cameras may photograph students. These videos may be used in newspapers, television or in various educational publications.

The undersigned further understands that Saint Andrew School Preschool is a parochial school, not a private school. As parents and/or legal guardians, I/we make the following commitments to enroll our children at Saint Andrew School Preschool.

- My/our family will attend Mass every Sunday at Saint Andrew Catholic Church. I/we agree to use my/our envelopes weekly and contribute a minimum of \$10.00 weekly as part of my/our Stewardship commitment of treasure. I/we will participate in the faith life of the Parish Community, and participate in parish ministries and spiritual events such as retreats and renewals. A failure to fulfill these commitments will result in my/our family being considered as non-active parishioners.
- As parents and/or legal guardians, I/we will volunteer my/our services to the Church or School for a minimum of twenty (20) hours. In lieu of service, I/we understand, I/we will be assessed \$15.00 per hour for each hour not completed.
- As registered active members of another Catholic parish, I/We agree to provide a letter from our Pastor clearly stating that our family attends Mass weekly. This letter from the Pastor needs to be presented to the Saint Andrew School Director's Office along with the registration forms.
- As Parents and/or Legal Guardians, I/we agree to pay a Non-Refundable \$275 Registration Fee per child (Pre-K 2 through Pre-K 4). VPK only 8:30 – 11:30 no registration fee required.
- Parents may choose to pay their tuition in full by August 31, 2024. All other parents must agree to pay their tuition through the SMART Payment Plan. Payments are from August 1, 2024 to May 1, 2025. There is a \$40.00 annual fee for the SMART Program, which will be added to your first tuition payment.
- Until all financial obligations are fulfilled, no student records will be released.

- As parents/guardians, it is understood that if I/We decide to withdraw my/our student/s from Saint Andrew School, I/we must complete the "Request for Records/Withdrawal Form" in order to have student records released when contacted by the new school.
- Any returned check will be assessed an additional \$30.00 fee and will be required to be paid in cash or money order. After receiving two (2) returned checks during the school year, all payments will be required to be paid in cash or by money order.

I/we understand that in signing this Enrollment Contract for the coming academic year, I/we am/are agreeing to accept the rules and regulations of the School as stated in the handbook and rules concerning payment of fees as referred to above and my/our commitment as parents as referred to above. I/we agree that unless an account has been paid-in-full, student/s will not be permitted to take examinations and grades and transcripts will not be released. I/we further understand that a student/s may be suspended or dismissed if commitments stated above are not fulfilled.

This contract shall be interpreted in accordance with the laws of the State of Florida. Our signatures below affirm that I/we have read, understood and accepted the terms and conditions of this Enrollment Contract.

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

Student Name \_\_\_\_\_ Grade (2024-2025) \_\_\_\_\_

Student Name \_\_\_\_\_ Grade (2024-2025) \_\_\_\_\_

**Signatures of both Parents and/or Guardian (s):**

\_\_\_\_\_

Parent / Guardian's Signature

Date

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

SAINT ANDREW CATHOLIC SCHOOL

TUITION AGREEMENT 2024-2025

Student(s) Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Returning: \_\_\_ New: \_\_\_

Student(s) Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Returning: \_\_\_ New: \_\_\_

Student(s) Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Returning: \_\_\_ New: \_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Ph/Cell#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Parent Name: \_\_\_\_\_ Ph/Cell#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

**Please read carefully and select your tuition payment option.**

Payment Plan Options: (All options subject to collection of funds)

Option 1 One-Time Payment in Full  
 To be paid in full by August 31, 2024 by either cash, check or money order directly to the school

Option 2 Installment Payment Plan through Smart Tuition.  
(Smart Tuition Auto Pay: Funds Transfer from a designated Bank Account, Debit or Credit Card)

Please select the number of installments.

- Semiannual (due August and January)
- Monthly (Ten monthly installments from August through May)

Please Select Payment Date:

- 1st
- 15<sup>th</sup>

**Institution expectations and parent/guardian agreement:**

I acknowledge that I have read, understand and agree to 2024-2025 school year terms and conditions of this document. I agree that the school may re-enroll me in the Smart Tuition payment program for each subsequent school year. I agree to pay the amount established by Saint Andrew Catholic School for the student(s) above by my specified due date. I realize that if I fail to have a payment posted or if there is an outstanding balance on my account by the specified due date, Smart Tuition may contact me via email and telephone and a late fee of \$50.00 will be assessed to my account. A \$30.00 fee will apply for any failed electronic transaction or dishonored check.

At the end of each quarter, parents with past due tuition/fees balance will be notified by the school finance office of the past due amount and the minimum payment required. If all financial obligations are not current, the school will:

- Place the student/s on immediate Financial Suspension until the account is up to date.
- Dis-enroll the student from the school.
- Place the next year's Registration on hold.

SAINT ANDREW CATHOLIC SCHOOL

TUITION AGREEMENT 2024-2025

A family wishing to withdraw a child from the school in the middle of a month are required to pay tuition and fees through the end of the month.

Furthermore, I agree to cooperate with the school in the interpretation and enforcement of the policies outlined in the Parent-Student Handbook. I also understand that the school has the ultimate authority over the administration of the school and the interpretation of the school's rules and policies. The administration reserves the right to terminate a student's enrollment at any time.

X \_\_\_\_\_ Print Parent Name \_\_\_\_\_ Parent Signature

Date \_\_\_\_\_

X \_\_\_\_\_ Print Parent Name \_\_\_\_\_ Parent Signature

Date \_\_\_\_\_

## Saint Andrew Catholic School-Preschool Family Service Hour Commitment Form 2024-2025

Dear Parents,

As you register your children for the 2024-25 school year, we want to remind you of your commitment to volunteer as least **twenty (20) family service hours** for the school. **Eight (8) of these hours are to be served at the parish carnival.**

Please refer to the Student Handbook for required Student Service Hours.

Requirements to volunteer are as follows:

All school volunteers (including parents, godparents, aunts/uncles and other family members who may help with the completion of volunteer hours) are required to meet the safe environment requirements of the Archdiocese of Miami. The type of volunteer service may be limited as required by Archdiocesan policy or at the discretion of the pastor. The safe environment requirements are:

- Attendance at a VIRTUS training session on the prevention of child abuse and remaining current on additional training modules sent via e-mail.
- Sign and abide by the Code of Conduct for Volunteers.
- Successfully undergo a national criminal background check.

It is the volunteer's responsibility, not the school's, to record all service hours and submit all monetary donation receipts in the volunteer service hour book and donation receipt book in the school office.

All families are required to participate in the school's carnival raffle ticket sales. Families will be required to sell at least 2 books (\$100 dollars) worth of raffle tickets. There are incentives that come around for those who sell more.

Please know that you and your family are appreciated for all that you do to help make Saint Andrew a terrific school. Thank you!

### Family Service Hour Commitment Form 2024-2025 School Year

Student **Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Student **Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Student **Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Signature \_\_\_\_\_

## Child Health and Development Questionnaire

(To be completed by parent or guardian)

STUDENT NAME \_\_\_\_\_  
PLEASE PRINT

BIRTHDATE \_\_\_\_\_ circle one: Male Female Grade/Homeroom \_\_\_\_\_

Child resides with \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Joint Custody

ALLERGY to Food or Medication or Bee Sting \_\_\_\_\_

History of *anaphylactic reaction*? \_\_\_ Yes \_\_\_ No Last Episode \_\_\_\_\_

Describe reaction \_\_\_\_\_

**\*\*If your child requires Epi-pen or Benadryl, please provide with physician's order.**

Is child on any medication? At home \_\_\_\_\_ At school \_\_\_\_\_

Name of medication \_\_\_\_\_

	Yes	No	Comments
Anxiety			
Asthma			
Attention Deficit Disorder			
Behavior/Emotional Problems			
Diabetes			
Ear or Hearing Problems			
Eye or Vision Problems			
Heart Problems			
Limits on Physical Activity			
Problem with bladder or bowels			
Seizures			
Speech Problems			
Recent Hospitalizations or Surgery			
Other health problems not listed			

**\*\* If child has had any immunizations since last September, send Doctor Documentation to school.**

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



## ALL ABOUT YOUR CHILD

My child's name and nick name \_\_\_\_\_

1. Does your child have any brothers or sisters? Could you please write their names?

---

---

2. Do you have any pets? If so, list the types of animals and their names.

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3. What are your child's favorite toys, activities, and games?

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4. Does your child have any special fears? (Clowns, thunderstorms, things that might happen while your child is at school)

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5. Is there anything we need to know about your child?

---

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Thank you so much. This information will help us get to know your child quickly! I am looking forward to a wonderful school year!!

## 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.

[www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare)



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.



# 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**

# Rilya Wilson Act

Pursuant to s. 39.604, Florida Statutes, a child from birth to the age of school entry, who is under court-ordered protective supervision or in out-of-home care and is enrolled in an early education or child care program must attend the program 5 days a week unless the court grants an exemption. A child enrolled in an early education or child care program who meets the requirements of this act may not be withdrawn from the program without prior written approval of the Department or community-based care lead agency. If a child covered by this act is absent, the program shall report any unexcused absence or seven excused absences to the Department or the community-based care lead agency by the end of the business day following the unexcused absence or seventh consecutive excused absence.

Educational stability and transition are key components of this act to minimize disruptions, secure attachments and maintain stable relationships with supportive caregivers of children from birth to school age. Successful partnerships are imperative to ensure that these attachments are not disrupted due to placement in out-of-home care or subsequent changes in out-of-home placement. A child must be allowed to remain in the child care or early education setting that he/she attended before entry into out-of-home care, unless the program is not in the best interest of the child. If a child from birth to school-age leaves a child care or early education program, a transition plan needs to be developed that involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and associated psychological needs, and allows for a gradual transition from one setting to another.

This law provides priority for child care services for specified children who are at risk of abuse, neglect, or abandonment. These children are also known as Protective Services children.

## Rilya Wilson Act Requirements:

- ✓ Protective services children **MUST** be enrolled to participate 5 days per week.
- ✓ Protective services children **MAY NOT** be withdrawn without prior written approval from the Department of Children and Families (DCF) or Community Based Care (CBC).
- ✓ If a Protective Services child has 7 consecutive excused or any unexcused absence, the child care provider **MUST** notify the appropriate community based care staff.
- ✓ The Department and child care providers **MUST** follow local protocols set up by the CBC to ensure continuity.
- ✓ If it is not in the best interest of the child to remain at the child care or early education program, the caregiver **MUST** work with the Case Manager, Guardian Ad Litem, child care and educational staff, and educational surrogate, if one has been appointed, to determine the best setting for the child.

Community-Based Care Lead Agencies Contact Information:

<https://www.myflfamilies.com/service-programs/community-based-care/docs/leadagencycontacts.pdf>

**\*\* If you have concerns regarding any child that you may care for, please contact the Florida Abuse Hotline at 1-800-96-ABUSE\*\***