

Dear Parents,

Welcome to Write Start Learning Center! We have an Open Door policy, which means that you are welcome to stop by our facility at anytime to visit with your child. If you plan on visiting at lunchtime and wish to order lunch, please let us know in the morning and we can place your order along with the children's orders.

Please let us know if you are interested in volunteering to help in your child's classroom. On party days and whenever we have special events planned, extra hands are always appreciated.

Also, please don't forget that we have a "Comments and Suggestions" box in the office. We appreciate any information you are willing to share with us.

If you ever have any questions regarding our center, please feel free to speak to the office personnel.

Thank you for choosing Write Start Learning Center!

**WRITE START LEARNING CENTER SCHOOL CALENDAR 2008-2009**

<b>August 18th</b>	<b>Closed – In-Service Day for teachers</b>
<b>August 19th</b>	<b>VPK Begins – Campers back to school</b>
<b>September 1st</b>	<b>Labor Day – Closed</b>
<b>October 17th</b>	<b>No VPK for 3 hr. students</b>
<b>November 24 – 28<sup>th</sup></b>	<b>No VPK for 3 hr. students (Pinellas County Schools Closed)</b>
<b>November 27<sup>th</sup> &amp; 28<sup>th</sup></b>	<b>Closed for Thanksgiving</b>
<b>December 22 – 26<sup>th</sup></b>	<b>Closed for Holidays</b>
<b>December 29<sup>th</sup></b>	<b>Write Start Reopens</b>
<b>December 31st</b>	<b>Open but will close at 1:00 p.m. Sharp</b>
<b>January 1st</b>	<b>Closed – Happy New Year!</b>
<b>January 2, 2009</b>	<b>Open</b>
<b>January 5<sup>th</sup></b>	<b>Pinellas County Schools Reopen</b>
<b>January 16th</b>	<b>No VPK for 3 hr. students (Pinellas County Schools Closed)</b>
<b>January 19<sup>th</sup></b>	<b>No VPK for 3 hr. students (Pinellas County Schools Closed)</b>
<b>February 16th</b>	<b>No VPK for 3 hr. students (Pinellas County Schools Closed)</b>
<b>March 30<sup>th</sup> – April 3<sup>rd</sup></b>	<b>No VPK for 3 hr. students---Spring Break</b>
<b>April 6<sup>th</sup></b>	<b>VPK Classes Resume Pinellas County Schools Reopen</b>
<b>May 25<sup>th</sup></b>	<b>Closed – Memorial Day</b>
<b>June 2</b>	<b>Last day of school for VPK &amp; Pinellas Cty. Schools VPK – Pizza and Ice Cream Party – 11:00 a.m.</b>
<b>June 3</b>	<b>Summer Camp Begins</b>
<b>July 3<sup>rd</sup></b>	<b>Closed</b>

**\*Please note – all dates and activities are subject to change.**

**CHILD'S ENROLLMENT RECORD (Page 1)**

DIRECTOR'S USE ONLY :  
Date enrolled \_\_\_\_\_

Child's full legal name \_\_\_\_\_

Sex \_\_\_\_\_ SS# (optional) \_\_\_\_\_ Birth date \_\_\_\_\_

Child's preferred name/nickname \_\_\_\_\_

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

Home Phone ( ) \_\_\_\_\_ Parent's email address: \_\_\_\_\_

Primary hours child will be in the children's center \_\_\_\_\_

Who has legal custody \_\_\_\_\_ Relationship \_\_\_\_\_

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

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Mother's name \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

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

Place of employment \_\_\_\_\_

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

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

Father's name \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

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

Place of employment \_\_\_\_\_

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

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

Other household members: Adult's names \_\_\_\_\_

Children's names and ages \_\_\_\_\_

The child will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following person must be someone other than the custodial parent(s) or legal guardian(s) and is authorized to remove the child from the facility in case of illness, accident, or emergency, **if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:**

Name \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

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

Name \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

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

**CHILD'S ENROLLMENT RECORD (Page 2)**

Child's physician/health resource \_\_\_\_\_

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

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

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

Hospital preference \_\_\_\_\_

Name City State Zip Code

Child's Dentist: \_\_\_\_\_

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

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

(Street Address) City State Zip Code

**MISCELLANEOUS INFORMATION**

Has child had: Surgery \_\_\_\_\_ Serious illness/accident \_\_\_\_\_

Burns \_\_\_\_\_ Broken bones/dislocated arm \_\_\_\_\_

Other \_\_\_\_\_

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

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

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

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

Instructions regarding toileting \_\_\_\_\_

Child's habits, fears, etc. \_\_\_\_\_

Previous preschool or group experiences (include dates) \_\_\_\_\_

My signature below verifies that:

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

I have received a copy of the "Know Your Child's Children's Center" brochure and a copy of the children's center discipline policy.

I verify that the information on the enrollment form is complete and accurate.

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

**POLICIES AND PROCEDURES AGREEMENT**  
**BETWEEN PARENTS AND WRITE START LEARNING CENTER**

These policies and procedures have been designed to ensure the safety, security and health of your child.

**Please initial next to each statement:**

\_\_\_\_\_ I understand my child needs a current Florida physical examination (DH form 3040) and current immunization record (DH form 680, Part A, B and/or C) on or before the first day of enrollment (Shot records will not be sufficient)

\_\_\_\_\_ I understand I am to provide a nutritious well-balanced bag lunch including a drink for my child each day. I also understand the school asks that no candy, gum, etc. be sent in the lunches. Please do not send carbonated drinks: juice or milk only. The school will provide snacks in the morning and in the afternoon (menu will be posted weekly).

\_\_\_\_\_ I understand that I can order a catered lunch on a weekly basis and the menu will be available to me in advance. The catered lunch includes a drink.

\_\_\_\_\_ I give my permission for my child to be photographed while at school.

\_\_\_\_\_ I will make every effort to have my child in school by 9:00 a.m. so he/she will be involved in the morning learning program.

\_\_\_\_\_ I understand that the school opens at 6:30 a.m. and closes at 6:30 p.m. All children need to be picked up and out of the building by 6:30 p.m.

\_\_\_\_\_ I understand that Write Start Learning Center follows the same “school closing” procedures as the Pinellas County School Board in regard to “severe weather conditions” or other “extreme conditions”.

\_\_\_\_\_ I understand that the school’s discipline policy is “redirecting behavior”.

Write Start Learning Center prohibits children from being subjected to discipline that is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking, or any form of physical punishment is prohibited by all childcare personnel.

\_\_\_\_\_ I have received a copy of the Child Care Facility Brochure Statement.

\_\_\_\_\_ I understand that no medicine will be administered at school by the staff. If my child is on medication, it will be given at home and that arrangements for proper dosage will be the responsibility of the doctor and parents.

\_\_\_\_\_ I understand that I must sign my child in and out daily.

\_\_\_\_\_ Please label with a permanent marker, all clothing, blankets, lunch boxes, toys, books, jackets, etc. that your child brings into the school. We will make every effort to keep track of your child’s belongings, but we cannot be responsible. Please do not allow your child to bring toy weapons to school.

\_\_\_\_\_ We ask that your child wear appropriate clothing and shoes to school. If your child wears boots, flip-flops, slick soled shoes, sandals, heels or crocs, he/she will not be allowed on the playground equipment for safety reasons

\_\_\_\_\_ This school will be closed for the following holidays or on the day the holiday is Observed. A full week’s tuition will be charged during these holiday weeks as these are paid days for our staff.

<b>May 26, 2008 (Mon.)</b>	<b>Memorial Day</b>
<b>July 4, 2008 (Fri.)</b>	<b>Independence Day</b>
<b>September 1, 2008 (Mon.)</b>	<b>Labor Day</b>
<b>November 27<sup>th</sup> (Thurs.)</b>	<b>Thanksgiving Day</b>
<b>November 28<sup>th</sup> (Fri.)</b>	
<b>December 22 – 26<sup>th</sup></b>	<b>Christmas Week</b>
<b>December 31st</b>	<b>Open until 1:00 p.m.</b>
<b>January 1, 2009</b>	<b>Closed – Happy New Year!</b>
<b>January 2, 2009</b>	<b>Re-opens</b>

- \_\_\_\_\_ Each child must have a change of clothes that is left in the school to be used for emergencies. All clothing must be marked. The school is not responsible for any unmarked clothes. Children should wear clothing in which they will be comfortable. NO JEWELRY should be worn to school. School will not be responsible for lost or broken jewelry, or any incidences involving jewelry.
- \_\_\_\_\_ The school supplies toys for each age group. We discourage children from bringing toys from home except on Show & Tell day, which is one day each week. (check with your child's teacher)
- \_\_\_\_\_ Children who become ill may not remain in school. The parents will be called to pick up the child. Child will be isolated in the office under the direct supervision of the director or assistant director. Please do not send your child to school if the following conditions exist: 1) Fever within the last 24 hours 2) Vomiting or diarrhea within the last 12 hours 3) Any unexplained rashes 4) Persistent coughing/wheezing/shortness of breath 5) Runny green discharge from the nose 6) If child has not had sufficient rest during the night due to illness 7) If your child has to be taking an antibiotic he/she should not return to school for 48 hours.
- \_\_\_\_\_ Each preschool child in the center will have an afternoon rest/nap period.
- \_\_\_\_\_ Children will be permitted to play outside, except in bad weather. If your child cannot play outside, please bring a signed note from your doctor, and give the note to the Director.
- \_\_\_\_\_ Children enrolled in Write Start Learning Center will be transported on planned field trips in the Write Start Learning Center bus. (Ages 5 and up) By signing this agreement I hereby give my permission for my child to be transported on the school bus.
- \_\_\_\_\_ If a child is scheduled to be picked up by our bus from public or private school, parents must notify Write Start Learning Center at least one full day before the scheduled pickup time if the child is not needing transportation for a given day. If your child goes home sick from school, please notify us as soon as possible.
- \_\_\_\_\_ Although we request cooperation in not disrupting our program, parents are permitted access to all parts of the school at anytime.
- \_\_\_\_\_ Parents must cooperate with the school in carrying out all governmental laws, rules and regulations affecting the operation of the school. This agreement may be changed at anytime by Write Start Learning Center.
- \_\_\_\_\_ The school reserves the right at anytime to ask any student to withdraw from the program upon written notification to parents or legal guardian.

### **Policy Concerning Personal Matters and Custody Issues Between Parents**

\_\_\_\_\_ Please be advised that it is not the policy of this school for its staff to intervene or to be involved in any matters concerning the personal issues of parents. We will cooperate with the appropriate authorities concerning the safety, security, and welfare of the children in our care.

### **Nondiscrimination enrollment policy**

\_\_\_\_\_ Write Start Learning Center does not discriminate against any student or parent on the grounds of race, color, religion, gender, national origin or disability.

**Biting Policy**

\_\_\_\_\_Biting is a natural behavior for very young children. One and two year olds bite because their gums hurt and they cannot express themselves. Anyone might be a target.

At Write Start Learning Center we clean the bite with soap and water, put ice on the area for a short time and give tender loving care. Both the biter and the child who received the bite have an incident report.

According to the latest medical opinion, the biter is the one at risk for disease, not the unlucky recipient.

A Write Start Learning Center staff member removes the biter from play, reminds the biter to use words and to bite food instead of friends, and tells the biter that biting hurts. The school rule is consistently reinforced, "You may not bite your friends!"

**Write Start Behavior Policy**

\_\_\_\_\_The following behavior will not be tolerated at Write Start:

- 1) Willful destruction of school property
- 2) Disregard of school rules
- 3) Violence to other children or teachers
- 4) Disrespectful to staff

If any of this behavior occurs, the child will receive a written reprimand and suspension for one day. If behavior does not improve, child will be dismissed from Write Start immediately.

**Policy on Investigations by Outside Agencies**

\_\_\_\_\_Family Services and law enforcement or any other agency with the proper authority shall be permitted to investigate any matter that is related to the school.

Parents will be contacted as soon as feasible to be kept informed of the situation.

It is the policy of Write Start Learning Center to assess each situation on an individual basis and a course of action decided upon at the discretion of the management, ensuring at all times the welfare of the child and the protection of the school from false or unfounded accusations.

**I have fully read the above policies and procedures and agree to comply:**

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

**WRITE START LEARNING CENTER TERMS**

Please initial by each statement:

\_\_\_\_\_ I agree to pay on Monday (or the first day contracted to attend each week) for each week, with no deductions for sick days, absent days, or holidays. A late fee of \$25.00 will be added to my child's tuition if not paid by Wednesday.

\_\_\_\_\_ I agree to pay a registration fee of \$80.00 at the time of enrollment. Thereafter there will be a yearly materials fee of \$60.00, which will be due in August. This fee will be used to help purchase books, materials and insurance for your child, as well as cover the cost of plays.

\_\_\_\_\_ I agree that if my child is absent for any of the days contracted to attend I will still be liable for the full week's tuition, i.e. child is scheduled for five full days, only attends 3 days - full tuition is due. If my account becomes delinquent I will be responsible for all collection costs.

\_\_\_\_\_ I agree to pay a late fee of \$1.00 per minute for the first 5 minutes and \$5.00 per minute thereafter if my child is left at school after 6:30 p.m., closing time, as described in the Policies and Procedures Agreement.

\_\_\_\_\_ In the case of withdrawal of my child from this school, I agree to give Write Start Learning Center a full week's notice. If this notice is not given, I agree to pay one week's tuition fee prior to withdrawal.

\_\_\_\_\_ In the event of emergency of illness or accident, the Write Start Learning Center has my permission to administer emergency treatment and take the child to the nearest emergency facility. Parent will be phoned. In the event of illness while my child is in attendance; medical expenses are the responsibility of the parent.

\_\_\_\_\_ I agree to pay a \$35.00 NSF check charge for each check returned. **ALL FUTURE TUITION PAYMENTS MUST BE PAID IN CASH OR BY CREDIT CARD.**

\_\_\_\_\_ My child will be allowed two free vacation weeks per year. Your child will need to be enrolled for 3 months in order to use this free vacation, and payments must be received on time each week in order to receive free vacation weeks. Your child must be absent from school in order to receive vacation time. Vacation time may not be carried over to the next year. Vacation time will be based on your anniversary "start date". After the free weeks are used, I agree to pay the regular week's tuition for each full week my child is out. If possible, this week's tuition will be paid in advance.

\_\_\_\_\_ I agree to carry out the parent's responsibilities under the Policies and Procedures Agreement between parents and Write Start Learning Center, and same may be changed from time to time. Written notification of any change will be given to all parents.

How did you hear about our center? \_\_\_\_\_ Phone Book \_\_\_\_\_ Friend \_\_\_\_\_ Other \_\_\_\_\_

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

Signature of School Director \_\_\_\_\_

**WRITE START LEARNING CENTER**

**Fee Schedule  
Effective 8/19/08**

**Registration Fee = \$80.00                      2 children = \$140.00**

**Yearly Program Fee = \$60.00**

**Summer Registration Fee = \$30.00**

**Return Check Fee = \$35.00**

**Late Fee – If tuition is not paid by Wednesday = \$25.00**

**Late pick-up fee = After 6:30 p.m., \$1.00/minute for the first 5 minutes,  
\$5.00/minute thereafter**

**Lunch = \$4.00 per day if paid in advance, \$5.50 if paid on the day  
FREE Pizza lunch on Fridays**

**Sibling Discount = \$5.00 per week**

**2 year olds = \$153.00 per week                      2 children = \$301.00**

**Ages 3 – 5 = \$147.00 per week                      2 children = \$289.00  
\$153.00 if not potty trained.**

**VPK Wrap-around care \$112.00 per week per child**

**Before & After School Care    \$110.00 per week  
(includes all field trips and in-service days)**

**2 children    \$215.00                      “ “**

**Before or After School Care    \$98.00 per week                      “ “**

**2 children    \$191.00 per week                      “ “**

**Full-time School Age Program \$150.00 per week includes field trips.**

**Checks, Cash, Debit and Credit cards accepted (MasterCard, Visa & Discover)**

**All rates are subject to change at the discretion of the management.**

**WRITE START LEARNING CENTER**  
**LUNCH MENU**  
**(Cost: \$4.00 per lunch or \$16.00 per week)**  
**All Meals Catered by Marco's**

<b><u>Monday</u></b>	Macaroni & cheese, green beans, pears, milk or juice
<b><u>Tuesday</u></b>	Chicken Nuggets, tater tots, corn, peaches, milk or juice
<b><u>Wednesday</u></b>	Grilled Cheese sandwiches, tater tots, carrots, milk or juice
<b><u>Thursday</u></b>	Spaghetti, cheese & meat sauce, garlic bread, salad, pineapple, milk or juice
<b><u>Friday</u></b>	Pizza, applesauce, salad, milk or juice

If you wish to purchase lunches on a regular basis, please complete the form below and we will bill the lunches in with your tuition. We cannot provide lunches on an IOU basis.

In an emergency, when you forget to add your child to our lunch list, the school can provide a sandwich, fruit and juice at a cost of \$5.00 per meal.

I wish to purchase the following lunches for my child \_\_\_\_\_  
Child's Name

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday= free lunch

\*\*\* Please note: If you plan on bringing in food for the class to share, such as on Party days or your child's birthday, the food must be store purchased and not home baked. This is a Health Department regulation. Thank you for your understanding and cooperation!

**EMERGENCY MEDICAL RELEASE**

Please Print Information

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

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

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

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

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

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

Home phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

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

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

(Street Address Number, apartment #, street) City State Zip Code

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

Dentist Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

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

(Street Address Number, street) City State Zip Code

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

Name City

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

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

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

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

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

Home phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work Phone \_\_\_\_\_

**SIGN IN THE PRESENCE OF THE NOTARY**

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child \_\_\_\_\_, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

\_\_\_\_\_  
Signature of Custodial Parent/Legal Guardian (Affiant)

State of Florida, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me on \_\_\_\_\_ 20\_\_\_\_\_  
(Month) (Day) (Year)

by \_\_\_\_\_, who is personally known to me or who has produced  
(Name of Affiant) **SEAL OF NOTARY**

\_\_\_\_\_ as identification.  
(Type of identification)

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

## **Write Start Learning Center Information**

9270 Ridge Road Seminole, Florida 33772

[www.writestartlearningcenter.com](http://www.writestartlearningcenter.com)

email: [info@writestartlearningcenter.com](mailto:info@writestartlearningcenter.com)

License #: C940018

Nationally Accredited

Pre-School Director: Suzanne Kelly      Phone: 727-392-3123

Pre-K and School Age Building: Keri Dunn      Phone: 727-392-6467

**Hours: 6:30 am – 6:30 pm**

- Pre-school for ages 1-5 with Day Care
- Voluntary Pre-K classes available am and pm
- Before & After School care for ages K-5th grade with transportation from local elementary schools
- Field trips
- Summer camp for ages 1-5th grade
- Hot, catered lunches
- Breakfast
- Music, Art, Ballet
- Computers
- Foreign Languages

### **Mission Statement:**

**At Write Start, our mission is to develop each child to his/her fullest potential in the social, academic, physical and emotional areas. We believe that every child is a unique and special gift. The Staff stimulates the desire to learn and utilizes a learning center approach to teaching. Children deserve a secure, safe, and warm environment at Write Start.**