



Welcome Letter

Welcome, welcome, welcome!! The Little Peek at Heaven Preschool team would like to thank you for choosing our Preschool. We are very excited that your family is now a part of our family.

Little Peek at Heaven Preschool is a Christian based preschool that is designed to build character; build the mind; and build a brighter future for your child. Our preschool is unique in the fact that we blend creative learning in reading, math and science, with activities designed to develop social and problem solving skills, physical condition and agility and a friendship with Jesus.

At Little Peek at Heaven Preschool we aim to make a difference in your child's life. You will be able to rest knowing that your child's future will be enhanced. It is our goal to create a positive experience that both, children and parents will remember for years to come.

Please read this handbook carefully. It has been created to help children and family members learn and understand the expectations of Little Peek at Heaven Preschool.

We are delighted to have you with us and look forward to a successful year!

In His Service,

Little Peek at Heaven Preschool Team

Little Peek at Heaven Preschool

The following forms and important information are necessary for the application process to be completed:

✓ Completed Documentation

Application Form

Medical History Form

Child Questionnaire

Payment Policy

Alternative Nutrition Plan

Handbook Acknowledgement Form

Copy of Birth Certificate

Current Immunization Record

Student Health Examination

Little Peek at Heaven Preschool

REGISTRATION FORM

Enrollment Date

Family Password

Child's Last Name First Name Gender Date of Birth Age
in August

Child Lives with: () Both Parents () Mother () Father () Guardian

PARENT/GUARDIAN INFORMATION:

MOTHER'S INFORMATION

FATHER'S INFORMATION

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

HOME PHONE: _____

HOME PHONE: _____

WORK PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

CELL PHONE: _____

EMAIL: _____

EMAIL: _____

Permitted to remove child from school? () Yes () No

Permitted to remove child from school? () Yes () No

EMERGENCY CONTACTS:

Other persons authorized by the parent to pick up child. If parent cannot be reached, the following persons may be contacted in case of illness, injury, or emergency. It is the responsibility of the registering parent to keep this list current.

	<u>NAME</u>	<u>HOME PHONE #</u>	<u>CELL PHONE #</u>	<u>RELATIONSHIP TO CHILD</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Child's Physician: _____ Phone # _____

If school is unable to contact you in case of illness or accident, do you consent to our request to administer emergency medical attention, call 911, and/or transporting your child to the hospital? () Yes () No

Registering Parent's PRINTED NAME: _____

Registering Parent's SIGNATURE: _____ Date: _____

Little Peek at Heaven Preschool

What We Need To Know About Your Child

****PLEASE PRINT****

Child's Name: _____

_____ **Health Record:** I/we acknowledge that our child is in good health and her/his immunizations are current. Further, any health restrictions, allergies, medications taken by the child, or any other needs, are noted below.

Allergies? NO YES If Yes, Please List: _____

Medical Conditions? NO YES If Yes, Please List: _____

Please list any other important information that we should be aware of concerning your child.

_____ My/our child has an epi-pen. I am attaching an allergy action plan.

_____ My/our child has an inhaler. I am attaching an individual medical action plan.

Insurance Company _____ Policy # _____

Policy Holder _____ Policy Holder D. O. B. _____

Has your child attended any other Preschool or Child Care Center? () Yes () No

If yes, please list name(s), dates, and reason for leaving:

School Name _____

From ___/___/___ to ___/___/___

Reason for leaving: _____

School Name _____

From ___/___/___ to ___/___/___

Reason for leaving: _____

Parent's Signature: _____ Date: _____

Little Peek at Heaven Preschool

What We Need To Know About Your Child

Please take the time to fill out the information below so we may best serve your child's individual needs.

1. What does your child enjoy doing the most?

2. What are your child's favorite toys?

3. Are there any siblings?

4. Does your child have any allergies?

5. Does your child have any fears?

6. Does your child need a special blanket or security item for naptime?

7. How would you describe your child's personality?

SPECIFIC NEEDS/RECOMMENDATIONS:

Little Peek at Heaven Preschool

Payment Policy

PROGRAM FEE: A non-refundable Registration Fee of \$100.00 per child made payable to Little Peek at Heaven Preschool is due with completed registration forms.

*2 year olds:

Fulltime – 5 days/week: \$600.00 monthly

Part-time – 3 days/week: \$500.00 monthly

*3 year olds:

Fulltime – 5 days/week: \$600.00 monthly

Part-time – 3 days/week: \$500.00 monthly

*4 year olds:

Fulltime – 5 days/week: \$600.00 monthly

*VPK:

Fulltime – 5 days/week: \$450.00 monthly

VPK Voucher Required

Uniform T-Shirts - \$12.00 each

Gymnastics - \$13.00 weekly

PAYMENT POLICY & PROCEDURES: Tuition is due by the 5th of each month. Payment may be made by Cash, Check, or Money Order. All checks must be made payable to Little Peek at Heaven Preschool. In the memo section, please write your child's name.

RETURNED CHECKS: In the event of a returned check, a \$35.00 fee will be charged to your account. We will require CASH or MONEY ORDER for the total of the check plus the \$35.00 fee by the following business day. All subsequent payments must be made by Cash or Money Order only, for the remainder period of the school year.

LATE PICK-UP CHARGE: Children who are picked up after closing hours are subject to a late fee of \$1.00 per minute after 6:05pm Monday - Thursday and 5:05pm on Fridays .

I acknowledge receipt of the Schedule of Fees to be paid by me for my child's attendance at Little Peek at Heaven Preschool. I understand that in the event I fail to pay these charges in a timely manner, my child can be exited from the program.

Child's Name: _____

Parent's Signature: _____ Date: _____

Board of County Commissioners, Broward County, Florida
HUMAN SERVICES DEPARTMENT
Children's Services Administration Division
Child Care Licensing and Enforcement Section

ALTERNATE NUTRITION PLAN

Name of Facility/Home: LITTLE PEEK AT HEAVEN PRESCHOOL

Date: _____

Address: 400 NW 118th Ave, Plantation, FL 33325

Dear Parent:

In accordance with the Broward County Child Care Ordinance/Family Child Care Ordinance, parents, and the child care facility/home are urged to work cooperatively to assure that children are provided with nutritious snacks and meals where lunches are not provided by the facility/home.

Please read the following carefully, sign, and return as soon as possible to LITTLE PEEK AT HEAVEN PRESCHOOL.

The facility/home agrees to provide a nutritious:
(Operator/Director checks those which apply.)

- N/A breakfast
- N/A mid-morning snack
- N/A mid-afternoon snack
- N/A evening snack
- N/A no meals or snacks

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

- X mid-morning snack
- X lunch
- X mid-afternoon snack

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

Operator/Director Signature

Parent Signature

Parent – please tear and keep this portion.

Meals provided by parents shall consist of the following:

- | | | |
|----|--------------------------|---|
| A. | Meat/Poultry/Fish | 2 ounces |
| | Or cheese | 2 ounces |
| | Or eggs | 1 egg |
| | Or peanut butter | 4 tablespoons |
| | Or dried beans and peas | ½ cup |
| B. | Fruits (2 or more) | ½ cup |
| | Or vegetables | ½ cup |
| | Or fruits and vegetables | ¾ cup *total amount and vegetables must equal ¾ cup |
| C. | Bread | 1 slice |
| D. | Butter | 1 teaspoon |
| E. | Milk | 1 cup – 8 oz. |



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
 - Swim lessons are not important
 - Schedule of lessons not convenient
 - Equipment such as swim suit, towel, goggles too expensive
- Transportation problems
- Lessons are too expensive
- We are too busy

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 #:** 46227 _____

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 11th Place
Lauderhill, FL 33311

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

Form Revised April 2016

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.

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/>

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.

INFLUENZA VIRUS



for Parents
A Guide
"The Flu"

CEPH 172-20, June 2009

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

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

How can I tell if my child has a cold,



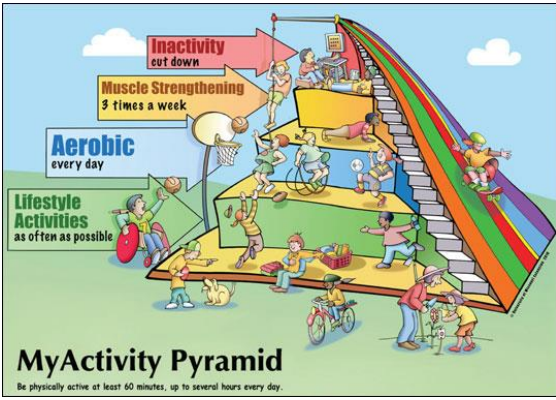
October and last as late as May.

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

What is the influenza (flu) virus?

local licensing office below:
www.myfloridachildcare.com or contact your
For additional information, please visit





LITTLE PEEK AT HEAVEN PRESCHOOL

CONSENT FOR PARTICIPATION IN PHYSICAL ACTIVITIES

All students enrolled at Little Piece of Heaven Preschool are require to have a physical activity consent form on file, as per requirement of the Broward County Licensing and Enforcement Agency.

By signing this form, you agree to allow your child to participate in all physical activities planned by the teachers of the preschool, both indoors and outdoors, which includes, but is not restrict to, ball play, use of the playground equipment, run in the field, bounce house, play in the swings, water play, and any other activity written on the weekly lesson plan which is posted in your child’s classroom.

Child’s Name: _____ Age: _____

Parent/Guardian Signature: _____ Date: _____

LIMITED PARTICIPATION

Complete this section if your child has physician prescribed limitations to his/her physical exertion level. Please make us aware and complete the LIMITED PARTICIPATION section.

For reasons explained below physical activities for my/our child, _____, must be limited. My/Our child has permission to participate within the guidelines set forth in the limitations prescribed below by his/her physician.

I/We realize that Little Piece of Heaven Preschool, and Preschool staff will do all possible to provide for the safety of my/our child. The physician has prescribed these limitations:

Parent/Guardian Signature: _____ Date: _____

Little Peek at Heaven Preschool

A ministry of the Plantation Seventh-Day Adventist Church

In order for our school to be in compliance with the Child Care Standards of the Florida Administrative Code, we must keep written permission on file for your child to participate in any food-related activities that occur at our school. To meet this requirement, we have compiled a list of our food-related activities and the possible foods your child might encounter in class throughout the school year. Please read the list carefully and note the choices at bottom of this permission slip.

<u>Fruit</u>	<u>Vegetables</u>	<u>Dairy</u>	<u>Starch</u>	<u>Sweets</u>	<u>Meals</u>
Apples	Carrots	Cream Cheese	Bread	Cupcakes/Cakes	Pizza
Melons	Celery	Cheese	Popcorn	Cookies	Chicken Nuggets
Grapes	Cucumbers	Yogurt	Pretzels	Sprinkles	Pasta
Lemons	Turnips	Butter	Cheese Doodles	Hot Fudge Sauce	Hot Dogs
Limes	Spinach	Milk	Pita Bread/Chips	Maraschino Cherries	Mac & Cheese
Strawberries	Hummus	Ice Cream	Crackers	Marshmallows	
Raisins	Mushrooms	Whipped Cream	Potatoes	Chocolate	
Oranges	Tomatoes	Eggs	Rice Cakes	Donuts	
Bananas	Snap Peas		Muffins	Jelly	
Berries				Tea/Lemonade	
Pears				Frosting/Icing	
Pineapples				Popsicles	

- **Yes,** I give permission for my child _____ to participate in any food activity including special occasions and learning activities during class or in extended care.
- **No,** my child _____ is not permitted to participate in any food activity including special occasions and learning activities during class or in extended care.
- **Maybe,** since my child _____ is allergic to or I would prefer him/her not to have the following foods:

he/she may participate only in food related activities including special occasions and learning activities during class or in extended care that do not include the foods listed above.

Parent/Guardian Signature: _____ Date: _____

LITTLE PEEK AT HEAVEN PRESCHOOL

400 NW 118th Street, Plantation, FL – 33325 - Phone (954) 473-2916



Voluntary Pre-kinderGarten Attendance Policy

Parents/Guardians of children enrolled in a VPK class
must comply with the VPK Attendance Policy

To the parent/guardian of: _____
(CHILD'S NAME)

Your child is enrolled in the Voluntary Pre-Kindergarten program. Because this is a state-funded program, there are rules and regulations set by the State of Florida that both the provider and the parents/guardians must follow. PLEASE READ THE INFORMATION BELOW CAREFULLY! You will be asked to sign a confirmation that you received this.

This agreement contains the following information:

SIGN IN / ATTENDANCE VERIFICATION
ATTENDANCE & ABSENCE POLICY
TRANSFER/DISMISSAL
LATE PICK UP

1. Sign in/Attendance Verification

- a. Daily: Your child must be signed in upon arrival and signed out at dismissal every day by the adult who drops off and/or picks up. The time and full signature, NO INITIALS ALLOWED, must be written on the attendance sheet. This is a requirement of the VPK program.
- b. Monthly: At the end of each month, you will be required to sign a "Student Attendance and Parental Choice Certificate" that confirms 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. You will be given the form on the last day of each month.

2. Attendance/Absence

Regular attendance is required in this program. It is important that your child attends every day in order to receive the maximum benefit of this program so that your child is prepared to succeed in kindergarten.

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

VPK Attendance Requirements

Your child must arrive in the VPK classroom no later than 8:35 am daily.

More than three (3) absences per month is considered excessive absences. We will discuss this with the parent/guardian. Continued excessive absences may lead to the dismissal of your child.

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 hospitalization or bed rest;
- Infectious disease or parasitic infestation;
- Physician or Dentist appointment;
- Funeral service, memorial service, or bereavement upon 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(s) 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 one time.
3. Transfer/Dismissal
 - a. Transfer: Should you decide at any time after the start of the VPK program that you wish to transfer your child to another provider, it is the parent’s/guardian’s responsibility to go to Family Central to obtain the transfer.
 - b. Dismissal of a child from a VPK program: At *Little Peek at Heaven Preschool* we strive to meet the needs of all of the children and families in our school. Please feel free to consult us on any issue. Yet, there are occasions when despite our best efforts we are unable to accommodate a particular child or family. Whether the situation is that the placement is not appropriate for the child or there is non-compliance with the policies and procedures as outlined in this agreement and/or the *Little Peek at Heaven’s Handbook*, we reserve the right to dismiss your child from the VPK program.
 4. Drop-off & Late Pick up
 - a. VPK 3 hours daily program: Children enrolled in the VPK 3-hour daily program must arrive ***no sooner than five (5) minutes before the start of class***, and must be picked up by the end of their scheduled program. Parents/Guardians are responsible to pick up their child in a timely manner. Please review the *Little Peek at Heaven Preschool’s Fees Chart* for late pick up fees.
 - b. VPK Wrap-around program: This program refers to the children who will attend school for more than three (3) hours daily. Children enrolled in the *Little Peek at Heaven Preschool’s* Wrap-around services may arrive no later than five (5) minutes after the start of class. Parents/Guardians are responsible to drop off their child in a timely manner so not to interrupt the class routine. Please review the *Little Peek at Heaven Preschool’s Fees Chart* for late pick up fees.
 5. Withdrawal from Wrap-around Services
 If at any time a parent/guardian withdraws his/her child(ren) from the Wrap-around services offered by *Little Peek at Heaven Preschool* but chooses to remain in the VPK for the daily three (3) hours program there will be no charge for the withdrawal if the parent/guardian provides the center with **two (2) weeks** advance notice. Please remember late pick up fees will be charged according to the *Little Peek at Heaven Preschool’s Fees Chart*, whenever the child(ren) is not picked up on time at each day. Said fee is expected at the time the child is picked up.
 Parents/guardians are welcome to reinstate their child in the *Little Peek at Heaven Preschool’s* Wrap-around program at any time as long as there is an available slot to accommodate the student.

Thank you reviewing these policies and procedures. The State of Florida Agency for Workforce Innovation Office of Early Learning may modify their policies from time to time. If such a situation arises, you will be notified in writing of any changes.

We look forward to a successful year. Thank you for choosing *Little Peek at Heaven Preschool* as your VPK provider.

Mrs. N.Melissa Mangual
 Director

I have received a copy of the Voluntary Pre-Kindergarten Attendance Policy:

Parent’s/Guardian’s Name: _____ Date: ___ / ___ / ___

Parent’s/Guardian’s Signature: _____ Date: ___ / ___ / ___

Name of Child: _____

Little Peek at Heaven Preschool

Please read and review carefully. All information requested must be provided.

- I agree to give Little Peek at Heaven Preschool permission to administer children's Tylenol to my child in the event he/she is running a fever and a parent is not available.
- I give permission for my child to participate in all activities at Little Peek at Heaven Preschool.
- I give permission to LPAH to publish photos or videos of my child on the school's Web Page, promotional videos, brochures and correspondence among our preschool family.
- I give Little Peek at Heaven Preschool permission to use my child's picture on the Preschool's website.
() yes () no
- I have supplied the school with custody documents as requested. () yes () no () not applicable
- Little Peek at Heaven Preschool reserves the right to cancel enrollment with written notification.
- I have received a copy of the Know Your Child Care Facility brochure.
- I have been informed of the Discipline policy of this facility.

I hereby certify that I have read and agreed to comply with all of the above as well as school regulation as specified in Little Peek at Heaven Preschool's Handbook.

Handbook Acknowledgement Form

PARENTS/GUARDIANS of _____
Student's Full Name

I have read and understood the enclosed policies.

Parent 1 Name: _____ Signature: _____ Date _____

Parent 2 Name: _____ Signature: _____ Date _____

Know Your Child Care Facility Acknowledgement Form

PARENTS/GUARDIANS of _____
Student's Full Name

I have received a copy of the Know Your Child Care Facility pamphlet.

Parent 1 Name: _____ Signature: _____ Date _____

Parent 2 Name: _____ Signature: _____ Date _____