



Hope Creative School  
2110 Cypress Gardens Boulevard  
Winter Haven, Florida 33884  
(863) 324-6377

### Emergency Contact Person Information

In case of emergency, contact the following person/s if unable to reach parents.

#### **Contact Person 1:**

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

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

Relationship to Child: \_\_\_\_\_

#### **Contact Person 2:**

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

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

Relationship to Child: \_\_\_\_\_

### Medical Information

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

### Parental Consent

In the event that I or the others listed are not available, I give permission to the caregiver to provide first aid for the child named above and to take the appropriate measures including contacting the emergency medical services (EMS) system and arranging for transportation to \_\_\_\_\_ or the nearest emergency medical facility. At no time will the caregiver drive an ill or injured child to an emergency medical facility unless accompanied by another adult.

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

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### Pick-Up Person

Please name the people who are able to pick up your child from school. We the teachers will not let them leave with anyone besides the people listed below. If there is someone at the last minute that is going to pick up your child, who is not on the list, please send a note to your child's teacher or call the school office at 324-6377. Thank you for your cooperation.

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

People Who May Pick Up Your Child

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### Parties for the School Year

Parents are asked to help with at least two parties during the school year. Four or five parents work on each party. Working parents are asked to sign up for two parties and to state that they can send but cannot attend. Please, if you are able to help or to send, write your name on the line below.

Halloween Party (October) \_\_\_\_\_

Christmas Party (December) \_\_\_\_\_

Valentine's Party (February) \_\_\_\_\_

Easter Party (March) \_\_\_\_\_

End of the Year Party (May) \_\_\_\_\_

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## Room Mother and Assistant Room Mother

If you are interested in being a room mother or assistant room mother, please sign your name next to the line listed below.

Room Mother (Chairman of Parties): \_\_\_\_\_

Assistant Room Mother (Field Trips): \_\_\_\_\_

Thank-you very much for all your help, Hope Creative School Teachers

## Financial Contract with Hope Creative School

I agree to pay all the tuition for Pre-School, extended care, and early morning arrival fees by the 10<sup>th</sup> of each month. I understand that after the 10<sup>th</sup> of each month a \$25.00 late fee will be added to the tuition amount owed, and 10% of the extended care and early morning arrival fees will be added.

I understand that if my fees are over two months overdue that my child/children will not be able to attend school or obtain any other services provided by the school until the amount is paid. I understand that I am still liable for these charges and will work closely with the bookkeeper and Director. This agreement also covers any returned checks or check fees. I understand that an additional \$10.00 fee will be added on to the amount owed.

This contract covers the 2006-2007 school year as well as any childcare services at the end of the school year and summer programs. If there are any questions about charges it is my responsibility to seek information and not avoid making payments.

It is my understanding that I must notify the school in writing, that I am withdrawing my child from school and that I am still responsible for the charges. All payments should be paid in full at the time of withdrawing my child.

I have read this Contract and am in agreement.

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

Parent's Name: \_\_\_\_\_

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

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### Discipline Policy

1. Children will not be subjected to discipline, which is severe, humiliating, or frightening.
2. Discipline will not be associated with food, rest, or toileting.
3. Spanking or any other form of physical punishment is prohibited.
4. Our policy is based on rewards in the form of smiles, stickers, acknowledgement of good behavior, etc.
5. Procedure for guidance:

Time Out- according to age

3 minutes at one time for 3 year olds

4 minutes at one time for 4 year olds

5 minutes at one time for 5 year olds

Children will never be far away (isolated) from group. An aid or teacher will be close by for discussion as to reason for time out.

I \_\_\_\_\_ have read and understand the discipline policy.  
(Parent's Signature)

### Childcare Brochure Statement

Parents's please read the Childcare Brochure (attached) and fill out and sign the statement below:

(Chapter 402.3125, F.S.)

On, \_\_\_/\_\_\_/\_\_\_,

I, \_\_\_\_\_  
(Name of Parent or Legal Guardian)

Received a copy of the Childcare Brochure.

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