

**Hope Creative School**  
**2110 Cypress Gardens Boulevard**  
**Winter Haven, Florida 33884**  
**(863) 324-6377 – [www.hopepreswh.org](http://www.hopepreswh.org)**  
**Email: [hopecreative@hopepreswh.org](mailto:hopecreative@hopepreswh.org)**

**2011/2012 MOTHER’S MORNING OUT REGISTRATION PACKET**

Child’s Name: \_\_\_\_\_  
Last First Called

Address: \_\_\_\_\_  
Street City Zip

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_ Child’s Date of Birth: \_\_\_\_\_ M \_\_\_ F \_\_\_

Siblings and Ages: \_\_\_\_\_

Home Church: \_\_\_\_\_

**FINANCIAL AGREEMENT**

\_\_\_\_\_ (Initial)  
 Mother’s Morning Out is an organized Day Care option intended for occasional use by parents of children 12 months (and walking) through 3 years old. Daily capacity is limited. It is important to call ahead to reserve space in MMO. The daily fee is \$13.50 and is prepaid at the time a child is dropped off. You will be allowed a one time forgiveness per semester on late pickup and you will only pay based on \$10 per hour. After your one time forgiveness, if you are later than 12:05 picking up your child, there will be a \$1.00 per minute charge after 12:05. There will be no account billing for MMO services as fees are paid at the time of service. There is no registration fee for MMO.

**Mother’s Morning Out service is available between 8:45am – 12:00 pm.**

**HOPE CREATIVE SCHOOL CALENDAR 2010/2011**

- August 19, 2011 Open House
- August 22, 2011 First Day of School
- June 7, 2012 Last Day of School
- School Closed on these dates:***
- September 5, 2011 Labor Day
- November 21-25, 2011 Thanksgiving Holiday
- December 19- January 2, 2012 Christmas Holiday
- January 16, 2012 Martin Luther King, Jr. Day
- February 20, 2012 President’s Day
- March 12 – 16, 2012 Spring Break
- April 6, 2012 Good Friday
- May 28, 2012 Memorial Day

The dates listed above are reflective of the Hope Creative School calendar year for the preschooler classes. These dates are also available for Mother’s Morning Out. MMO parents will be invited to participate in several special occasion days at the pre-school.

\* All dates and events subject to change.

**Hope Creative School**

HCS Director Signature/Date \_\_\_\_\_ Parent Signature/Date \_\_\_\_\_

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**AUTHORIZED PICK-UP PERSONS**

Please name all the people who are permitted to pick up your child from school. We will not release children to anyone other than the people you list below. You will need to send a note to the teacher or call the school 324-6377 in all cases where someone not listed is going to pick up your child. Thank you for your cooperation.

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

People Who May Pick Up Your Child

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN CONTACT INFORMATION**

In the event the child named above becomes injured or ill, I understand that the caregiver will attempt to contact me, the other parent, or the legal guardian at the telephone number provided below.

Parent's (Legal Guardian's) Name: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ days/hours \_\_\_\_\_  
\_\_\_\_\_ days/hours \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Lives with you? Y \_\_\_\_\_ N \_\_\_\_\_

Parent's (Legal Guardian's) Name: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ days/hours \_\_\_\_\_  
\_\_\_\_\_ days/hours \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Lives with you? Y \_\_\_\_\_ N \_\_\_\_\_

**MEDICAL INFORMATION**

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

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Any special concerns? Such as fears, behaviors that we should be aware of (running away, climbing etc.)

Please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HCS Director Signature/Date \_\_\_\_\_ Parent Signature/Date \_\_\_\_\_

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**PARENTAL CONSENT**

In the event that I or the others listed as emergency contacts are not reachable or 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.

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

**EMERGENCY CONTACT PERSONS**

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

**EMERGENCY Contact Person 1:**

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

**EMERGENCY Contact Person 2:**

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

**DISCIPLINE POLICY**

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

Time Out – according to age:

3 minutes at one time for 3 year olds

Children will never be far away (isolated) from group. An aide or teacher will be close by for discussion as to reason for time out. Time out involves sitting in a chair facing the group, but without access to activities. It is used to encourage children to think about their behavior.

I have read and understand the discipline policy. I understand that there may be occasions when I am called in to assist with my child’s behavior. Children who, in the opinion of the teacher or director, present a danger to themselves or others may be sent home.

Child’s Name: \_\_\_\_\_ Parent’s/Guardian’s Name: \_\_\_\_\_

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

HCS Director Signature/Date \_\_\_\_\_ Parent Signature/Date \_\_\_\_\_

**CHILD CARE FACILITY BROCHURE STATEMENT**

Parents, please read the Florida Department of Children and Families Brochure titled 'Know Your Child Care Facility' and complete the statement below:

(Chapter 402.3125, F.S.)

On, \_\_\_/\_\_\_/\_\_\_, (date)

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

Received and read a copy of the Child Care Facility Brochure.

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