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IMPACT Preschool Program Information

We are pleased to offer IMPACT Preschool (IP), providing care and education for ALL infants, toddlers, preschoolers, and pre-kindergarteners through VPK. As a parent you will have assurance that all your child's needs are being met in a safe and encouraging atmosphere. Not only will your child receive a high level of staff attention, they will be set up to succeed by having access to therapists on-site.

Hours of Operation: 7:30am - 6:00pm

2023/2024 School Year Closures

IMPACT Preschool will be closed in observance of the following holidays and teacher-planning days:

- Labor Day (Monday, September 4th, 2023)
- Teacher Planning/In-Service Day (Monday, October 16th, 2023)
- Thanksgiving Holidays
 - (Wednesday, November 22nd, 2023, CLOSE AT NOON)
 - (Thursday & Friday November 23rd - 24th, 2023)
- Winter Holidays (Monday, December 25th - Friday 29th, 2023)
- New Year's Holiday Observance (Monday, January 1st, 2024)
- Teacher-Planning/In-Service Day (Monday, March 18th, 2024)
- Memorial Day (Monday, May 27th, 2024)
- Independence Day (Thursday, July 4th, 2024)

VPK NOTE: There will be additional days when VPK is not in session. The days will be consistent with our private school (IMPACT Academy) closings and LCS closings. Your child may attend IMPACT Preschool if he/she is enrolled in **Full-Time Wrap-Around** care.

Curricula: Creative Curriculum / Beyond Centers and Circle Time / Beyond Cribs and Rattles / Conscious Discipline

Therapy Services: Fulfilling our commitment to meet your child's every need; we offer a discounted rate for 1:1 Occupational, Physical, Speech Therapy and ABA services to children enrolled in IMPACT Preschool: 1 hour of therapy: \$100.00, ½ hour of therapy: \$50.00. There is no discount on the evaluation fee (\$200.00: OT, PT, ST; \$500.00: ABA).

We look forward to nurturing your child's growth and providing an environment where learning is embedded, differences are admired, and every child is cherished.

Wishing You Well,

Chante Smith-Clark
Director of Early Childhood Education

Tuition and Enrollment Agreement:

Please read and **initial** in the space provided next to each section of this form. Information is provided to ensure your understanding and cooperation with all our policies including payments, late fees, withdrawal, and additional matters to ensure the highest level of care for your child.

Registration Fee: The registration fee of \$150.00 is due at the time of enrollment (VPK only exempt). There is a 50% discount for siblings. The non-refundable registration fee includes processing of application, insurance, educational materials, and supplies. _____

Annual Supply Fee: The Supply fee of \$100.00 is due initially by the first day of attendance. Each year following, the Annual Supply Fee is due by September 1st. _____

VPK Wrap-Around Supply Fee: If enrolled in VPK wrap-around, the Supply fee of \$100.00 is due by the first day of attendance.

Tuition: Tuition fees must be paid in advance, either weekly or monthly. Fees are due regardless of IP's closings or attendance. This is necessary due to fixed costs. Please select your payment option.

- ☐ Weekly: Tuition is due *in advance* by Tuesday at 6:00pm. If payment is not received by 6:00pm on the Friday prior to the week, a late fee of \$20.00 will be assessed. IMPACT Preschool will require a credit card on file to bill in the event payments are not made timely. If payment is not received for two consecutive weeks, the child may not return to IP until all tuition and applicable late fees have been paid in full. _____
- ☐ Monthly: Tuition is due in advance, no later than the 31st of the preceding month. A late fee of \$30.00 will be assessed after the 4th of the month plus \$5.00 for each additional day late after the 5th. IP will require a credit card on file to bill in the event payments are not made timely. If fees are not paid by the 5th, the child may not return to IP until all tuition and applicable late fees have been paid in full. _____

Tuition by Class (monthly/weekly):

Brainiacs (Under 1 yr. old)	Explorers (12-24mos)	Star Pals/ Helping Hands (24-36mos)	Bright Bunch (36-48 mos)	Mighty Solvers/ Pep Squad (4 on or before 9/1)	VPK Wrap with VPK certificate
\$1020.00/ \$260.00	\$980.00/ \$250.00	\$940.00/ \$240.00	\$895.00/ \$230.00	\$850.00/ \$220.00	\$640.00/ \$170.00

VPK Tuition: This is specific to students enrolled in VPK with a certificate. The Parent/Guardian is responsible for paying the monthly tuition if Full-Time Wrap-Around is selected. The Leon County School calendar is followed. _____

- ☐ Full-Time Wrap-Around: Monday – Friday, 7:30am – 6:00pm. \$640.00 per month. **
- ☐ VPK Only: Monday through Friday, 9:00am – 12:00pm. No additional tuition or fees are due.

** Closing will be consistent with Leon County Schools' closings. Your child may attend IP if he/she is enrolled in **Full-Time Wrap-Around** care only.



Infant Room Deposit: (Please initial your acceptance if you are enrolling a child under one year of age) A \$150.00 registration fee and one-month infant tuition (\$1020.00) will be due at the time of registration. The non-refundable one-month infant tuition will be applied to your child's first month of attendance. Your initial day of enrollment may not be changed. _____

Sibling Discount: A 10% discount in the weekly/monthly tuition will be applied if two or more siblings are enrolled full-time and will be discounted from the oldest sibling. _____

Returned Check: In the event of a returned check, a \$35.00 fee will be charged. _____

Withdrawal: A 30-day written notice is required prior to withdrawal. Parents wishing to withdraw their child, but who fail to provide a 30-day written notice, will be responsible for tuition for the remaining 30 days or any portion thereof. _____

Early Drop-Off / Late Pick-Up Fees: The hours of operation are 7:30am - 6:00pm. Although staff may be present, there will not be anyone available to care for children outside of business hours. An administrative fee of \$1.00 per minute past 6:00pm or before 7:30am will be charged. _____

Grounds for Dismissal: The following conditions or occurrences may constitute grounds for the immediate termination of the child's enrollment privileges:

- Failure to pay tuition and possible accruing fees, as required on page 3, in a timely manner.
- Failure to submit required documents by given deadlines (Health & Safety, page 7).
- Failure to consistently drop-off and pick-up as required above (Early Drop-Off / Late Pick-Up Fees).
- Any behavior by the parent that is non-supportive, disrespectful, and/or threatening to the faculty and staff of IMPACT. _____

Discipline Policy: At IP our staff models composure to be able to appropriately respond to misbehavior. We use Conscious Discipline strategies to foster connection with students. Where there is misbehavior, we teach missing skills. Discipline that is severe, humiliating, frightening, or associated with food, rest, or toileting is prohibited. Spanking or any other form of physical punishment is not tolerated. A child who is exhibiting aggressive behaviors will be encouraged to use strategies offered or moved to a safe place until calm. _____

Open Door Policy: Per DCF regulations (8.1.A), the Parent(s)/Guardian(s) have access to their child, in person and by telephone, whenever the child is in care at IP. _____

Nutrition Plan: IP currently does not supply snacks or lunches. In accordance with the DCF Child Care Facility Handbook (3.9.3.F.), parents and the childcare facility are urged to work cooperatively to assure that children are provided with nutritious snacks and meals where lunches are not provided by the facility. Nutritional guidelines are included in the IP Parent Handbook to help with meal planning.

Photo Authorization: Please review the photo release statement. Contact administration if you would like to revoke photo authorization at any time. I consent to have photographs and videos taken of me or my child. I authorize the usage of these materials by IMPACT Tallahassee including on social media, website, and promotional materials.

Community Food/Special Occasions: I _____ give permission for my child
(Parent or Guardian)
_____, to participate in food related activities and special occasions
wherein food is consumed.



Release of Information: Information regarding the child's health, well-being and therapy treatment will be shared among all necessary IMPACT Tallahassee entities. (Example: A child receiving therapy services - the Preschool teacher would receive information about therapy goals). ____

Access to Records: Per the DCF Child Care Facility Handbook, 7.3.D. parents are required to give consent for childcare personnel to have access to each child's records. ____

Consent to Observe: I _____ give my permission for my child,
(Parent or Guardian)

_____, to be observed by the ABA Director (Board Certified Behavior Analyst) for the purpose of assisting adults with any behaviors that may arise while on any campus at IMPACT Tallahassee.

Parent/Guardian Signature

Date

Additional Florida Department of Children and Families (DCF) Child Care Facility Requirements:

- Section 7.3.C.1 requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility"
- Section 7.3.C.2 requires that parents are notified in writing of the disciplinary practices used by the childcare facility
- Section 7.3.C.4 requires that parents receive information detailing the causes, symptoms, and transmission of the influenza virus.

My signature and initials certify that I have received the above items and that the information in this Enrollment Form is complete and accurate. In addition, I have read, understand, and agree to comply with the policies outlined in the IMPACT Preschool (IP) Tuition and Enrollment Agreement and the IP Parent Handbook. Additionally, I acknowledge that I have read and understand the IP Expulsion Policy.

Signature of Parent/Guardian

Date

Child's Name



Health Insurance Information:

Insurance Carrier: _____ Policy Holder: _____ DOB: _____

Relationship (please circle one): Father/Mother/Self Insured ID#: _____

Group #: _____ Insurance Phone: _____ Coinsurance/Copay: _____

Insurance Notes: _____

Part C/Early Steps: Yes or No

Medical History:

Diagnosis: _____ Date: _____

Diagnosis: _____ Date: _____

Allergies: _____

Reactions: _____

Has your child attended any other preschool or childcare center?

No ☐ Yes ☐ Please list name(s) and dates attended: _____

Please list special instructions and accommodations needed for feeding, toileting and other areas of concern related to activities of daily living:

If IP is unable to reach either parent/guardian or emergency contacts, I give my permission to the school to consult my child's physician, seek emergency medical treatment and/or emergency transportation services if necessary. By signing below, I agree to pay any medical expenses incurred for treatment and/or emergency transportation.

Physician's Name: _____ Phone number: _____

Physician's Address: _____

Signature of Parent/Guardian

Date

Health & Safety Information:

We must have on file a complete **Student Health Examination Form** (DH 3040) and **Immunization Record** for each child enrolled. It is the parents' responsibility to keep it updated. According to the DCF Child Care Facility Handbook (7.2), these documents must be provided to IP within 30 days of enrollment and kept current or the child will not be allowed to remain in the program. Some children in care may have exemptions from immunizations. In these cases, IP will require the exemption to be on file (DCF 7.1).

Please keep your child home if he/she is showing any signs of a communicable disease. Signs and symptoms of a suspected communicable disease include the following:

- Fever - 100°F or above
- Severe coughing, causing a child to become red or blue in the face or to make a whooping sound
- Diarrhea/vomiting
- Generally not feeling like him/herself
- Lice

Your child will be kept in a separate area should they show signs or symptoms of illness. We will contact you to pick up your child immediately (within one hour) should your child show symptoms of a communicable disease, including:

- Fever - 100°F or above
- Diarrhea/vomiting
- Suspected pink eye
- Rash
- Lice
- Any other sign or symptom of illness

Additional Precautions:

Fever: If your child wakes up with a fever, please do not give them medicine to lower the fever and send them to class. Most of the time the medicine will wear off and you will be contacted to pick up your child because the fever has returned. *Your child must be fever-free for 24 hours before returning to IP.*

Diarrhea: Bowel movements that are extremely loose, watery, and frequent are reasons for child to be kept home. Diarrhea in children is an extremely contagious illness. Consideration will be taken if your child is allergic to certain food/drink products, on medication, or variety of conditions, but these are different from diarrhea. Your child must be diarrhea-free for 24 hours before returning to IP.

Vomiting: Vomiting is a reason for exclusion. As with diarrhea, 24 hours should pass without an episode of vomiting before a child returns to the center.

Lice: IP has a NO NIT policy. If your child has head lice, he/she must be treated, and all nits must be removed before your child may return. Your child's head must be checked by an administrative staff member before he/she can return to class.

Health & Safety Information: (Cont.)

Medication: A medication permission form is available to parents/guardians, authorizing IP to dispense prescription and non-prescription medication to children in care. All medicine must be in the original container. Medication and forms must be given to a staff member, NOT placed in the child's backpack or lunch box.

Emergency Care Plan: Per the DCF Child Care Facility Handbook, 2.5.3 and 7.2.A, "Any child who has or is at an increased risk for a chronic physical, developmental, behavioral or emotional condition and require additional services must have a current Emergency Care Plan included in the child's file." This includes procedures to follow in the event of exposure to any allergen and access to necessary medications. Complete the Emergency Care Plan on the following page if this pertains to your child.

**An Authorization for the Administration of Medication Form must be completed for any over the counter and prescription medications.

Sunscreen, Diaper Cream, and Insect Repellent:

I consent to the application of sunscreen, diaper cream and insect repellent that I provided. _____

By signing below, I acknowledge and agree to comply with IP's Health and Safety Policies. I am aware that I will need to arrange to have my child picked up from school within one hour, should he/she show signs/symptoms of illness.

Signature of Parent/Guardian

Date

Emergency Care Plan

(Complete if there are health conditions)

Child's Name:	DOB:
Health Condition(s):	
Signs and Symptoms IMPACT Staff May Witness:	
Circumstances Which Require Immediate Emergency Care (911) and the Plan of Action:	
Medications To Be Administered at IMPACT and Specific Instructions for Use: **Note: This does not replace the Authorization for the Administration of Medication form.	
Other Treatment(s) or Accommodation(s) Required at IMPACT:	
Prevention Details:	
Preferred Hospital:	
Medical Provider Name/Address/Phone/Fax:	
Parent or Guardian Name/Phone:	
Parent or Guardian Signature:	Date
Director's Signature:	Date