

City of Hialeah Education & Community Services Department  
Creative Learning & Play Program



PROGRAM HANDBOOK

This handbook contains pertinent information about Creative Learning & Play programs offered through Hialeah's Education & Community Services Department. Please use this checklist to ensure that you have received and have submitted all necessary documentation for registration.

Upon registering a child, the parent will receive a registration packet which includes:

- Registration Forms
- Program Handbook including
  - Program Information
  - Policies and Procedures, including Attendance & Discipline policies
  - Fees & Camp Information
  - Site Information
- Disciplinary Policy
- Child's Code of Conduct (*sample*)
- Know Your Child Care Facility Brochure
- Influenza Virus Brochure

Parents must submit the following documents in order to complete a child's registration process.  
(Check off items below.)

- \_\_\_ Registration Forms
- \_\_\_ Copy of Birth Certificate or Passport
- \_\_\_ Current Photo of child
- \_\_\_ Proof of Residency-Utility Bill
- \_\_\_ Current Report Card
- \_\_\_ Registration Fee
- \_\_\_ One Week's Payment

- \_\_\_ Summer Program at Walker and Hoffman
- \_\_\_ Reduced Fee Application with Appropriate Documentation

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**Please sign below to complete upon registration.**

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

I, \_\_\_\_\_, have received the CL&P Program Handbook, CL&P Policies and Parent/Guardian

Procedures, including Attendance and Discipline policies, the Know Your Child Care Facility Brochure, the Influenza Virus Brochure, and I have submitted all required information.

Parent/Guardians' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Staff's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(PRINT)

Enroll Date \_\_\_\_\_ Receipt # \_\_\_\_\_ Resident / Non Resident \_\_\_\_\_ Withdrawn Date \_\_\_\_\_



City of Hialeah Education & Community Services Department  
Creative Learning & Play Program



After-School Program 2016-2017

ATTACH  
CURRENT  
PHOTO  
of  
CHILD

**SITE INFORMATION- Sites Subject to Change Due to Funding**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Babcock Park - 651 E. 4 <sup>th</sup> Ave. | <input type="checkbox"/> Goodlet Adult - 900 W. 44 <sup>th</sup> Pl.    | <input type="checkbox"/> Slade Park - 2501 W. 74 <sup>th</sup> St.    |
| <input type="checkbox"/> Bright Park - 750 E. 35 <sup>th</sup> St.  | <input type="checkbox"/> Hoffman Gardens - 7650 W. 8 <sup>th</sup> Ave. | <input type="checkbox"/> Veterans Park - 7900 W. 32 <sup>nd</sup> Ave |
| <input type="checkbox"/> Cotson Park - 574 W. 23 <sup>rd</sup> St.  | <input type="checkbox"/> O'Quinn Park - 6051 W. 2 <sup>nd</sup> Ave.    | <input type="checkbox"/> Walker Park - 800 W 29 <sup>th</sup> St.     |
|   |   | <input type="checkbox"/> Wilde Park - 1701 W. 53 <sup>rd</sup> Ter.   |

**CHILD'S INFORMATION**

**ECS STAFF: Registration date** \_\_\_\_\_ **TCT #** \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M /  F

**Primary Care Hours:** 2:00 p.m. to 6:30 p.m. **Days of the Weeks in Care:** Monday - Friday  
**Meals typically Served While in Care:** All Sites: P.M. Snack ; Babcock, Cotson, Wilde, Slade & Veterans: Supper

**Child's Ethnicity:**  Hispanic  Haitian  Other, please specify \_\_\_\_\_

**Child's Race:**  American Indian/Alaskan  Asian  Black/African-American  
 Pacific Islander  White  Other, please specify \_\_\_\_\_

**Is Child Proficient in English?**  Yes  No

**Additional/Other Language(s) spoken at home:**  Spanish  Haitian-Creole  Other \_\_\_\_\_  None

**Last 4 Digits ONLY of Child's Social Security #** \_\_\_\_\_ **(Required)**

**MDCPS Student ID #** \_\_\_\_\_  No MDCPS ID (State Reason) \_\_\_\_\_

**Child's Current School:** \_\_\_\_\_ **Child's Grade** (as of 2016-17): \_\_\_\_\_

**ECS STAFF:**  Verified Proof of Grade (Report card, Letter, other)

**FAMILY INFORMATION**

**Custody (Primary Caregiver):**  Mother  Father  Both  Other \_\_\_\_\_

**Does the child live with a legal guardian other than the mother or father?**  Yes  No

**Mother / Legal Guardian** email: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell / Work Phone: \_\_\_\_\_

**Father / Legal Guardian** email: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell / Work Phone: \_\_\_\_\_

*(You may be contacted by The Children's Trust for quality improvement purposes)*

**Number of Children living in the household (including child participant):** \_\_\_\_\_

**Is the participant a child of a Military family?**  Yes  No

(A member of the child's family is either: 1) an active duty member of the uniformed services; 2) a member of the National Guard or reserves; 3) a member or veteran who was severely injured and medically discharged or retired; or 4) a member killed in the line of duty.)

**Migrant Farm Work:**  Yes  No

**Dependency System:**  Yes  No

**Delinquency System:**  Yes  No

**Emergency Contact Person** (If Parents / Guardian cannot be reached, please list emergency contacts)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**PERSON(S) AUTHORIZED TO PICK-UP CHILD FROM THE PROGRAM** (Other than Parent / Guardian)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

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

**YOUR CHILD WILL NOT BE RELEASED TO ANY PERSON NOT LISTED HEREIN.**

**Note: In case of an emergency, at least one parent, guardian or designated emergency contact person needs to be available to respond to the site within 15 minutes. Responding party should be authorized to make an emergency medical decision on behalf of the child.**

**MEDICAL INFORMATION**

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Doctor: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Please list allergies, special medical or dietary needs, or other areas of concern: \_\_\_\_\_

Does your child have health insurance (ex., private insurance, KidCare, Medicaid)?  Yes  No  
If you are interested in other services funded by The Children's Trust or need to find affordable coverage, please call 211 or visit [www.thechildrenstrust.org](http://www.thechildrenstrust.org)

Does your child have any **allergies** (ex., food, medicine)?  Yes  No

If yes, please explain \_\_\_\_\_

Does your child have a **documented medical condition** or a **disability**?  Yes  No

If yes, please explain and check the appropriated boxes \_\_\_\_\_

If yes, how would you best classify the type(s)? (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Autism Spectrum Disorders  | <input type="checkbox"/> Learning Disability          |
| <input type="checkbox"/> Chronic Medical Condition<br>(diabetes, severe asthma, seizures, epilepsy) | <input type="checkbox"/> Physical Disability          |
| <input type="checkbox"/> Developmental Delay  | <input type="checkbox"/> Speech/Language Impairment   |
| <input type="checkbox"/> Emotional and/or Behavioral Disorder<br>(ADD / ADHD / OCD / PTSD / ODD)    | <input type="checkbox"/> Visual Impairment (or blind) |
| <input type="checkbox"/> Hearing Impairment (or deaf)   | <input type="checkbox"/> Other Disability _____       |
| <input type="checkbox"/> Intellectual Disability (or MR)  |   |

**Note: If "asthma" is circled under Chronic Medical Condition, please check:  Acute or  Seasonal Allergies**

If yes, do you have (check all that apply):

- Individualized Education Plan (IEP) from MDCPS
- Section 504 Plan
- a medical diagnosis (from a doctor)
- a diagnosis from a state certified / licensed professional (ex. psychologist)
- disclosure by parent/guardian describing the child's specific condition and/or need for accommodation(s)

Helpful Information About Child:

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

We want to get to know your child better so we can provide the best possible experience in our programs. Please tell us more about your child...

**What are the main ways your child communicates?(Mark all that apply)**

- Speaks and is easily understood
- Speaks but is difficult to understand
- Uses sign language
- Uses communication devices like pictures or a board
- Uses gestures like pointing, pulling or blinking
- Uses sounds that are not words like grunting

**What, if any, help does your child receive at this time? (Mark all that apply)**

- Speech/language therapy
- Occupational therapy (OT)
- Physical therapy (PT)
- Daily medication (not including vitamins)
- Special education services in school
- Behavioral therapy or services
- Counseling for emotional concerns
- None

**What conditions does your child have that are expected to last for a year or more? (Mark all that apply)**

- Physical disability or impairment
- Medical condition or illness
- Hearing impairment or deaf
- Visual impairment or blind
- Speech or language condition
- Autism spectrum disorder
- Developmental delay (only if under age 5)
- Problems with learning (if school-age)
- Problems with attention or hyperactivity (ADHD/ADD)
- Problems with depression or anxiety
- Problems with aggression or temper
- None of the above

If you marked "None of the above" on the question above, please skip the next two questions and sign below. If you marked any other answer above, please answer the remaining questions and sign below.

**Do any of the conditions marked above make it harder for your child to do things that other children of the same age can do?**  Yes  No

**To support your child's successful participation in this program, in what areas might s/he need extra assistance?**  No specific help needed

- Holding a crayon/pencil, writing, using scissors or other fine motor tasks
- Sports or physical activities like running or other gross motor tasks
- Managing feelings and behavior
- Academic, learning or reading activities
- Adapting activities to take into account a visual or hearing impairment
- Using assistive device(s) like a wheelchair, crutches, brace or walker
- Personal services like help with feeding, toileting or changing clothes
- Other \_\_\_\_\_

*If you are interested in other services funded by The Children's Trust, please call 211 or visit [www.thechildrenstrust.org](http://www.thechildrenstrust.org)*

I give my permission for this information to be submitted to The Children's Trust for program quality and evaluation purposes. The Children's Trust provides funding for the program.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**FOR STAFF USE ONLY (MUST BE COMPLETED)**

Staff's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(PRINT)

**TRANSPORTATION**

- I authorize the City of Hialeah to transport the participant to and from program/events/field trips sponsored and/or approved by the After-school Program.
- I do not authorize the City of Hialeah to transport the participant to and from program/events/field trips sponsored and/or approved by the After-school Program.

**DCF LICENSE NUMBERS**

|                     |                     |                      |                   |
|---------------------|---------------------|----------------------|-------------------|
| Babcock # C11MD2033 | Goodlet # C11MD2737 | Slade # C11MD2032    | Wilde # C11MD2034 |
| Bright # C11MD2755  | Hoffman # C11MD2740 | Veterans # C11MD2043 |                   |
| Cotson # C11MD2738  | O'Quinn # C11MD2828 | Walker # C11MD2739   |                   |

**DCF REQUIREMENTS**

- Section 65C-22.006(2), F.A.C., requires a current immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure
- Section 65C-20.010(6)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility

**REQUEST FOR A MINOR TO PARTICIPATE IN PROGRAMS/EVENTS SPONSORED/APPROVED BY THE CITY OF HIALEAH AND HOLD HARMLESS AGREEMENT**

**PARTICIPATION:** I hereby give permission for the participant named on this form to participate in the **After-school Program, "Creative Learning & Play" provided by the City of Hialeah**, from \_\_\_\_\_ to \_\_\_\_\_. The After-School Program includes, but not limited to, literacy programs, fitness, cultural arts, social development, indoor/outdoor games, crafts, fieldtrips and special events. My permission shall be effective upon signing this Request/Hold Harmless Agreement. I have instructed the participant to obey, at all times, all instructions, orders and commands given by the authorized representatives of the City of Hialeah or its designees. I further give permission for the participant to be filmed and/or photographed in such program/event for use in publicizing the program/event.

**RELEASE OF ALL CLAIMS:** The undersigned, individually and on behalf of the participant, releases, covenants not to sue and forever discharges the City of Hialeah, its Officers, Agents, Employees, Counselors, Volunteers and their successors and assigns (all of whom constitute the released parties) of all liabilities, claims, actions, damages, costs or expenses, that the participant may have against the released parties arising out of, or in any way connected with participation in the program/event sponsored/approved by the City of Hialeah, including travel to and from such program/event, and including injury or damage to person or property, or resulting in death of the participant, whether caused by the **NEGLIGENCE** of the released parties or otherwise.

**CONSENT TO TREATMENT:** I authorize such physician or medical staff as the City of Hialeah may designate, to carry out any minor medical treatment deemed necessary, or to take my child to the emergency room of the nearest hospital for treatment, if necessary. I understand that, in order to provide necessary medical treatment to my child, there may be an exchange or disclosure of confidential/protected health information between the City of Hialeah and medical providers. I authorize the City of Hialeah to exchange or disclose my child's confidential/protected health information with such medical providers, as well as with The Children's Trust. I further understand that the City of Hialeah shall protect my child's confidential/protected health information and comply with all applicable federal and state laws by not disclosing such information to any third party who does not have a need to know such information.

I, the undersigned, am the parent/guardian of the above-specified minor child. I have read and fully understand the provisions of the above Request/Hold Harmless Agreement and have explained them to said minor. I hereby agree that the said minor and I will be bound thereby. Under penalties of perjury, I declare that I have read the foregoing Request/Hold Harmless Agreement and that the facts stated in it are true.

**I have fully completed the registration form and I have been provided the Program Handbook and a written program disciplinary policy by the ECS Department. I also give my permission for this information to be submitted to The Children's Trust for program monitoring and evaluation purposes. The Children's Trust provides funding for the program.**

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY ECS STAFF:**

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_ Proof of Address: \_\_\_\_\_  
Documentation Provided

Original to Site: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_



The City of Hialeah's *Creative Learning & Play* out of school programs are funded in part by The Children's Trust. The Trust is a dedicated source of revenue established by voter referendum to improve the lives of children and families in Miami-Dade County.



# Parent Self-Disclosure

I, \_\_\_\_\_, parent / legal guardian of \_\_\_\_\_ hereby disclose the following information / condition of my child.

Does your child have any **allergies** (ex., food, medicine)?  Yes  No

If yes, please explain \_\_\_\_\_

Does your child have a **documented medical condition** or a **disability**?  Yes  No

If yes, please explain and check the appropriated boxes \_\_\_\_\_

\_\_\_\_\_

*If yes, how would you best classify the type(s)? (check all that apply):*

- |   |   |
|---|---|
| <input type="checkbox"/> Autism Spectrum Disorders  | <input type="checkbox"/> Learning Disability          |
| <input type="checkbox"/> Chronic Medical Condition<br>(diabetes, severe asthma, seizures, epilepsy) | <input type="checkbox"/> Physical Disability          |
| <input type="checkbox"/> Developmental Delay  | <input type="checkbox"/> Speech/Language Impairment   |
| <input type="checkbox"/> Emotional and/or Behavioral Disorder<br>(ADD / ADHD / OCD / PTSD)          | <input type="checkbox"/> Visual Impairment (or blind) |
| <input type="checkbox"/> Hearing Impairment (or deaf)   | <input type="checkbox"/> Other Disability _____       |
| <input type="checkbox"/> Intellectual Disability (or MR)  |   |

**Note: If "asthma" is circled under Chronic Medical Condition, please check: Acute or Seasonal Allergies**

*If yes, do you have (check all that apply):*

- Individualized Education Plan (IEP) from MDCPS
- Section 504 Plan
- a medical diagnosis (from a doctor)
- a diagnosis from a state certified / licensed professional (ex. psychologist)
- disclosure by parent/guardian describing the child's specific condition and/or need for accommodation(s)

Helpful Information About Child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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**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.

## **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.

**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 is the influenza (flu) virus?

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



## How can I tell if my child has a cold, or the flu?

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

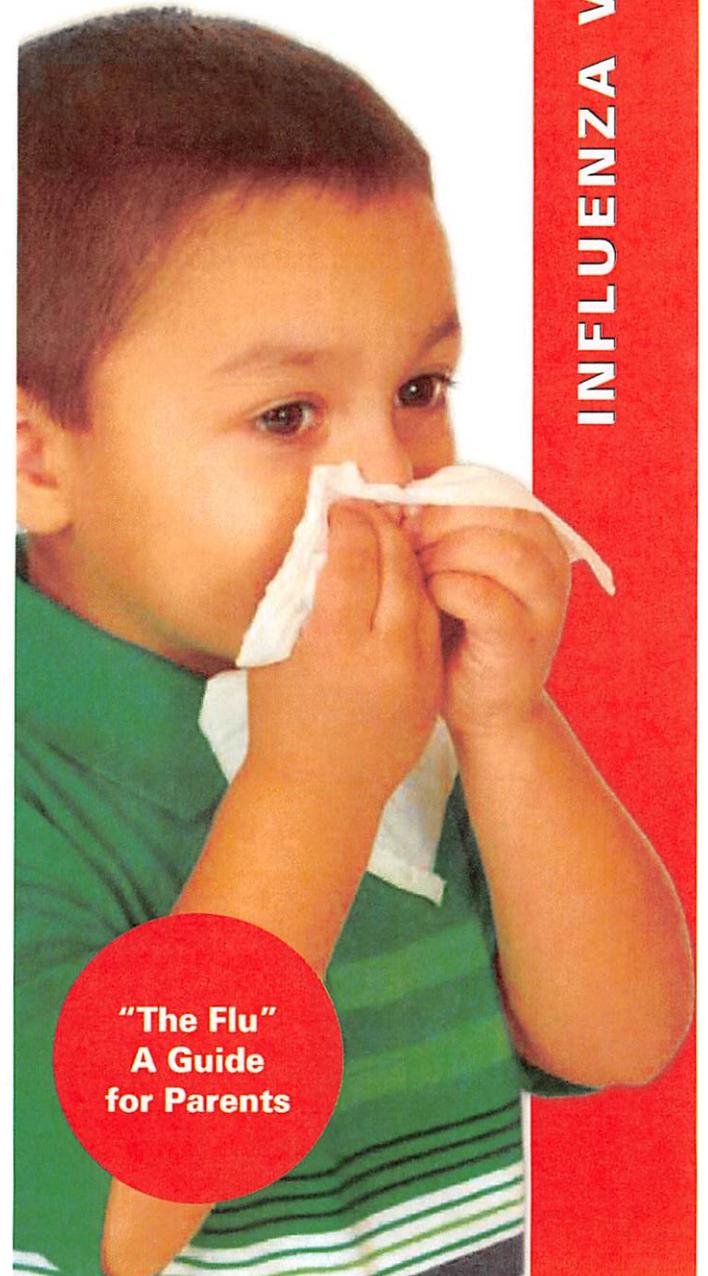


For additional information, please visit [www.myflorida.com/childcare](http://www.myflorida.com/childcare) or contact your local licensing office below:

Palm Beach County Health Department  
Childcare Licensing Office  
P.O. Box 29  
800 Clematis St., 4th Floor  
West Palm Beach, FL 33402  
(561) 837-5900  
[www.pbchd.com](http://www.pbchd.com)

CF/PI 175-70, June 2009

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



**INFLUENZA VIRUS**

**"The Flu"  
A Guide  
for Parents**



## AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_ hereby authorize and give consent to service providers and the staff of The Children's Trust of Miami-Dade County as follows:

I hereby:

**consent and authorize**      or       **do not consent and authorize**

the staff of The Children's Trust of Miami-Dade County to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter "Recordings") of me, my children, or my wards for educational, research, documentary, and public relations purposes.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Any such Recordings may reveal your identity through the image itself without any compensation to you, your children or wards.

Any and all Recordings taken of you, your children or wards shall be the sole property of The Children's Trust.

With regard to the use of any Recordings taken of you, your children or wards, you hereby waive any and all present and future claims you may have against The Children's Trust of Miami-Dade County, their staff, service providers, employees, agents, affiliates and Board members.

**City Of Hialeah Education & Community Services**  
***Creative Learning and Play Programs***

**SITE:** \_\_\_\_\_

**Survey – “How did you hear about our programs?”**

*Please select all that apply:*

- Advertisement**
  - Program / Event Flyers
  - “Que Pasa Hialeah” Magazine
  - Radio Hialeah
  - Magazine Ad (name) \_\_\_\_\_
  
- City Of Hialeah Programs / Events**
  - Parks & Recreation
  - Libraries \_\_\_\_\_
  
- Education & Community Services Department**
  - Afterschool Program
  - Summer Camp
  - Winter Camp
  - Spring Camp
  - Kid’s Day Off (Teacher Planning Day)
  
- Family / Friends**
  
- Organization**
  - The Children’s Trust
  - Switchboard Agency
  
- School (name) \_\_\_\_\_**
  - Open House
  - PTA
  
- Website**
  - The City of Hialeah
  - The Children’s Trust
  - South Florida Parenting
  
- Other \_\_\_\_\_**

CITY OF HIALEAH EDUCATION & COMMUNITY SERVICES DEPARTMENT  
Creative Learning & Play Program



**ENRICHMENT ACTIVITIES CONSENT FORM**

The Education and Community Services department has contracted or partnered with various enrichment providers and specialized instructors in order to provide additional enrichment activities for our participants.

During the 2016-2017 school year, our CL&P after-school program activities will include the following programmatic activities or curriculum:

**Zumba Classes**-Through their Zumbatonic program, Mind Lab South Florida LLC will provide an inventive program to develop a healthy lifestyle, coordination, balance, discipline, memory, creativity, leadership, respect, teamwork, pride, confidence and responsibility to the City of Hialeah's Education & Community Services Creative Learning & Play (CL&P) afterschool program

I, \_\_\_\_\_, the parent or guardian of  
\_\_\_\_\_ hereby authorizes and gives consent for  
participation in the above listed enrichment activity.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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White Copy - Child's File  
Yellow Copy - Parent & Child

Revised 6/30/16



City of Hialeah Education & Community Services Department

CREATIVE LEARNING & PLAY PROGRAM



**Afterschool 2016-2017 Payment Schedule**

**Payments**

We accept cash or money orders made payable to the City of Hialeah. We accept credit card payments only in the Education and Community Services office.

| Week                         | Payment Due        | Payment with Late Fee | Notes  |
|------------------------------|--------------------|-----------------------|--|
| August 22-26, 2016           | August 19, 2016    | August 22, 2016       |  |
| August 29-Sept 2, 2016       | August 26, 2016    | August 29, 2016       |  |
| September 5-9, 2016          | September 2, 2016  | September 6, 2016     |  |
| September 12-16, 2016        | September 9, 2016  | September 12, 2016    |  |
| September 19-23, 2016        | September 16, 2016 | September 19, 2016    |  |
| September 26-30, 2016        | September 23, 2016 | September 26, 2016    |  |
| October 3-7, 2016            | September 30, 2016 | October 4, 2016       | Teacher Planning Day 10/3  |
| October 10-14, 2016          | October 7, 2016    | October 10, 2016      | Teacher Planning on 10/12  |
| October 17-21, 2016          | October 14, 2016   | October 17, 2016      |  |
| October 24-28, 2016          | October 21, 2016   | October 24, 2016      |  |
| October 31-November 4, 2016  | October 28, 2016   | October 31, 2016      |  |
| November 7-11, 2016          | November 4, 2016   | November 7, 2016      | Teacher Planning on 11/8   |
| November 14-18, 2016         | November 10, 2016  | November 14, 2016     | Holiday on 11/11   |
| November 21-22, 2016         | November 20, 2016  | November 21, 2016     | Will pay \$6.00 this week<br>Teacher Planning on 11/23<br>Site Closed on 24-25 |
| November 28-December 2, 2016 | November 22, 2016  | November 28, 2016     |  |
| December 5-9, 2016           | December 2, 2016   | December 5, 2016      |  |
| December 12-16, 2016         | December 9, 2016   | December 12, 2016     |  |
| December 19-23, 2016         | December 16, 2016  | December 19, 2016     |  |
| January 9-13, 2017           | December 23, 2016  | January 9, 2017       |  |

|                             |                   |                   |                            |
|-----------------------------|-------------------|-------------------|----------------------------|
| January 16-20, 2017         | January 13, 2017  | January 17, 2017  | Holiday on 1/16            |
| January 23-27, 2017         | January 20, 2017  | January 24, 2017  | Teacher Planning on 1/23   |
| January 30-February 3, 2017 | January 27, 2017  | January 30, 2017  |                            |
| February 6-10, 2017         | February 3, 2017  | February 6, 2017  |                            |
| February 13-17, 2017        | February 10, 2017 | February 13, 2017 |                            |
| February 20-24, 2017        | February 17, 2017 | February 21, 2017 | Holiday on 2/20            |
| February 27-March 3, 2017   | February 24, 2017 | February 27, 2017 |                            |
| March 6-10, 2017            | March 3, 2017     | March 6, 2017     |                            |
| March 13-17, 2017           | March 10, 2017    | March 13, 2017    |                            |
| March 20-24, 2017           | March 17, 2017    | March 20, 2017    |                            |
| March 27-31, 2017           | March 23, 2017    | March 27, 2017    | Teacher Planning on 3/24   |
| April 3-7, 2017             | March 31, 2017    | April 3, 2017     |                            |
| April 17-21, 2017           | April 7, 2017     | April 17, 2017    |                            |
| April 24-28, 2017           | April 21, 2017    | April 24, 2017    |                            |
| May 1-5, 2017               | April 28, 2017    | May 1, 2017       |                            |
| May 8-12, 2017              | May 5, 2017       | May 8, 2017       |                            |
| May 15-19, 2017             | May 12, 2017      | May 15, 2017      |                            |
| May 22-26, 2017             | May 19, 2017      | May 22, 2017      |                            |
| May 29-June 2, 2017         | May 26, 2017      | May 30, 2017      | Teacher Planning on 5/29   |
| June 5-8, 2017              | June 2, 2017      | June 5, 2017      | Teacher Planning on 6/9/17 |

I understand and acknowledge the above payment schedule and will adhere to the payment due dates. I understand that the afterschool fee is a flat fee regardless of how many days my child attends. I also understand that if my child is absent on the due date that I will be required to pay the late fee if/when my child returns to the camp.

Child's Name \_\_\_\_\_ Site \_\_\_\_\_

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

# Parent Keeps

## Attached Documents

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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.

## 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.

**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 is the influenza (flu) virus?

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



## How can I tell if my child has a cold, or the flu?

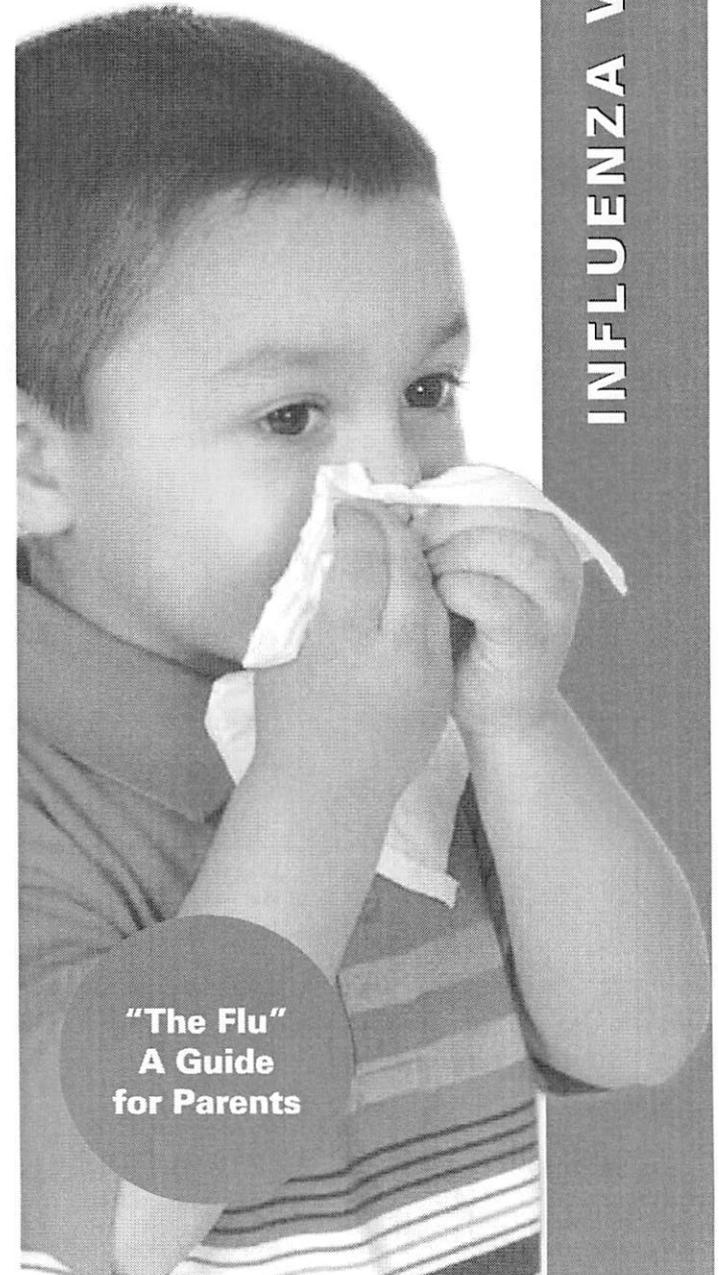
Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between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

For additional information, please visit [www.myflorida.com/childcare](http://www.myflorida.com/childcare) or contact your local licensing office below:

Palm Beach County Health Department  
Childcare Licensing Office  
P.O. Box 29  
800 Clematis St., 4th Floor  
West Palm Beach, FL 33402  
(561) 837-5900  
[www.pbchd.com](http://www.pbchd.com)

CF/PI 175-70, June 2009

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



INFLUENZA VIRUS

**"The Flu"  
A Guide  
for Parents**

# Licensing Standards

This child care facility is licensed according to the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).

License Number: \_\_\_\_\_

License Issued on \_\_/\_\_/\_\_

License Expires on \_\_/\_\_/\_\_

For more information regarding the compliance history of this child care provider, please visit: [www.myflorida.com/childcare](http://www.myflorida.com/childcare).

- ✓ Provide parents with written disciplinary practices used by the facility.
- ✓ Provide access to the facility during normal hours of operation.

## Physical Environment

- ✓ Maintain sufficient usable indoor floor space for playing, working, and napping.
- ✓ Provide space that is clean and free of litter and other hazards.
- ✓ Maintain sufficient lighting and inside temperatures.
- ✓ Equip with age and developmentally appropriate toys.
- ✓ Provide appropriate bathroom facilities and other furnishings.
- ✓ Provide isolation area for children who become ill.
- ✓ Practice proper hand washing, toileting, and diapering activities.

## Training Requirements

- ✓ 40-hour introductory child care training.
- ✓ 10-hour in-service training annually.
- ✓ 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- ✓ Director Credential for all facility directors.

## Health Related Requirements

- ✓ Emergency procedures that include:
  - Posting Florida Abuse Hotline number along with other emergency numbers.
  - Staff trained in first aid and Infant/Child CPR on the premises at all times.
  - Fully stocked first aid kit.
  - A working fire extinguisher and documented monthly fire drills with children and staff.
- ✓ Medication and hazardous materials are inaccessible and out of children's reach.

## Food and Nutrition

- ✓ Post a meal and snack menu that provides daily nutritional needs of the children (*if meals are provided*).

## Record Keeping

- ✓ Maintain accurate records that include:
  - Children's health exam/immunization record.
  - Medication records.
  - Enrollment information.
  - Personnel records.
  - Daily attendance.
  - Accidents and incidents.
  - Parental permission for field trips and administration of medications.

# Parent's Role

The parent's role in quality child care is vital to its success. In partnering with the caregiver to achieve this goal, parents should:



- ✓ Familiarize themselves with the child care standards used to license the child care facility.
- ✓ Inquire about the qualifications and experience of child care staff, as well as staff longevity.
- ✓ Know the facility's policies and procedures.
- ✓ Communicate with the caregiver.
- ✓ Visit and observe the facility.
- ✓ Participate in special activities, meetings, and conferences.
- ✓ Talk to their child about their daily experiences in child care.
- ✓ Arrange alternate care for their child when they are sick.

To report non-compliance with state licensing standards, please contact your local licensing office.

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:

## General Requirements

- ✓ Valid license posted for parents to see.
- ✓ All staff appropriately screened.
- ✓ Maintain minimum staff-to-child ratios:

|                    |      |
|--------------------|------|
| Under 1 yr. old    | 1:4  |
| 1 yr. old          | 1:6  |
| 2 yrs. old         | 1:11 |
| 3 yrs. old         | 1:15 |
| 4 yrs. old         | 1:20 |
| 5 yrs. old & older | 1:25 |
- ✓ Maintain appropriate transportation vehicles (*if transportation is provided*).

## Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect.

When evaluating the quality of a child care setting, the following indicators should be considered:

### Quality Caregivers

- ✓ Are friendly and eager to care for children.
- ✓ Accept family cultural and ethnic differences.
- ✓ Are warm, understanding, encouraging, and responsive to each child's individual needs.
- ✓ Use a pleasant tone of voice and frequently hold, cuddle, and talk to the children.
- ✓ Help children manage their behavior in a positive, constructive, and non-threatening manner.
- ✓ Allow children to play alone or in small groups.
- ✓ Are attentive to and interact with the children.
- ✓ Provide stimulating, interesting, and educational activities.
- ✓ Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- ✓ Communicate with parents.

### Quality Environments

- ✓ Are clean, safe, inviting, comfortable, and child-friendly.
- ✓ Provide easy access to age-appropriate toys.
- ✓ Display children's activities and creations.
- ✓ Provide a safe and secure environment that fosters the growing independence of all children.

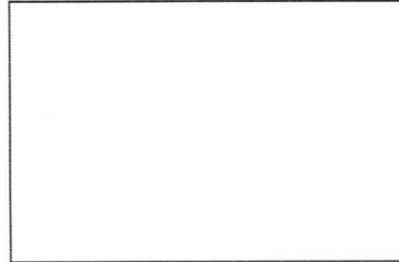
### Quality Activities

- ✓ Are children initiated and teacher facilitated.
- ✓ Include social interchanges with all children.
- ✓ Are expressive including play, painting, drawing, story telling, music, dancing, and other varied activities.
- ✓ Include exercise and coordination development.
- ✓ Include free play and organized activities.
- ✓ Include opportunities for all children to read, be creative, explore, and problem-solve.



To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

For additional information, please visit [www.myflorida.com/childcare](http://www.myflorida.com/childcare) or contact your local licensing office below:



# Know Your Child Care Facility

CF/PI 175-24, 10/2007

This brochure was created by the Department of Children and Families, Child Care Program Office pursuant to s. 402.3125(5), F.S.,



City of Hialeah Education & Community Services Department

CREATIVE LEARNING & PLAY PROGRAM



2016-2017 FEE SCHEDULES

**Payments**

We accept cash or money orders made payable to the City of Hialeah. We accept credit card payments only in the Education and Community Services office.

**After-school Program 2016-2017**

*All CL&P after-school sites:*

**\$30 non-refundable registration fee**

**\$15 weekly payment\*** (no discount for days not attended) for Hialeah residents

**\$35 weekly payment\*** (no discount for days not attended) for non-residents

- Holidays and Teacher Planning Days will be excluded from the weekly payment.
- There is no 10% discount for additional sibling enrolled in the after-school program.
- Upon registration, parents of children must pre-pay one weekly payments in addition to the registration fee.

**\$15 late registration fee** per child if not pre-registered by the first day of school

**\$5 late payment fee per child**

- The weekly payment must be pre-paid in full no later than 6:00 pm on Friday, regardless of the number of days that your child attends per week.

**\$5 late pick-up fee** at 6:31 pm per family. For each additional 15 minutes, \$5 is charged.

**Kids' Day Off (Teacher Planning Day)**

*Slade\**

**\$20** for Hialeah residents - includes field trip cost

**\$35** for non-residents - includes field trip cost

**\$5 late registration fee** per child if not pre-registered by deadline

**\$5 late pick-up fee** at 6:31 pm per family. For each additional 15 minutes, \$5 is charged.

**Winter Camp**

*Slade\**

**\$75** weekly payment (4) days included each week for Hialeah residents– includes field trip costs

**\$110** weekly payment (4) days included each week for non-residents– includes field trip costs

- There is no daily rate.

**\$15 late registration fee** per child if not pre-registered by deadline

**\$5 late pick-up fee** at 6:31 pm per family. For each additional 15 minutes, \$5 is charged.

**Spring Camp**

*Slade\**

**\$90** for (5) days for Hialeah residents– includes field trip costs

**\$135** for (5) days for non-residents– includes field trip costs

- There is no daily rate.

**\$15 late registration fee** per child if not pre-registered by deadline

**\$5 late pick-up fee** at 6:31 pm per family. For each additional 15 minutes, \$5 is charged.

**Summer Camp 2017**

*Milander, Slade and Wilde.*

**\$20 non-refundable registration/activity fee**

**\$90 weekly payment** (no discount for days not attended) for Hialeah residents– includes field trip costs

**\$135 weekly payment** (no discount for days not attended) for non-residents– includes field trip costs

\*Additional sites may be added if needed

**Summer Camp 2017 (continued)**

- Holidays will be excluded from the weekly payment.
- Upon registration, parents must pre-pay one weekly payment in addition to the registration fee.
- There is a 10% discount for each additional sibling enrolled in the summer camp program.
- There is no daily rate.

**\$15 late registration fee** per child if not pre-registered by deadline

**\$5 late pick-up fee** at 6:31 pm per family. For each additional 15 minutes, \$5 is charged.

**\$5 late payment fee per child**

- The weekly payment must be pre-paid in full no later than 6:00 pm on Friday, regardless of the number of days that your child attends per week.

*Babcock, Hoffman and Walker:*

**\$20 non-refundable registration/activity fee**

**\$35\*/\$90 weekly payment** (no discount for days not attended) for Hialeah residents- includes field trip costs.

**\$60\*/\$135 weekly payment** (no discount for days not attended) for non-residents- includes field trip costs.

- Families requesting reduced fee must fill out financial need application
- Holidays will be excluded from the weekly payment.
- Upon registration, parents must pre-pay one weekly payment in addition to the registration fee.
- There is no daily rate.
- The cost of this camp is subsidized through *The Children's Trust*.
- There is no 10% discount for each additional sibling enrolled in the summer camp program if participants are eligible for a reduced fee.
- There is a 10% discount for each additional sibling enrolled in the summer camp program if participants are paying the regular fee.

**\$15 late registration fee** per child if not pre-registered by deadline.

**\$5 late pick-up fee** at 6:31 pm per family. For each additional 15 minutes, \$5 is charged.

**\$5 late payment fee per child**

- The weekly payment must be pre-paid in full no later than 6:00 pm on Friday, regardless of the number of days that your child attends per week.

**Refunds/Dropped or Withdrawn Children**

Partial week refunds will not be issued for dropped or withdrawn children. Registration/activity fees will not be refunded.

**Re-Enrollment**

Re-enrollment is subject to availability. All applicable registration/activity fees and pre-payments must be made to complete re-enrollment.

**Vacation or other long-term absence**

With pre-approval, one week of vacation may be taken without payment of weekly fee. If additional vacation or longer term absence is requested, weekly payments must be continued to reserve a child's enrollment. If weekly fees are not paid a child will be dropped from the program. Re-enrollment is subject to availability. All applicable registration/activity fees and pre-payments must be made to complete re-enrollment.



**Education & Community Services Department**  
**7400 W 24<sup>th</sup> Avenue, 2<sup>nd</sup> Floor**  
**Hialeah, FL 33016**  
**305-818-9143**



The City of Hialeah's Creative Learning & Play out of school programs are funded in part by The Children's Trust. The Trust is a dedicated source of revenue established by voter referendum to improve the lives of children and families in Miami-Dade County.

\*Reduced fees made possible by funding from The Children's Trust.

The City of Hialeah Education & Community Services  
**Creative Learning & Play Program**



**Disciplinary Policy**

Children in the CL&P program will behave accordingly to the **Child's Code of Conduct**. In the event of unacceptable behavior, the ECS program exercises a standard and uniform policy when disciplining children. Our goal is to support and reinforce the child's behavior in a positive and constructive way. The ECS Department reserves the right to remove a child from the program at any time if that child's behavior is found to be a safety concern to themselves, another child or to a staff person; or if negative or unruly behavior is persistent and remains uncorrected. Each negative behavior incident will be taken into consideration on a case-by-case basis.

The staff will address and approach the child in a positive manner and not:

- Embarrass, make fun of, degrade, humiliate, or frighten the child
- Associate discipline with food, rest or toileting
- Spank or put their hands on the child

The staff will use the **ABC Data Sheet** and the **Behavior Plan Report** to properly document the child's behavior and measures taken. With this information, we are able to monitor a child's behavior pattern, implement an improvement plan and assess the child's progress.

The **ABC Data Sheet** is used to keep an account of the child's behavior and what measures were taken to aid and/or support the child. The data sheet contains three columns that must be completed.

- **Antecedent** (event leading up to the child's action)
- **Behavior** (action identified)
- **Consequence** (action taken to correct child's action)

The **Behavior Plan Report** will be used in situations depending on the severity of the child's behavior and actions. This form documents the child's behavior that calls for further action. The report documents:

- Behavior Problem / Measures Taken
- Notification of Parent / Program Supervisor
- Conference / Recommended Action

**Procedures:**

The staff will take the following measures when a behavior or disciplinary problem occurs. Depending on the behavior, the staff may proceed to the necessary step.

**Step 1:** Discuss behavior with the child away from the group.

**Step 2:** Allow the child to return to the activity and advise them that if the behavior is not corrected they will be removed from the activity.

**If the child's behavior continues:**

**Step 3:** Remove the child from the activity and explain to the child the reason why he/she is being removed from the activity.

**Step 4:** Record on ABC Data Sheet. Advise parent of behavior. Parent will initial.

**For Repeated or Serious Behavior:**

After three ABC referrals, the staff will follow up with the Behavior Plan Report. If the child's behavior is severe, the staff may issue a Behavior Plan Report immediately. In both circumstances, the Camp Director will submit the report to a supervisor; the case will be reviewed and a parent conference will be scheduled.

**The intent of this plan is to give general guidelines in the implementation of a child behavior plan. The ECS Department reserves the right to use administrative flexibility in responding to a special or severe disciplinary issue.**



CITY OF HIALEAH EDUCATION & COMMUNITY SERVICES DEPARTMENT  
Creative Learning & Play Program



**CHILD'S CODE OF CONDUCT**

**I understand and agree to:**

- Treat others with respect
- Conduct myself with self-respect
- Treat the property with respect

**I understand examples of acceptable behavior:**

- Participating
- Good manners
- Playing
- Studying
- Laughing
- Having fun
- Helping another person

**I understand examples of unacceptable behavior:**

- Bullying
- Whining
- Tattling
- Meanness
- Selfishness
- Fighting
- Horseplay
- Throwing things
- Tantrums
- Yelling at or insulting others
- Profanity
- Stealing
- Damaging property
- Disrespecting staff

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

\_\_\_\_\_  
Site

\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

City of Hialeah  
Education & Community Services Department  
Creative Learning & Play Program



# PROGRAM HANDBOOK



Approval Date: 4/1/2008  
Revised Date: 8/21/2008  
Revised Date: 3/26/2009  
Revised Date: 7/9/2009  
Revised Date: 2/24/2010

Revised Date: 6/29/2010  
Revised Date: 4/4/2011  
Revised Date: 6/22/2011  
Revised Date: 8/18/2011  
Revised Date: 9/23/11

Revised 2/13/12  
Revised 9/27/2013

City of Hialeah Education & Community Services Department  
Creative Learning & Play Program



**PROGRAM HANDBOOK**

**MISSION STATEMENT**

It is the intention of The City of Hialeah to provide a safe, positive, and enriching experience for each child enrolled in our program. The Creative Learning & Play out-of-school program is designed to provide activities, including literacy enhancement, tutoring, social skills building activities, recreational activities, and health and fitness instruction that engage and develop the child as a whole. Children are engaged in daily activities, are closely supervised by staff, and are provided a safe out-of-school environment.

**PROGRAM INFORMATION**

The Creative Learning and Play (CL&P) services are offered year-round through a school-year afterschool program, summer camps, and full-day spring, winter, and "Kids' Day Off" camps. CL&P is a supervised out-of-school program staffed by trained counselors, tutors and certified teachers. On average, the ratio of children to staff is from 1:13 to 1:15.

The afterschool program is open for children in grades K–8<sup>th</sup> and includes

- **tutoring** (small group tutoring; reading & writing skills for grades K–2<sup>nd</sup>)
- **FCAT preparation** (for grades 3<sup>rd</sup>–8<sup>th</sup>)
- **homework help**
- **social skills** (teamwork, goal-setting, communication skills)
- **fitness / recreational activities** (improving health & overall wellness)
- **nutrition** (daily healthy snacks)
- **enrichment activities** (yoga & relaxation techniques, chess, cooking and nutrition, etc.)

Summer camp is open for children ages 6–12 and includes

- **field trips & swimming**
- **crafts, recreational activities & special events**
- **literacy through art & library visits**

**Program Sites**

|                         |                                 |              | Afterschool Program | Summer Camp     | Spring Camp, Winter Camp & Kids' Day Off* |
|-------------------------|---------------------------------|--------------|---------------------|-----------------|---|
|                         |                                 |              | 2:00 pm-6:30 pm     | 7:30 am-6:30 pm |   |
| Babcock Park            | 651 E 4 <sup>th</sup> Avenue    | 305-883-5972 | ✓                   | ✓               |   |
| Bright Park             | 750 E 35 <sup>th</sup> Street   | 305-883-1216 | ✓                   |                 |   |
| Cotson Park             | 574 W 23 <sup>rd</sup> Street   | 305-863-6523 | ✓                   |                 |   |
| Goodlet Adult Center    | 900 W 44 <sup>th</sup> Place    | 305-8254947  | ✓                   |                 |   |
| Hoffman Gardens Center  | 7650 W 8 <sup>th</sup> Avenue   | 305-827-5112 | ✓                   | ✓               |   |
| Milander Park           | 4800 Palm Ave                   | 305-790-7878 |                     | ✓               |   |
| O'Quinn Park            | 6051 W 2 <sup>nd</sup> Avenue   | 305-231-2085 | ✓                   |                 |   |
| Slade Park              | 2501 W 74 <sup>th</sup> Street  | 305-818-2993 | ✓                   | ✓               | ✓   |
| Veterans Park           | 7900 W 32 <sup>nd</sup> Avenue  | 305-883-2945 | ✓                   |                 |   |
| Walker Community Center | 800 W 29 <sup>th</sup> Street   | 305-883-6320 | ✓                   | ✓               |   |
| Wilde Community Center  | 1701 W 53 <sup>rd</sup> Terrace | 305-818-2988 | ✓                   | ✓               |   |

**\*Sites Subject to Change Due to Funding\***

### **Days & Times**

The afterschool program is based on the Miami-Dade County Public Schools school-year calendar. Program hours are 2:00 pm – 6:30 pm at all sites Monday through Friday.

Program hours for Summer, Winter, and Spring Camps are 7:30 am – 6:30 pm, Monday through Friday. On Kids' Day Off camps on teacher planning days, sites will open from 7:30 am – 6:30 pm.

### **Inclusion of Children with Disabilities**

The CL&P Program also offers additional resources through its Inclusion Program that facilitates children with disabilities to fully participate in CL&P activities. This Inclusion Program is being offered at select sites. Additional sites may be added as resources permit. Children with special needs will be integrated with other children; the City currently does not have a separate special populations program for children or youth.

The City will make reasonable accommodations for a child's disability whenever possible. A child's participation/enrollment in the program is subject to an intake interview, provision of current Individual Educational Plan (IEP) or medical documentation, staff review of case, the ability to accommodate his/her particular need, and the City's ability to maintain an appropriate staff/child ratio (from 1:3 to 1:15, depending on need/space availability and funding). To make arrangements for a child with special needs, such as wheelchair accessible locations and/or other reasonable accommodations please call the ECS Department at 305-818-9143 to request a meeting.

### **Parent Involvement**

Parents/Guardians are required to attend a Program Orientation at the beginning of the school year and at the beginning of the summer. Program information and policy and procedures will be discussed at each orientation in order to insure children's safety. Parents are also encouraged to participate in Parent Workshops and Family Nights scheduled throughout the year.

## **POLICIES & PROCEDURES**

### **Attendance Policy**

Attendance is mandatory. Parent/Guardians are required to notify the Camp Director prior to the child's absence. If a child is absent, the Camp Director will call and notify the parents the same day. All absences and calls are documented. This attendance policy is provided to each parent upon registration.

The parent will be notified and a child may be dropped from the program in any of the following cases:

#### **Afterschool Program -**

- After 3-consecutive missed days without documentation
- After 10 absences
- If a pattern of missed days is determined.

#### **Summer Camp –**

- After 3-consecutive missed days without documentation
- After 5 absences
- If a pattern of missed days is determined.

The following will be taken under consideration and/or approved by the Program Director. Parents must provide a doctor's note or documentation to record an excused absence.

- Vacation (prior notice must be submitted)
- Sick/family emergency (with documentation)
- Other circumstances.

### **Discipline Policy**

Participants in the CL&P program are expected to behave according to the attached **Child's Code of Conduct**, which each child signs in the site. In the event of unacceptable behavior, the CL&P program exercises a standard and uniform policy when disciplining children. Our goal is to support and reinforce the child's behavior in a positive and constructive way. Each negative behavior incident will be taken into consideration on a case-by-case basis. The CL&P program reserves the right to use administrative flexibility in responding to a special or severe disciplinary issue. The CL&P

program reserves the right to remove a child from the program at any time if that child's behavior is found to be a safety concern to themselves, another child or to a staff person; or if the negative or unruly behavior is persistent and remains uncorrected. This discipline policy is provided to each parent upon registration.

### **Child's Sign In/Out Policy**

The parent/guardian or the child must sign in on the Sign In/Out Sheet everyday upon arrival. When the child is picked up from the site, the parent/guardian or the authorized person(s) must sign the child out. Any person other than a parent picking up a child must be named on the authorized pick-up list and is required to show identification. It is the responsibility of the parent/guardian to ensure the child's transportation to/from the program. In the case of private buses, parents must arrange with the bus driver to drop children off within the park property and not on the street. Parent/Guardians and siblings are asked to wait in the areas designated for signing in/out and refrain from entering areas where the children are participating in scheduled programs.

### **Early Dismissal Authorization Policy**

Children enrolled in a City of Hialeah sports program will be released early to Parks & Recreation staff to attend scheduled program or games. If your child is registered with the City of Hialeah's sports program, an authorization form must be filled out by the Parent/Guardian and approved by the recreation park director and the ECS Department. It is the parent/guardian's responsibility to keep an updated authorization form on file.

### **Late Pick-up Policy**

There is a late pick-up fee at 6:31 pm per family. For each additional 15 minutes late, the fee is charged again. Late pick-up fees are published on the attached annual fee schedule. The City of Hialeah Police Department may be contacted if a child is not picked up by 7:30 pm.

### **Withdrawal Policy**

If you wish to withdraw your child from the program, please notify the site's Camp Director and complete the Voluntary Withdrawal Form.

### **Medical Policy**

City of Hialeah staff is not allowed to keep or administer medication of any kind to children. NO EXCEPTIONS. If a child is on medication, he/she must self-administer the medication. If a child is not able to self-administer, then an authorized person must come to the site to administer the medication at the designated times. Additionally, if a child has a medical condition which requires regular monitoring, he/she must self-monitor and notify staff of measurements. If a child is not able to self-monitor, then an authorized person must come to the site to monitor his/her condition at the designated times. Parents of children with medical conditions which require monitoring must provide appropriate documentation, with measurement thresholds, to staff for use in case of an emergency. Parents are required to schedule a meeting with the ECS Department Inclusion Specialist so that all parties may determine together the best methods of accommodating a child with a medical condition.

### **Sick Child:**

We are bound by health regulations to remove children who are, or appear to be sick. Signs of illness include, but are not limited to: green mucous, fever, pink eye, diarrhea, and vomiting. Parents will be called to pick up sick children. In the case of an emergency, at least one parent, guardian or designated emergency contact needs to be available to respond to the site within 15 minutes. Responding party should be authorized to make medical decisions on behalf of the child. The ECS Department reserves the right to require a Doctor's note upon child's return. The ECS Department will make every effort to notify parents in a site when contagious illnesses are reported; notifications will be "fact sheets" in English and Spanish from reputable medical sources for information purposes only. Parents should seek medical advice from a doctor regarding their own child.

#### Head Lice:

If head lice are found on a child, he or she will not be able to return to the program until the child is lice free. The ECS Department will make every effort to notify parents in a site if lice are reported; notifications will be "fact sheets" in English and Spanish from reputable medical sources for information purposes only.

#### **Refund Policy**

In general, refunds are granted and applied as a future payment. There are no daily refunds. If a child attends any portion of a week, that week's payment will not be refunded. Registration and activity fees are not refundable. Refunds are not issued in the cases of drops, withdrawals, or suspensions.

If a child is withdrawn by the parent or dropped by the program, refund requests for special circumstances will only be considered if:

- Parents submit a written refund request, including their full name, address, child's name, aftercare or camp site, and reason for the request to the ECS Department.
- Parents attach any relevant documents, such as a doctor's note, to letter of request.
- All refund requests are subject to the approval of the ECS Director.
- A processing fee of \$15 will be assessed on all refund requests.
- Please allow 3-4 weeks for all refunds from the date they were requested.
- The refund request must be submitted in writing to the Site Director by the last day of the program.

#### **Cell Phones**

Children may bring cell phones but they must remain stored in a purse or book bag. Phones may only be used with staff permission and supervision to call parents or authorized adults. Staff is NOT responsible for any lost or stolen items.

#### **Toy Policy**

Personal toys from home are **not permitted** in the afterschool program and camps. No Gameboys, iPods, Nintendos, or PSPs are allowed. Camp Staff is NOT responsible for any lost or stolen items.

#### **Attire for Kids' Day Off, Winter, Spring, and Summer Camp**

Children are required to wear the camp shirts every day. If a child does not arrive to camp wearing his/her camp shirt, one will be provided for him/her and the parent will be billed for the shirt. Sneakers must be worn at all times. Open-toe or open-back shoes are not permitted in camp. Children not wearing appropriate attire or shoes will not be allowed to participate in the scheduled activities for that day. Personal items should be stored in their book bags. All items, including camp shirts, should be labeled with your child's name and camp site.

On the days scheduled for swimming, it is necessary to provide your child with a swimsuit, towel, and sunscreen. Children may bring sandals in their swim bag and change shoes for the pool only.

#### **Confidentially Statement**

The City of Hialeah, Creative Learning and Play (CLAP), follows all state and federal laws and regulations relating to confidentiality of records and social security number. We maintain high standards in the safekeeping and use of our participants' information and therefore is only to be released to authorized personnel and to The Children's Trust for identification purposes. Some confidential/protected information may be released by the City to the Children's Trust in order to secure appropriate resources for services. In order to provide necessary medical treatment to a child, there may be an exchange or disclosure of confidential/protected health information between the City of Hialeah and medical providers. The City of Hialeah and the Children's Trust shall protect each child's confidential/protected health information and comply with all applicable federal and state laws by not disclosing such information to any third party who does not have a need to know such information.

## **REGISTRATION INFORMATION**

### **Required Documentation**

The following documents must be submitted to the ECS Department in order to complete your child's registration process: **a non-refundable registration fee, registration forms, current photo of child, the last (current) report card, copy of child's birth certificate or passport, and proof of residency.** Registration for the school year includes the afterschool program, Kids' Day Off Camps, and Winter and Spring Camps. Children must re-register for the summer. It is the parent/guardian's responsibility to notify staff in writing of any change in registration information. ECS reserves the right to ask for information and related documentation on both parents, regardless of marital status, for pick-up authorization and emergency contact purposes.

The ECS Department reserves the right to allow registration priority (early enrollment, discounts, etc.) for families who are enrolled at a site prior to a new session beginning, or to after-school participants at a site for Kid's Days Off and Winter, Spring, or Summer Camps. Before any enrollment period, consult the enrollment flyer for up-to-date information, fees, locations, etc., as they may be subject to change between sessions.

### **Afterschool Programs**

Registration:

Registration will be held at the ECS Department office. Program and registration dates will be advertised at all ECS sites. A non-refundable registration fee will be collected for all sites upon registration. All fees are published on the attached annual fee schedule.

Payment policies:

We accept cash, money orders made payable to the City of Hialeah, or credit card payments accepted only at the ECS main office. Upon registration, parents of children enrolling in CL&P sites must pre-pay one weekly payment in addition to the registration fee. Weekly fees are published on the attached annual fee schedule. There is no 10% discount on weekly fees for each additional sibling enrolled in the afterschool program.

Weekly payments must be pre-paid paid *in full no later than 6:00 pm on Fridays, regardless of the number of days that a child attends per week.* The weekly fee is a flat fee regardless of Holiday's or Teacher Planning Days. If payments are not received by the next working day parents are subject to an additional fee for late payment per child. If a Holiday or Teacher Planning day occurs on a Friday, payments will be required on the Thursday or the late fee will be implemented. A child will not be allowed to participate in the program until payment is rendered and parents will be called to pick up the child from the program.

If a child is dropped or withdrawn from the program, re-enrollment is based upon availability. All applicable registration/activity fees and pre-payments must be made to complete re-enrollment. Fees are published on the attached fee schedule. In the case of a drop or a suspension, refunds will not be issued.

### **Kids' Day Off Camp– Teacher Planning Days**

Registration will take place on-site at Slade. Site must meet minimum enrollment to remain open. Program and registration dates will be advertised at all ECS sites. There is an additional fee for late registration. Daily and late fees are published on the attached annual fee schedule. Additional sites may be added if needed.

### **Winter and Spring Camps**

Registration will take place on-site at Slade. Site must meet minimum enrollment to remain open. Camp will run during the Winter and Spring Break Recesses, as scheduled by Miami-Dade County Public Schools. Program and registration dates will be advertised at all ECS sites. There is an additional fee for late registration. Weekly and late fees are published on the attached annual fee schedule. There are no partial-week payments. Additional sites may be added if needed.

## **Summer Camps**

Registration will be held at the ECS Department office. Camps will run through the summer months. Program and registration dates will be advertised at all ECS sites. A non-refundable registration fee will be collected for all sites upon registration. All fees are published on the attached annual fee schedule. There is a 10% discount on weekly fees for each additional sibling enrolled in the summer camp program of Milander, Slade and Wilde or in Babcock, Hoffman, and Walker if paying the full weekly fee. There is no 10% discount for each additional sibling enrolled in the summer camp program if participants are eligible for a reduced fee.

### **Payment policies:**

Weekly payments must be pre-paid paid *in full no later than 6:00 pm on Fridays, regardless of the number of days that a child attends per week.* The weekly fee is a flat fee regardless of Holiday's. If payments are not received by the next working day parents are subject to an additional fee for late payment per child. If a Holiday occurs on a Friday, payments will be required on the Thursday or the late fee will be implemented. A child will not be allowed to participate in the program until payment is rendered and parents will be called to pick up the child from the program.

If a child is dropped or withdrawn from the program, re-enrollment is based upon availability. All applicable registration/activity fees and pre-payments must be made to complete re-enrollment. Fees are published on the attached fee schedule. In the case of a drop or a suspension, refunds will not be issued.



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