



**Hope Creative School**

2110 Cypress Gardens Boulevard, Winter Haven, Florida 33884  
(863) 324-6377 – [www.hopecreativeschool.org](http://www.hopecreativeschool.org) Email: [info@hopecreativeschool.org](mailto:info@hopecreativeschool.org)  
TEXT: [hopecreativeschool@icloud.com](mailto:hopecreativeschool@icloud.com) (PREFERRED CONTACT METHOD)

\*\*Acceptance based on Director approval

\*\*Evaluation may be required

**2020-2021 SCHOOL YEAR REGISTRATION PACKET**

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

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

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

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Potty Trained: Yes \_\_\_ No \_\_\_ Training in progress: Yes \_\_\_ No \_\_\_ (may require pull-ups)

**Preschool hours are 9 a.m. – 12 Noon**

*NO DROP OFF BEFORE-845 a.m. for safety reasons*

9 am – 12 pm Preschool \_\_\_\_\_

12 pm – 330 pm Extended Care \_\_\_\_\_

**How did you hear about Hope Creative School: (Circle One)**  
internet, advertisement, word of mouth, referral, sign, phone book, other \_\_\_\_\_

\*\*No exceptions regarding age limits, days are assigned, unless otherwise approved by the Director

\*\*Days assigned cannot be substituted unless otherwise approved by the Director

\*\*Before school commences, days/classes/hours are subject to change due to enrollment and/or DCF licensing regulations.

\*\*Please refer to school calendar regarding school holidays

\*\*\*Hope Creative School generally coincides with the Polk County School Board calendar (please view calendar)

**Office Use Only:**

\_\_\_ Office/Acct  
\_\_\_ Teacher  
\_\_\_ EXC, MMO  
\_\_\_ Parent

Received Date \_\_\_\_\_  
Start Date \_\_\_\_\_  
Teacher \_\_\_\_\_

Paid \_\_\_\_\_  
Date \_\_\_\_\_  
Cash or Check# \_\_\_\_\_

8/17/2020

8/5/2020

\*All programs are subject to change based on enrollment

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**PARENT/GUARDIAN CONTACT INFORMATION**

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

Parent’s (Legal Guardian’s) Name: \_\_\_\_\_ Lives with? Y \_\_\_\_\_ N \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent’s (Legal Guardian’s) Name: \_\_\_\_\_ Lives with? Y \_\_\_\_\_ N \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**AUTHORIZED EMERGENCY AND PICK UP CONTACTS**

Please list 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, email [INFO@HOPECREATIVESCHOOL.ORG](mailto:INFO@HOPECREATIVESCHOOL.ORG), text [hopecreativeschool@icloud.com](mailto:hopecreativeschool@icloud.com) 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.

*\*Anyone convicted of a sexual offense will not be allowed on school campus during school hours, events and programs.*

**Parent and/or legal guardians will be contacted first. Please list THREE (3) people, other than the child’s parents/guardians, that we may contact in an emergency and are authorized to pick up your child.**

Child’s Name: \_\_\_\_\_

People Authorized To Pick Up Your Child:

|            |             |                    |
|------------|-------------|--------------------|
| Name _____ | Phone _____ | Relationship _____ |
| Name _____ | Phone _____ | Relationship _____ |
| Name _____ | Phone _____ | Relationship _____ |

**\*\*ALL VISITORS/VOLUNTEERS MUST CHECK IN WITH OFFICE TO RECEIVE VISITOR BADGE.**

**MEDICAL/OTHER INFORMATION**

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

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

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

Any special concerns, issues, or behaviors that we should be aware of?  
(running away, climbing, fears, medical conditions, learning disabilities, discipline issues, etc.)

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

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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 Hope Creative School and the caregiver to provide first aid for my child, \_\_\_\_\_ 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: \_\_\_\_\_

**EVALUATION AND ASSESSMENT**

Hope Creative School may be able to accommodate the needs of most students, but observation and/or evaluation may be required to determine if Hope Creative School can accommodate child and before classroom placement is established.

Observation, testing and evaluation may be conducted at the school, as well as an off-site location.

Student may be asked to leave the program if:

- HCS cannot accommodate needs of the child
- Child requires frequent assistance of another staff member
- Child causes safety concerns for themselves/other students/class/teacher
- Child misbehaves regularly, causes constant class disruptions and/or safety concerns.

Once child begins program, Hope Creative School will communicate on a daily basis if necessary to inform

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parent/guardian of child’s behavior, social observations, and academic progress.

“The ADA requires that child care providers not discriminate against persons with disabilities on the basis of disability, that is, that they provide children and parents with disabilities with an equal opportunity to participate in the child care center’s programs and services. Specifically: Centers cannot exclude children with disabilities from their programs unless their presence would pose a *direct threat* to the health and safety of others or require a *fundamental alteration* of the program.”

-[www.usdoj.gov/crt/ada](http://www.usdoj.gov/crt/ada) Commonly Asked Questions About Child Care and the ADA

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**HOPE CREATIVE SCHOOL CALENDAR 2020-2021**

**Typically, Hope Creative School follows the Polk County School Board Calendar with a few exceptions. Please note important dates and school closings below.**

|                     |                 |
|---------------------|-----------------|
| First Day of School | August 24, 2020 |
| Last Day of School  |                 |
| Summer Program      | TBA             |

***School Will Be Closed on these dates:***

|                       |                                    |
|-----------------------|------------------------------------|
| Labor Day             | Monday, September 7, 2020          |
| Veterans’ Day         | Monday, November 11, 2020          |
| Thanksgiving Holidays | November 23-27, 2020               |
| Christmas Holidays    | December 19, 2020– January 4, 2021 |
| MLK, Jr. Day          | Monday, January 18, 2021           |
| Presidents’ Day       | Monday, February 15, 2021          |
| Spring Break          | March 22-26, 2021                  |
| Good Friday           | April 2, 2021                      |
| Summer Program        | TBA                                |

|                          |                                   |
|--------------------------|-----------------------------------|
| <b>Teacher Work Days</b> | <b>Monday, September 21, 2020</b> |
| <b>SCHOOL CLOSED</b>     | <b>Monday, October 12, 2020</b>   |
|                          | <b>Monday, January 4, 2021</b>    |
|                          | <b>Tuesday, February 16, 2021</b> |

***Day Care may be offered on the Teacher Work Days for an extra charge with limited space available.***

***\*\*A minimum number of students must register and pay for services in advance***

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## **DISCIPLINE POLICY**

1. Our policy is to use positive reinforcement 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:
    - 2 minutes at one time for 2 year olds
    - 3 minutes at one time for 3 year olds
    - 4 minutes at one time for 4 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.

Children who, in the opinion of the teacher and/or director, present a danger to themselves and/or others may be sent home. If this behavior is continual, the parents may be asked to remove their child from the program. Hope Creative School may ask that a professional evaluation be completed and the results presented to Hope Creative School. At that time, Hope Creative School will determine if the child can be placed back into the classroom.

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*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. If contact (i.e. spanking) is a form of discipline used by the parents for the student, the parents may be asked to take the child off campus to do so.*

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

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

**\*\*Parent will be notified of student’s misbehavior. If a student poses harm (mentally, verbally and/or physically) to himself and/or another person or property, Director may request a conference with parent(s) to develop an action plan. This may include, but is not limited to suspension and/or permanent dismissal from the school. Hope Creative School has the right to suspend/permanently dismiss a child that may be a threat to others or that continually needs assistance in the classroom.**

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**Parent/Guardian Expulsion Policy**

There are occasions where Hope Creative School may have to address “inappropriate behavior” from a parent or guardian. If a situation or issue cannot be resolved and diffused, a parent or guardian may be asked to leave the premises and possibly lead to permanent expulsion/ dismissal of the student.

Examples of “inappropriate behavior” are, but not limited to: lack of payment, inappropriate behavior, inappropriate language, threat to the safety of others, smoking on campus, under the influence of drugs or alcohol while on campus, tardiness (drop off or pick up times) without proper approval, or just general lack of respect for people, property, policies and procedures.

If both parents are involved in dropping off or picking up their child, then both parents need to sign this form.

***I have read and understand the Parent Expulsion Policy:***

Child’s Name: \_\_\_\_\_

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

Parent/Guardian 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)



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**FINANCIAL CONTRACT**

**2020-2021 SCHOOL YEAR (2019 prices-register before March 13, 2020)**  
\*\*\*\*DOES NOT INCLUDE SUMMER PROGRAM\*\*\*\*

**NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Preschool ONLY (9 a.m.-12 Noon)**

\_\_\_\_ 5 Days of Preschool \_\_\_\_\_ \$2,850  
(10 payments of \$285)

**PLUS Day Care Services (prepaid package)**

\_\_\_\_ Extended Care to **3:30 p.m.** \_\_\_\_\_ \$3,340  
(10 payments of \$334)

\*\*\*\*\**You will be charged if your child stays past the contracted time*\*\*\*\*\*

**TOTAL Annual Preschool and Daycare \$** \_\_\_\_\_

**Total ANNUAL Preschool and Daycare \$** \_\_\_\_\_ / 10 payments of \$ \_\_\_\_\_  
(Please see payment schedule on the back)

**\*All programs are subject to change based on enrollment\***

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**Please READ and initial the following:**

- I understand the non-refundable *Annual Registration Fee* of \$\_\_\_ is due upon registration to secure placement. The registration fee is waived if the annual tuition is paid in full.
- I agree to pay **tuition by the 15<sup>th</sup> of each month beginning \_\_\_\_\_, 2020 for \_\_\_\_\_ payments.** After the 15<sup>th</sup> of each month a **\$25 delinquent fee** will apply to overdue tuition charges. The first tuition payment is due before the first day of school. **Payment plan will be assessed and approved by the Director if beginning school after August 24, 2020.**
- I understand that if my fees are overdue, **my child/children will not be permitted to attend school or obtain any other services provided by the school until the overdue charges are paid.** I understand that I am still liable for these charges.
- I understand that an additional **\$25** fee will be added to the amount owed to Hope Creative School for returned checks.
- I understand that there is **NO CREDIT** for student absences.
- It is my understanding that I must notify the Hope Creative School in writing **30 days prior** to withdraw and that all outstanding debts will be paid in full at the time of withdrawing my child.
- Other charges may include, but are not limited to diapers, wipes, clothing, food, bedding, and other basic needs.

I, \_\_\_\_\_ (print name), **AGREE TO PAY \$\_\_\_\_\_ as stated in this contract for \_\_\_\_\_ payment(s), on the 15<sup>th</sup> of each month, BEGINNING \_\_\_\_\_.** I have read this contract and agree with the terms as stated.

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Director Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

*Special circumstances (pricing, days, times) may apply at Director discretion.*

*NOTE/*

**COMMENTS:**

Note: Care will be provided on regularly scheduled school days *only*.

Hope Creative School  
**Payment Schedule**

Based on regularly scheduled school days *generally* coinciding with the  
Polk County School Board Calendar  
2020 - 2021

A Non-Refundable Registration Fee is due with Enrollment Package  
to hold your child’s spot. \$25 if returned by March 13, 2020.

Pre-paid and Regular Tuition Due Dates:

- Payment #1 August 15, 2020
- Payment #2 September 15, 2020
- Payment #3 October 15, 2020
- Payment #4 November 15, 2020
- Payment #5 December 15, 2020
- Payment #6 January 15, 2021



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|             |                   |
|-------------|-------------------|
| Payment #7  | February 15, 2021 |
| Payment #8  | March 15, 2021    |
| Payment #9  | April 15, 2021    |
| Payment #10 | May 15, 2021      |

\*\*\*Payments ARE NOT billed for the month. They are an Annual Tuition divided Into 10 even payments.

\*\*\***PREPAID PACKAGE** payments are due the 15<sup>th</sup> of each month

\*\*\*Payment is due on these dates with or without an invoice

\*\*\*Payment arrangements will be assessed by the director if beginning school after August 24, 2020

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Photo Release for Person Under 18 Years of Age

I hereby grant to Hope Creative School / Hope Presbyterian Church of Winter Haven, Florida and its employees, agents, assigns, and sponsors the right to photograph my dependent and use of photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet. (i.e. Newsletters, Website, Facebook or social media, and other printed publication)

Minor's Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
I certify that I am a custodial parent and have the aforementioned rights to assign.

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

Address: \_\_\_\_\_

\_\_\_\_\_

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

\*\*\*\*\*

**PARENTAL ACKNOWLEDGEMENT FORM**

**PARENTAL ACKNOWLEDGEMENT:** I/We are aware of the contents of the Hope Creative School Parent/ Student Handbook and have been informed that the compliance with the Policies and Procedures are mandatory.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian (please print)

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Name of Child's Teacher

\_\_\_\_\_  
Date