

Disciplinary and Expulsion Practice

Chapter 65C-22 Florida Administrative Code, Child Care Standards 65C-22.001(8), requires that parents be notified in writing of disciplinary practices used in the child care facility. The parent or legal guardian's signature verifies that he/ she has been notified in writing of the disciplinary practices of the school. Two by Two Preschool's disciplinary practice is clearly indicated in the parent handbook

Please complete the following for your child's file: _____
child's name

I, _____ have received in writing the disciplinary (Name of parent or legal guardian)

and expulsion practices of Two by Two Preschool.

Signature of parent or legal guardian

Date

Handbook Acknowledgment:

I acknowledge that I have received the Two by Two Preschool parent handbook which includes a copy of their shaken baby syndrome prevention and policy, the Influenza Virus Brochure, distracted adult brochure, and the Know Your Child Care Facility Brochure. I agree to abide by the terms and conditions stated therein.

Signature of parent or legal guardian

Date

Permission for Food Related Activities and Special Occasion Food Consumption

Pursuant to 65C-22.005(1) © 2.,F.A.C. licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. The activities include such things as; classroom cooking projects, gardening, school wide celebrations, and birthdays.

I _____ give/decline permission for my child
(parent or guardian) (circle one)

_____ to participate in food related activities
(child's name)
and special occasions where in food is consumed.

Please provide the following information:

___ My child DOES NOT have a food allergy or dietary restriction. He or she may participate in activities.

___ My child DOES NOT have a food allergy or dietary restriction. He or she may NOT participate in activities.

___ My child DOES have a food allergy or dietary restriction. He or she may participate in activities but may not eat or handle the following items. (please list below):

I understand that it is my responsibility to update this form if my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment at Two by Two Preschool.

(Parent or Guardian)

(Date)

Lunch Policy

I understand that Two by Two Preschool does not prepare food and that I must provide a nutritious lunch for my child.

Per new DCF regulations, all children will have an insulated lunch box with an ice pack to keep food safe.

Lunches must meet nutritional guidelines set by the USDA. We recommend that you use the new "My Plate" as a guide to ensure that your child is eating a healthy and nutritious meal.



My child has the following dietary restrictions or food allergies:

Child's Name: _____

Parent's Signature: _____

Date: _____

Photography and Videotaping Consent

Children enrolled in Two by Two Preschool may be photographed or videotaped during the time they are attending our school. This may include functions and/or events occurring on school grounds. Parents and guardians permit their child's photos to be displayed, distributed or posted with the understanding that the photographs/ videos are the property of Two by Two Preschool. Parent(s) or guardian(s) may, at the time, revoke permission for their child to be photographed or videotaped by notifying the Two by Two Preschool Director.

I _____, give my permission for Two by Two Preschool, its affiliates, or designed personnel to photograph/ videotape my child

_____ and use those photographs/ videos in Two by Two
(Child's name)

Preschool's presentations, publications and promotional materials, or with other affiliated organizations.

Parent/Guardian Signature

Date

EMERGENCY TREATMENT AUTHORIZATION
(This form must be notarized)

In the event my child _____
(Child's Name) (Date of Birth)

who resides at _____
(Address) (City/State)

requires emergency medical services, I hereby request the following actions be taken:

1. Contact me at: _____ Phone _____
2. If I cannot be reached:
3. Contact: _____ Relationship _____
 1. Address: _____ Phone _____
 2. Does this person have written permission to take your child for emergency treatment? ___ Yes ___ No
 3. Does this person have authorization to pick up and remove the child from the school? ___ Yes ___ No
4. Contact the doctor:
 1. Name: _____ Phone _____

If the school is unable to reach either parent or the above designated person in an emergency, I give my permission to the staff at Two by Two Preschool to consult with the above physician. If, in extreme emergency, the child's regular physician cannot be reached, I give my permission to transport my child to the closest Hospital.

If I or my designated representative, are unavailable, a member of the staff at Two by Two Preschool is authorized to obtain emergency assistance for my child. I agree to pay any medical expenses incurred for treatment.

Signature: _____

Date: _____

Notary – Sworn to and Subscribed before me this _____ day of _____ A.D.20_____.

(Notary Public)

(My commission expires)



2024-2025 School Calendar

July 4 th & 5 th	Closed for 4 th of July
August 9 th	Teacher duty day
September 2 nd	Labor Day
October 31 st	Closing at 3pm
November 27 th -29 th	Thanksgiving break
December 20 th	Closing at 3 pm (Christmas show)
December 23 rd - January 1 st	Christmas break
February 17 th	Teacher duty day
March 20 th & 21 st	Spring break
April 18 th	Good Friday
May 26 th	Memorial Day
June 6 th	Closing at 3pm

Tuition remains the same during closings

I _____ acknowledge that tuition is based on enrollment and not attendance. The above are scheduled dates that Two by Two is closed and is subject to change. I acknowledge that on days that Two by Two Preschool is closed or my child is absent tuition is still due.

Signature

Date

Emergency Preparedness Acknowledgment

Chapter 65C-22 Florida Administrative Code, Child Care Standards 65C-22.001(8), requires that parents be notified in writing of a emergency preparedness plan used in the child care facility. The parent or legal guardian's signature verifies that he/ she has been notified in writing of the emergency preparedness plan of the school. Two by Two Preschool's emergency preparedness plan is clearly indicated in the parent handbook.

Please complete the following for your child's file: _____
Child's name

I, _____ have received in writing the emergency preparedness plan of Two by Two Preschool.

File Access Permission

I hereby authorize employees of Two by Two Preschool (both teachers and administration) to access my child's enrollment information, including family information, medical information, email, addresses and phone numbers of individuals authorized to bring my child to and from school. These records will be secured maintained in the school office.

Student information will not be given to others for any purpose. The information in the file will be utilized (only by Two by Two employees) to implement and support activities and progress to benefit the child.

Information from this file may not be released without written permission from the parent.

Child's Name

Parent's Signature

Date

