



Forest Hills Learning Academy
9714 North Boulevard
Tampa, FL 33612
813-932-6377
www.fhacademy.com

Dear Families;

Welcome to Forest Hills Learning Academy (FHLA). Our purpose is to provide you with a quality preschool education in a secure, nurturing and stimulating environment. FHLA serve the physical, emotional and intellectual needs of the preschool children and their families.

We meet these goals with our age-appropriate curriculum, our highly qualified staff, our up-to-date equipment, high standards of cleanliness, and our ongoing communication with parents.

This FHLA Parent Handbook has been designed to provide important information that parents need when selecting childcare for their child.

All of the dedicated, caring staff at FHLA want to be certain that your child has the very best early childhood experience possible. We want to thank you for entrusting us with that privilege and responsibility.

Please take the time to read all the following information to help you better understand our program and philosophy. If you have any questions, please feel free to contact us at any time.

Thank you,

Dawn Raymond &

FHLA Staff



FOREST HILLS LEARNING ACADEMY

9714 NORTH BOULEVARD

TAMPA, FL 33612

(813)9326377

FEES

The weekly tuition is due the Monday prior to receiving care.

MULTIPLE CHILD DISCOUNT

Any family who has more than one child attending Forest Hills Learning Academy (FHLA) will receive a 10% discount on the second child.

HOURS

6:30 – 6:00 Monday - Friday

SCHEDULE OF FEES

Registration Fee	\$50 annual non- refundable registration fee per child
Multiple Registration Fee	\$100 per family

5 Day Program (Includes Breakfast, Lunch & Snack)

▪ Infants	\$165 per week	6:30 – 6:00
▪ Toddler 1 yr old	\$145 per week	6:30 – 6:00
▪ Toddler 2 yr old	\$130 per week	6:30 – 6:00
▪ K3	\$115 per week	6:30 – 6:00
▪ VPK - only	Free	8:30 – Noon
▪ VPK – extended	\$50 per week	8:30 – 2:00
▪ VPK – wrap around	\$85 per week	6:30 – 6:00

3 Day Program (Includes Breakfast, Lunch & Snack)

▪ Toddler 2 yr old	\$100 per week	6:30 – 6:00
▪ K3	\$90 per week	6:30 – 6:00

Before/After School Program (FOREST HILLS ELEMENTARY & LAKE MAGDALENE)

▪ Before	\$30 per week	6:30– Drop Off
▪ After School	\$55 per week	2:30 – 6:00
▪ Before/After	\$70 per week	
▪ Summer – Full Time	\$85 per week	6:30 – 6:00

* We do offer daily drop-in based on availability, please call ahead.

** Please note this is a weekly tuition and full payment is due regardless if the child is absent for any reason.

ALTERNATIVE PROGRAMS ARE AVAILABLE UPON REQUEST

Note: The Annual Registration Fee is **non-refundable** and is due at the time of registration and the beginning of each school year. All other fees are due **before** the 1st day of school.

HOLIDAYS RECOGNIZED

We observe the following holidays - New Year's Day, Memorial Day, Good Friday, Independence Day, Labor Day, Thanksgiving, the Friday after Thanksgiving, and Christmas Day. We also have an annual classroom planning day in the summer (TBA).

VACATION

One week annual vacation is given to each child after 6 months of enrollment. The Child must be paying full tuition in order to be eligible for this benefit.

TUITION INCREASES

In order to being able to offer and maintain a quality educational program, FHLA reserves the right to review and adjust the scheduled tuition and its financial policies upon giving a 30 days written notice.

DRESS CODE

Forest Hills Learning Academy suggests that all kids are wearing play clothes to be able to comfortably explore the day without being worried about getting their clothes dirty. In addition, we do require an additional pair of clothes to be worn in case of an accident, which may occur during the day. Please label all items, so "lost and found" can be easily assigned to a child. Closed toed shoes are required at all times while at the center.

INSTRUCTIONAL TIME:

Instructional Classroom lecture starts at 9:00 a.m. To optimize the learning experience, it is necessary for your child to arrive at least 5 minutes before instruction begins.

Immunization and Physical Exam Requirements

As per Hillsborough County Ordinance 03-25 as amended by 04-25 and Ordinance 05-9 within 30 days, any child enrolling in a preschool, licensed child care facility, or family child care home must have the following on file: 1.) a current (within 2 years) completed Department of Health Student Health Examination (Form DH 3040) or equivalent. 2.) A Florida Certificate of Immunization form (DH 680) with either proof of immunizations or an exemption for the form to be valid.

Form DH 680 must contain the following information:

- The child's complete name, date of birth and name of parent or guardian.
- All vaccine dates with month/day/year.
- DH 680 Part A-1, Part A-2 or Part B (as applicable), must be completed with the name of the physician or clinic, the address and a signature (or signature stamp) of either a physician, a public health nurse, an authorized designee, or the Department of Health county health department with the date the form was signed and issued.
- Part B (Temporary Medical Exemption) should be completed with a current expiration date of the exemption for those children, who are not fully immunized or cannot receive any additional vaccines at this time. **The expiration date is the date when the child is past due for their next shot. After this date the form is no longer valid.** The child must return to the physician or clinic before this date to update form.
- Specific time frames such as "Prior to School" or "After Fourth birthday" are acceptable for the expiration date if the primary series of shots have been completed.

- Children entering or attending child care shall have received as many of the following age-appropriate immunizations *as medically indicated*:
 - Diphtheria, tetanus, and pertussis vaccine (DTP)
 - Polio vaccine
 - Measles vaccine – generally all administered as MMR (approx. 12 months of age)
 - Mumps vaccine “ ”
 - Rubella vaccine – “ ”
 - Varicella vaccine or date of chicken pox (age 12 months)
 - Haemophilus influenza type b (Hib) vaccine
 - Hepatitis B (HepB) vaccine series
 - Pneumococcal Conjugate vaccine (effective 01/01/08 for ages 2 – 24months)

If a preschool, child care facility, or family child care home attendee has received at least all of the following vaccines (primary series of shots) and these are posted on DH 680 Part B (Temporary Medical Exemption), the form will not be judged as out of compliance for absence of an expiration date.

- 4 doses of DTP
- 3 doses of Polio
- age appropriate Hib doses
- one dose of MMR
- one dose of Varicella (or date of chicken pox)
- 3 doses hepatitis B (HepB) vaccine
- Pneumococcal Conjugate vaccine
- 2nd dose of varicella ***for children entering kindergarten only.***

- Part C: Permanent Medical Exemption is used for a child who is not fully immunized, and who, for medical reasons, cannot receive one or more vaccines. The physician must complete Part C indicating medical reasons for the exemption.
- Form DH 681 Religious Exemption for Immunization: must be issued only by county health departments and only for a child who is not immunized because of his/her family’s religious tenets or practices. This form must be retained by the facility in order to facilitate identification of any unimmunized/susceptible children needing exclusion during an outbreak of a vaccine-preventable disease. Exemptions for personal or philosophical reasons are not permitted under Florida Law.

All children’s health records become the property of the parents/guardians when the child withdraws from the facility and are transferable if the child attends another facility.

When a child care facility serves school age children, the school requirements for health exams and immunization records shall apply, and records of such need not be on file at the child care facility or family child care home.

Parents should be encouraged to check for proper documentation of the above prior to leaving the physician’s office or health clinic.

A copy or facsimile of a completed and appropriately signed/stamped or electronically certified DH 680 is acceptable.



FINANCIAL CONTRACT/PAYMENT POLICY

This financial agreement is between _____ and Forest Hills Learning Academy. We, the parents/guardians, will enroll our child, _____, for the school year _____ and agree to the following payment schedule:

FEES	Annual Registration Fee	\$ _____
	Weekly Tuition (Due Prior to Starting)	\$ _____
	Program _____	\$ _____
	Misc. _____	\$ _____
	Total due by _____	\$ _____

- We understand and agree to the payment schedule for tuition fees as stated.
- We understand and agree that once our account becomes past due, our child will not be allowed to return to FHLA until all accounts are current. All payments are due immediately.
- We understand and agree if our account has a delinquent balance on it upon withdrawal of or child(ren) all records including blue & gold forms will remain with administration of FHLA.
- We understand and agree that the pre-registration form must be accompanied by the registration fee, and the balance of the fees is due upon starting FHLA. **Registration is an annual fee and is non-refundable.**
- We understand and agree that a two week notice in writing is required to withdraw from our program.
- We understand and agree this is a weekly tuition, and all payments are due regardless if the child is absent or not.

STUDENT BILLING INFORMATION

Please complete the following information for the person who will be responsible for paying this account:

Name of Responsible Party:

First

Last

Mailing Address:

Street

City

State

Zip

Home Phone:

Work:

Cell:

Mother/Guardian

Date

Father/Guardian

Date

Forest Hills Learning Academy Administrator

Date

*****Student is not guaranteed placement until the Financial Contract is completed and signed, the Financial Payment Policy & Obligation is signed, and the Registration fee has been collected.**



FINANCIAL PAYMENT POLICY & OBLIGATIONS

REGISTRATION

This annual registration fee is non-refundable and is due August 15th for the upcoming year and/or the time of registration

If you have outstanding balances on Thursday, your child **will not be permitted to return** to FHLA the following Monday unless the past due balances and current balances are **PAID IN FULL**.

PAYMENT TERMS

- Full weekly tuition is due regardless of child being absent for any reason.
- Tuition is paid weekly and is due on Monday at the beginning of each week.
- If your fees are not paid by Wednesday a \$25.00 late charge will be added.
- If you do not pay by Friday, your child will not be allowed to come back on Monday and all payments are due immediately.
- There will be a \$1 late fee incurred per child for each minute after scheduled pick-up.

WITHDRAWALS

A two (2) week written notice of withdrawal is required. You will be charged regular tuition rates for this period if proper notice is not given.

RETURNED CHECK CHARGE (NSF)

- Full balance is due immediately. In addition, your account will be assessed with a \$25 NSF fee.
- Post-dated checks will not be an acceptable form of payment for current and/or past due balances.

Father/Guardian

Date

Mother/Guardian

Date



EMERGENCY CONTACT INFORMATION

Student Name:

Home Phone:

Please complete the following in the order in which you want Forest Hills Learning Academy to contact a parent/guardian in the event of an emergency

Parent 1

Name:

Relationship to student:

Work #:

ext.

Cell #:

Home #:

Parent 2

Name:

Relationship to student:

Work #:

ext.

Cell #:

Home #:

Contact 1

Name:

Relationship to student:

Work #:

ext.

Cell #:

Home #:

Contact 2

Name:

Relationship to student:

Work #:

ext.

Cell #:

Home #:

Contact 3

Name:

Relationship to student:

Work #:

ext.

Cell #:

Home #:

Please list ALL persons who are allowed to pick up your child. (Picture ID will be required to be on file.)

Name:

Relationship to student:

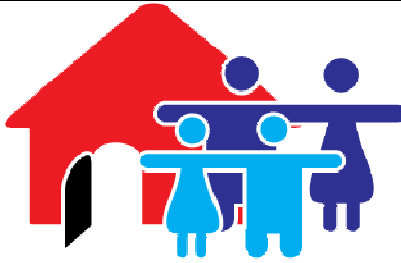
Phone 1:

Phone 2:

1.

2.

3.



AUTHORIZATION FOR MEDICATION AND/OR MEDICAL TREATMENT

THIS FORM MUST BE NOTARIZED

In emergencies, FHLA will assist parents by administering over-the-counter non-aspirin products if the following conditions have been met:

- A. Parent signs below stating that his/her child is not allergic to non-aspirin medication.
- B. The child complains of a headache or some other malady for which a pain reliever is commonly used.

FHLA will also administer prescription medication only if medication was prescribed by the physician and the prescription is in the child's name.

I, _____ hereby authorize FHLA staff to administer non-prescription, prescription medication and medical treatment for _____, my minor child.

Child's date of birth: ___/___/___

Child's present medications: _____

Child's medical conditions: _____

Child's food allergies: _____

Child's drug allergies: _____

Child's other allergies: _____

Father's Name: _____ Driver's License # _____

Home Phone: _____ Work: _____ Other: _____

Father's Signature: _____ Date: ___/___/___

Mother's Name: _____ Driver's License # _____

Home Phone: _____ Work: _____ Other: _____

Mother's Signature: _____ Date: ___/___/___

STATE OF FLORIDA
County of Hillsborough

Sworn to and subscribed before me this ___ day of _____, 20___ by _____.

___ Personally Known

___ Produced Driver's License

NOTARY PUBLIC



STUDENT INJURY WAIVER

THIS FORM MUST BE NOTARIZED

I hereby grant permission for _____, who is my child, to participate in any extracurricular activities. I waive, release, absolve, and hold Forest Hills Learning Academy, its administrators, teachers, supervisors, physical education directors, managers, persons transporting my child to and from school activities in church vehicle or in their own personal vehicle, and other participants blameless from any claim arising out of injury or sickness to my child.

Signature of parent or legal guardian

Driver's license #

____/____/____
Date

STATE OF FLORIDA
County of Hillsborough

Sworn to and subscribed before me this ____ day of _____, 20__ by _____ who is known to me to be the individual described in and who executed same.

Personally Known

Produced Driver's License

NOTARY PUBLIC



Illness Policy

In order to help keep all of the children and teachers in a healthy environment, we require that you DO NOT bring your child to school if they are experiencing any of the following:

- Vomiting or Diarrhea (within a 24 hour period)
- Fever (within a 24 hour period without fever reducers)
- Yellow or Green discharge from the nose (without doctor consent)
- Rash or Impetigo
- Deep, hacking, or uncontrollable cough
- Head lice (nits or bugs)
- Chicken Pox or any other contagious diseases
- All open sores must be covered at all time

Preschool Attendance Policy

- If your child will be absent from the program for more than three consecutive days, we require a physician excuse or other documentation.
- It is important to bring your child to class by 9:00 am. Excessive tardiness impedes on his/her ability to learn and may be a cause for discharge from the program.
- All VPK parents must read and sign VPK attendance policy sheet.
- Forest Hills Learning Academy reserves the right to discharge any student from the program based on excessive unexcused absences.

VPK Attendance Policy

- We require a physician's note or other legal documentation if your child is absent for more than three consecutive days.
- You are required to have your child in his/her classroom at the beginning of every class. Excessive tardiness impedes on his/her ability to learn and may be a cause for discharge from both the State VPK Program and FHLA.
- Child must be present for at least 85% of all scheduled VPK instructional days otherwise may result in paying additional fees.
- Any extenuating circumstances may receive some lenience within the program. Please speak with program director for possible approval.

By signing this form, I agree that I have read, understand and agree to all of the terms listed in the above policies and procedures. I understand that I may speak with any member of the administration for further clarification.

Parent's Signature _____ Date _____



MEDIA RELEASE FORM

I hereby authorize Forest Hills Learning Academy to use, in perpetuity, footage of my child that has been recorded on videotape or camera by Forest Hills Learning Academy, for any advertising/commercial purpose.

I fully understand the conditions set forth in this document and agree to the conditions in this release.

Name of student: _____

Printed Name of Parent: _____

Signature of Parent: _____ Date: ___/___/___

Administrator Initials: _____



SCHOOL/PARENTAL POLICY & AGREEMENT OF ACCOUNTABILITY & COOPERATION

PLEASE INITIAL EACH STATEMENT

Forest Hills Learning Academy expects full cooperation from both students and parents in the total education and discipline of students. If at any time the school administration feels this cooperation is lacking, the student may be dismissed from school. Forest Hills Learning Academy reserves the right to dismiss any student who fails to comply with established rules and regulations of discipline or whose financial obligation remains unpaid after the due date.

FEES: Since the fees do not completely cover the cost of educating our child, we recognize the importance of and agree to support FHLA in prayer, fundraisers, service, and cooperation.

P/G #1 P/G #2

PERMISSION: I give Forest Hills Learning Academy permission for my child to take part in all school related activities including but not limited to bus trips, sports activities, and school sponsored trips away from the school premises.

P/G #1 P/G #2

DISCIPLINE: Discipline should be an educational process by which staff members assist children in developing the self-control and the self-discipline skills they need to master. Procedures used to discipline the children shall not include any method that is physically or verbally abusive at any time. Time out is usually a very effective means of discipline when a child's behavior is considered inappropriate. Behavior that hinders the health and safety of others may be grounds for dismissal from the program.

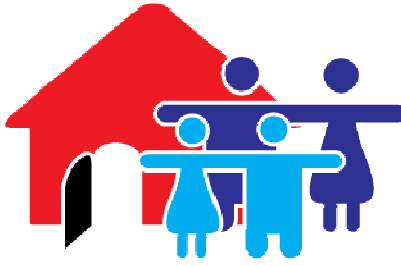
P/G #1 P/G #2

LIABILITY: I further agree to hold FHLA and its agents harmless for the liability to my child, any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of injury or alleged injury to my child. Should on my child's behalf legal action, for any reason, against Forest Hills Learning Academy, any employee, or agent thereof be taken, and the daycare, its employee, or its agent not be found at fault, I agree to pay any and all attorney fees, court fees, damages, or other costs that Forest Hills Learning Academy, its employee, or its agents did incur to defend themselves against such action. This parental agreement of accountability and cooperation will be in effect for as long as my child(ren) or others attends/who are enrolled in any program at Forest Hills Learning Academy.

P/G #1 P/G #2

COOPERATION: I make this agreement between the Lord, myself, and Forest Hills Learning Academy that I will, in a spirit of cooperation and love, commit myself to abide by Matthew 18:15-20 in regard to any problems, concerns, or offenses that may occur pertaining to Forest Hills Learning Academy and/or its administrators, staff, or representatives. I agree that a positive attitude toward Forest Hills Learning Academy, its administrators, teachers, staff, and representatives as well as its policies has a positive effect on the emotional and academic stability of my child. I agree to support and uphold the ideals of FHLA and all daycare policies as stated in the Forest Hills Learning Academy Parent Handbook and any and all policies that are amended or issued throughout the school year. I understand that it is a privilege to attend Forest Hills Learning Academy and that Forest Hills Learning Academy reserves the right to determine which students will be admitted to and/or removed from our program. I further understand and agree that Forest Hills Learning Academy reserves the right to dismiss any student who does not cooperate with the educational process or does not adhere to the standard of conduct established by Forest Hills Learning Academy.

P/G #1 P/G #2



SCHOOL/PARENTAL POLICY & AGREEMENT OF ACCOUNTABILITY & COOPERATION

I give permission for my child to take part in all activities, including without limitation, transportation to and from school for the purpose of field trips or other classroom activities. I understand that some of these activities may be away from school premises. Students will be transported in private vehicles, or the preschool van driven by licensed adults. I indemnify and save FHLA and its affiliates, employees, and agents harmless from and against any claims, demands, and causes of action, liability, medical payments, costs, and attorneys' fees resulting from or arising out of the participation by my child in the above mentioned activities. I understand that FHLA does not provide medical insurance coverage for my child and that I will be solely and fully responsible for any medical expenses or other liabilities that may incur.

P/G #1 P/G #2

I pledge my loyalty to the aims and ideals of the school. I will bring all questions and criticisms directly to the administration, so that they may be properly considered by those in authority.

P/G #1 P/G #2

I understand and agree that if my child is dismissed for disciplinary issues or violation of any agreement, I am fully responsible for payment of the full week of childcare and any payments not paid prior to withdrawal or being dismissed (even if my child does not attend the full week).

P/G #1 P/G #2

I agree to notify the FHLA administration, in writing, 14 days in advance of withdrawing my child from the program and that I will fully satisfy all accounts.

P/G #1 P/G #2

I understand and agree that Forest Hills Learning Academy reserves the right to refuse any application or dismiss any child at any time for unacceptable conduct or for any other reason deemed necessary according to their standards.

P/G #1 P/G #2

I agree to support the standards of Forest Hills Learning Academy in every area of its philosophy and policies, including but not limited to academic, behavioral, spiritual, moral, and disciplinary procedures.

P/G #1 P/G #2

I understand what I have read, and I agree to comply with the policies stated in this Parental Agreement of Accountability and Cooperation as they currently stand and as they are modified in the future.

P/G #1 P/G #2

Parent or Guardian #1 (Print) Date
Date

Parent or Guardian #2 (Print) Date

Parent or Guardian #1 Signature Date
Date

Parent or Guardian #2 Signature Date