



ALL-STAR KIDS

Early Learning Center ELC

14390 Orange Blvd.
Loxahatchee, Florida 33470
(561) 792-5440 Phone

Effective 8/7/2025

Tuition Rate Sheet

REGISTRATION FEES (non-refundable annual fees) Infants-Pre-K \$200/\$300 Family

INFANTS ROOM - Full time only (7:00 a.m. - 6:00 p.m.) \$360.00

TODDLER ROOM - Full time (7:00 a.m. - 6:00 p.m.) \$320.00

2 YEAR OLD ROOM

FULL TIME:	2 days	\$185.00	PART TIME:		
(6:30 a.m-6:30 p.m.)	3 days	\$220.00	(6:30 a.m. - 12:30 p.m.)	4 or 5 days	\$220.00
	4 or 5 days	\$285.00			

PRE-K PREP PROGRAM FOR 3 and 4 YEAR OLDS (potty trained)

FULL TIME:	2 days	\$160.00	PART TIME:		
(6:30 a.m-6:30 p.m.)	3 days	\$200.00	(6:30 a.m. - 12:30 p.m.)	4 or 5 days	\$200.00
	4 or 5 days	\$250.00			

PROGRAM FOR VPK (Pre-K Book Fee of \$70.00 for A Beka Program)

FULL TIME:	5 days \$250.00 (private)*	PART TIME:	5 days \$200.00 (private)*
	5 days \$210.00 (VPK) **	(6:30 a.m. - 12:30 p.m.)	5 days \$150.00 (VPK)**

* Spring Break and Winter Break & Thanksgiving Break

** Public School Days \$10/day extra for teacher workdays and school holidays

SIGN & RETURN

Acknowledgement of Tuition Rate

I have received a copy of the Tuition Rates and understand that my child's tuition payment is due on the Friday prior to each week.

Parent / Guardian Signature

Date

Name of Child/Children

Prices are reflected in check or debit card prices. 3% will be automatically added for credit card payments



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REGISTRATION FORM

Child's Name: _____ Date of Birth: _____

My child wishes to attend All-Star Kids Early Learning Center, Inc. I prefer the schedule that I have checked below.

Day _____	Morning <u>Until 12:30</u>	Full Day _____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Parent Signature

Date



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OFFICE USE ONLY
STARTING DATE _____
CLASS _____
DATE REG. PD: _____
WEEKLY TUITION _____

REGISTRATION FORM

Non-refundable fee must accompany application

Child's Name _____	Birthdate _____
Age _____ years _____ months Female Male	Code Word _____
Child Resides with Both Parents Mother Father Other _____	
Mother's Name _____	Father's Name: _____
Mother's E-Mail: _____	Father E-Mail: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Res. Phone: _____ Cell: _____	Res. Phone: _____ Cell: _____
Employer's Name: _____	Employer's Name: _____
Occupation: _____	Occupation: _____
Bus. Phone: _____ Other: _____	Bus. Phone _____ Other: _____

In Case of emergency, persons authorized to pick up your child from the facility, when you cannot be reached:

Name _____	Address _____	Phone _____	Relation _____
Name _____	Address _____	Phone _____	Relation _____

Has your child been in childcare before? _____ Where? _____
Number of other children in family: _____

Name _____	Age _____	School _____
Name _____	Age _____	School _____

Child's Physician _____	Phone _____
Hospital Preference _____	Phone _____

Does your child have any ALLERGIES? _____ How does it present: Asthma ___ Hay Fever ___ Hives ___ Other _____

MUST ATTACH CURRENT SHOT RECORD AND PHYSICAL FORM FROM FLORIDA DR. OFFICE _____

Any other Medical/HOME/or Developmental situation that we should be aware of? _____

In Case of accident or serious illness, I request the school to contact me. If the school is unable to contact my physician or any of the emergency numbers listed, we authorize the school administration to make whatever arrangements are necessary.

Parent's Signature _____ Date: _____

Witness: _____



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RELEASE FORM

CHILD'S NAME: _____

1. It is legal for either parent to pick up a child unless we have a copy of a court order restricting visitation.

Mother ____ Yes ____ No Father ____ Yes ____ No

2. Is there any Court Order restricting visitation of your child? If so, Please list the person(s) restricted from picking up your child:

Name: _____ Relationship: _____

3. Think of a code word of 4 to 6 letters and list it below to be kept on file at the Center. When you are unable to pick up your child, give this word to the person you instruct to pick up your child.

Code Word: _____

4. List the person(s) permitted to pick up your child. Keep phone numbers current.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Parent's Signatures(s):

X _____ Date: _____

X _____ Date: _____

Director's Signature: _____ **Date:** _____



ALL-STAR KIDS

PARENT AGREEMENT

As the parent (or guardian) of _____, I have carefully read, understand and will abide by the rules and regulations listed below:

1. TUITION

Tuition is due in advance of the period covered. Therefore, all tuition will be due on Monday of the week. A late fee will be charged if it is not paid by Tuesday. Tuition is due regardless of attendance and holidays. If your child does not attend any portion of the week M to F a vacation tuition equal to one-half of the tuition rate will be charged. Each child is entitled to 4 vacation weeks per school year at the ½ rate.

2. HOLIDAYS

ALL-STAR KIDS will be closed on the following days:

- | | |
|-----------------|--------------------------|
| *New Year's Day | *Thanksgiving Day |
| *Memorial Day | *4 th of July |
| *Labor Day | *Christmas Day |

*If the holiday falls on a Saturday, school will be closed on Friday, if it falls on a Sunday, school be closed on Monday. HOLIDAYS DO NOT REDUCE TUITION.

3. SECURITY – DROP OFF / PICK UP

Parents are required to sign in upon arrival and sign out upon departure.

4. DISTRACTED ADULT AND FLU BROCHURE

My signature below verifies receipt of the Distracted Adult brochure and the "Influenza Virus, The Flu, A Guide to Parents" brochure.

5. "KNOW YOUR CHILD CARE CENTER"

I have received and read a copy of the "Know Your Child Care Center" pamphlet (Chapter 402.3125 F.S.)

6. ALTERNATE NUTRITION PLAN

The facility agrees to provide nutritious: Mid-morning and Mid-Afternoon Snacks. The parent agrees to provide a nutritious: Lunch and Drink (in non-glass container). Parent has received a copy of the USDA nutritional guidelines. WE DO NOT WARM UP FOOD. If you want your child's food warm, please use a thermos. I have carefully read and understand the USDA nutritional guidelines brochure. I understand that it is my responsibility to provide a nutritious lunch for my child every day.

7. PARENT HANDBOOK

I have received and read the "All-Star Kids" Parent Handbook and agree to abide by its policies. We understand that the school reserves the right to dismiss any students who do not cooperate, or whose parents do not cooperate with the educational process or school policies.

8. LATE PAYMENT AND LATE PICK UP

My signature below verifies that I have agreed to pick up my child no later than their program end time. A late pick-up fee of \$10 for the first 5 minutes and \$1 for every minute thereafter will be assessed. In addition, a Late Payment fee of \$15 will be assessed if the tuition is not paid by Tuesday of each current week.

We understand that ALL-STAR KIDS has an open-door policy and we can visit our child at any time.

Parent's Signatures(s):

X _____ Date: _____



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DISCIPLINE POLICY

Dear Parent(s):

HRS requests that we notify all parents of children enrolled in our school of the disciplinary actions used by All-Star Kids. The disciplinary actions are as follows:

- 1. Quiet Time-out: Child is removed from the group for a short period of time.**
- 2. Notification of parent(s) of any disciplinary problems with the child.**
- 3. Corrective action conference scheduled with parent, teacher and child.**

The following disciplinary protocol will be followed at all times:

- 1. The child will not be subjected to discipline that is severe, humiliating, or frightening.**
- 2. Discipline will not be associated with food, rest or toileting.**
- 3. Spanking, or any other form of physical punishment is prohibited.**

Child's Name: _____ **Date :** _____

Parent or Guardian Signature: _____



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August 1, 2020

Dear Parents:

To assure the safety of your child (children) we have developed an emergency evacuation plan. This plan stated that if we had to evacuate the school we would take the children to:

Pierce Hammock Elementary School
14255 Hamlin Blvd.
Loxahatchee, FL 33470
(561) 633-4500

This school is a designated shelter for Palm Beach County. You could contact us on our cellular phone at (561) 301-7606.

Please sign the bottom of this form so that we may put it in your child's file.

Thank you.

Michelle S. O'Neill
Owner/Director



I have been informed of the All Star Kids evacuation plan. In case of evacuation, my child will be taken to Pierce Hammock Elementary School.

X _____ Parent Signature _____ Date

_____ Child's Name

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.

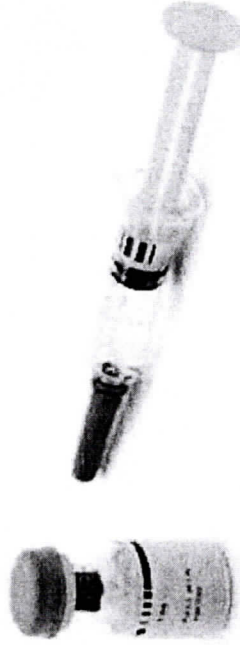


What should I do if my child gets sick?

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



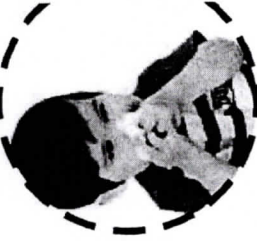
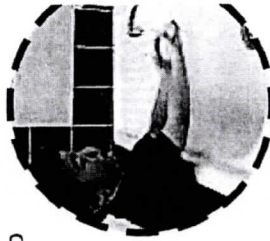
How can I protect my child from the flu?

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/>

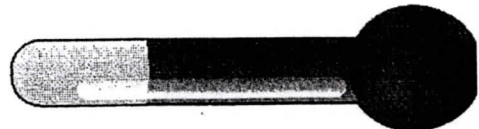


FACTS ABOUT HEATSTROKE:

It only takes a car **10 minutes to heat up 20 degrees** and become deadly.

Even with a **window cracked**, the temperature inside a vehicle can cause heatstroke.

The body temperature of a child increases **3 to 5 times faster** than an adult's body.



⚠️ PREVENTION TIPS:

- Never leave your child alone in a car and call 911 if you see any child locked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent- ask them to contact you if your child

During the 2018 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

Child's Name:

Date:

Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records.