ALL-STAR KIDS 2
Early Learning Center LLC

6925 Seminole Pratt Whitney Road
Loxahatchee, Florida 33470
(561) 792-6269 Phone

Effective 8/7/2025

Pre- K Tuition Rate Sheet

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

PROGRAM FOR SCHOOL YEAR VPK** **(Book Fee of $100.00 for A Beka Program)**

FULL TIME:	$210 / WEEK*	(6:30 a.m. to 6:30 p.m.)
EXTENDED TIME:	$170 / WEEK*	(6:30 a.m. to 2:00 p.m.)
PART TIME:	$150 / WEEK*	(6:30 a.m. to 12:30 p.m.)
3 Hour AM	FREE	(8:00 a.m. to 11:00 a.m.)
3 Hour PM	FREE	(11:30 a.m. to 2:30 p.m.)

*Thanksgiving, Winter & Spring Break($250/$200/$185)
**$10/day extra for teacher workdays and school holidays (with school year VPK voucher)

SIGN & RETURN

Acknowledgement of Tuition Rate

I have received a copy of the Tuition Rates and understand that my child's tuition payment is by Tuesday each week to avoid a $15 late payment fee.

_____ _____
Parent / Guardian Signature Date

Name of Child/Children_____

Prices are reflected in ACH/bank account prices. 3% will be automatically added for card payments

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VPK APPLICATION SHEET

Child's Name _____ Date of Birth: _____

My child wishes to attend All-Star Kids Early Learning Center 2 LLC. I request the schedule that I have checked below. I understand that we may not be able to switch to a different schedule at a later date.

REGISTRATION FEES (non-refundable annual fee) Pre-K $200/$300 Family

VPK – Full Time - _____ (6:30 am – 6:30 pm)

VPK – Ext. Program _____ (6:30 am – 2:00 pm)

VPK – Part Time - _____ (6:30 am – 12:30 pm)

VPK – 3 Hours - _____ (8:00 am – 11:00 am) (Free with Voucher)

VPK – 3 Hours - _____ (11:30 am – 2:30 pm) (Free with Voucher)

_____
Parent/Guardian Signature

_____
Date

* Spring Break and Winter Break ($240/$200/$185/week)
** $10/day extra for teacher work days and school holidays (with school year VPK voucher)

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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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Early Learning Center LLC

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:_____

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Early Learning Center, Inc.

6925 Seminole Pratt Whitney Road
Loxahatchee, Florida 33470

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:_____

ALL-STAR KIDS 2

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 it if 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	*4th 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/SAFETY – DROP OFF / PICK UP

Parents are required to sign-in upon arrival and sign out upon departure. All-Star Kids is not responsible for any injury/accident if a golf cart or car-alternative without the proper child restraint seating is used to pick up/drop off any child(ren) while on property.

4. Media Release

By enrolling my child(ren) you have my permission to photograph my child(ren) during daily activities/holiday festivities. Photographs may be distributed through the secure Procare app.

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 2" 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:_____

ALL-STAR KIDS 2

EARLY LEARNING CENTER LLC

6925 Seminole Pratt Whitney Rd.
Loxahatchee, Florida 33470

August 1, 2020

Dear Parents:

To assure the safety of your child (children) we have developed an emergency evacuation plan. This plan states 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 (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
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 (Children) Name