



ALL-STAR KIDS 2

Early Learning Center LLC

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

Acknowledgement of Tuition Rate

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

Parent / Guardian Signature
Name of Child/Children _____

Date

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



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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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REGISTRATION FORM

Child's Name: _____ Date of Birth: _____

Please mark the schedule and days that you wish your child to attend. If wanting part time, please select any of the days if you are flexible on the schedule.

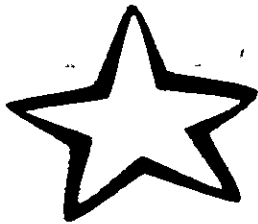
*Full time: 4 or 5 days/week	_____	(6:30 am – 6:30 pm)
Part time: 2 day/week	_____	(6:30 am – 6:30 pm)
Part time: 3 days/week	_____	(6:30 am – 6:30 pm)
Part time morning: 4 or 5 days/ week	_____	(6:30 am – 12:30 pm)

Monday	Tuesday	Wednesday	Thursday	Friday

*Full time is the only schedule offered for children under the age of 2 years old

Parent Signature

Date



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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:** _____



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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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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/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 Procure 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: _____



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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