A Reggio Emilia Insoired School

Creativa

— ACADEMY —

SCHOOL YEAR 2026 – 2027

Registration Packet

Welcome to the Creativa Family

What's Inside This Packet

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10. Child Care Food Program Application

Please complete, initial, and sign all pages, then return them to the front office along with your child's required documents.

13910 SW 8th St, Miami, FL 33184 · (786) 900-0099 · info@creativaacademy.com

Programs & Hours

SCHOOL YEAR 2026 – 2027

Creativa Academy serves children from 15 months through Kindergarten. Below are our programs, daily hours, and tuition. Weekly tuition includes summer. Please contact the front office at (786) 900-0099 for availability.

Toddlers — 15 Months & 2 Years

PROGRAM	HOURS	WEEKLY FEE (incl. summer)	REGISTRATION
Toddlers Full Time	7:00 am – 3:00 pm	**$280.00**	$300.00
Toddlers Full Time & After Care	7:00 am – 5:45 pm	**$300.00**	$300.00

Toddlers — Early 3's & Late 3's

PROGRAM	HOURS	WEEKLY FEE (incl. summer)	REGISTRATION
Toddlers Full Time	7:00 am – 3:00 pm	**$270.00**	$300.00
Toddlers Full Time & After Care	7:00 am – 5:45 pm	**$280.00**	$300.00

VPK — 4 to 5 Years

PROGRAM	HOURS	WEEKLY FEE (with VPK cert.)	REGISTRATION
VPK Program Full Time	7:00 am – 3:00 pm	**$180.00**	$300.00
VPK Full Time & After Care	7:00 am – 5:45 pm	**$200.00**	$300.00

Kinder — 5 to 6 Years

PROGRAM	HOURS	TUITION (school year)	REGISTRATION
No After Care	7:00 am – 2:30 pm	**$9,700**	$350.00
After Care & Multisports	7:00 am – 5:45 pm	**$10,700**	$350.00

Kinder tuition is for the school year and does not include summer. Also includes a one-time $350 Book/Technology fee. Registration fee due January 2026.

Scholarships Accepted

Creativa Academy proudly accepts **VPK**, **Step Up For Students**, **FES-UA** (Unique Abilities), and **School Readiness**. Ask our front office — we'll walk you through every step.

We do not offer infant care.

Registration Form

SCHOOL YEAR 2026 – 2027

Child's Name: _____ **Middle Name:** _____ **Last Name:** _____

Gender: Male ☐ Female ☐ **Date of Birth (mo/day/yr):** _____ **Last 4 SSN:** _____

Parent / Guardian Information

Mother's Name: _____ **Cell Phone:** _____

Street Address: _____ **City:** _____ **Zip:** _____

Father's Name: _____ **Cell Phone:** _____

Street Address: _____ **City:** _____ **Zip:** _____

Work Phone Mother: _____ **Work Phone Father:** _____

Mother's Email: _____ **Father's Email:** _____

Does child live with a legal guardian other than mother or father? Yes ☐ No ☐

If yes, Guardian's Full Name: _____ **Street Address:** _____

Cell Phone: _____ **Work Phone:** _____ **Email:** _____

Language & Health

Child's additional / other language: Spanish ☐ Haitian/Creole ☐ French ☐ Other _____

Does child have a documented disability? Yes ☐ No ☐ If yes, do you have: ☐ Infant Toddler Developmental Specialist (ITDS, if under 3 years old) ☐ A medical diagnosis from doctor ☐ A diagnosis by a state certified/licensed professional (Neurologist/ Psychologist)

If yes, please specify type: _____

Please specify any health or special situation concerning the child of which Creativa Academy should be aware, such as:

Allergies / Dietary needs: _____

Existing / pre-existing illnesses, injuries, disabilities: _____

Authorized Pick-Up

Persons authorized to remove the child other than the parents (list at least two). The child will be released only to the custodial or legal guardian and the person(s) listed below in case of illness, accident, or emergency.

NAME	CELL PHONE	RELATIONSHIP

Person(s) NOT permitted to remove child — Name: _____ **Relationship:** _____

Medical Information

I hereby grant permission for the staff of the facility to contact the following medical personnel:

Pediatrician: _____ **Phone:** _____

Parent / Guardian Signature: _____ **Date:** _____

Your signature indicates that the information on this enrollment form is completed and accurate.

Agreement — I, _____ am fully aware that:

Tuition

- It is the school's policy to make no refunds on registration fees.
- Tuition is due biweekly, based on a 12-month period (includes summer).
- A late payment fee will apply if tuition is not paid by Wednesday of the tuition week.
- I agree to pay the tuition specified in my enrollment agreement regardless of my child being absent from the center while enrolled.
- If tuition is not paid by the 10th day after payment is due, my child will not be accepted in class and his/her enrollment may be terminated.
- A fee will be charged to my account for any Non-Sufficient Fund (NSF) checks.
- Full tuition is due even on weeks when holidays or emergency conditions cause the school to be closed.
- Tuition payments will continue to be charged unless I provide the school with a written withdrawal notice a minimum of 3 weeks prior to the last attendance date.
- Creativa Academy reserves the right to collect delinquent funds by using the services of a collection agency. Please be advised this may affect your credit history.

Initials: _____

- Creativa Academy accepts cash and checks. For payments through Zelle, use our email: info@creativaacademy.com. A processing fee applies to credit card payments.

Initials: _____

Uniform

I understand that uniforms and closed shoes are mandatory for all children daily. It is expected that the child comes to school with their hair neat and clean and nails cut. If for any reason your child does not comply with these rules, the parent will be called to pick up the child or bring a change of appropriate clothing.

Initials: _____

Food

According to the Food Program, foods that come from outside the school will not be allowed without a medical note or for religious belief.

Initials: _____

Health

In order to comply with state law, it will be necessary for the parent or guardian to supply Creativa Academy with a current physical examination (HRS-H Form 3040) and immunization record (DH Form 680 or 681), Chapter 65C-22.0062, Florida Administrative Code.

Initials: _____

Medical Authorization

All parents must complete an authorization form for any medication that must be given at the school. No medication is allowed into the classroom or the child's book bag. We hereby grant Creativa Academy permission to take whatever action in its judgment may be necessary to supply emergency medical services to my child. We understand that, consistent with the circumstances and available time, Creativa Academy will attempt to contact and follow the instructions of the parent or guardian, physician, or other person(s) designated above. In the event Creativa Academy is unable to contact the parent or guardian, physician, or other person(s), we hereby grant permission to Creativa Academy to contact and comply with the advice of an available physician,

ambulance personnel, or emergency room personnel. I understand that Creativa Academy, Inc., its Owner/Director, employees, and volunteers will NOT be liable for any accidents that may occur in or around the school property or any extracurricular activity.

Initials: _____

Sickness Policy

If your child appears ill, has had a fever above 100.0°F, diarrhea, vomiting, or a rash within the past 24 hours, please make arrangements for alternative care. If your child has such symptoms and is present at Creativa Academy, you will be asked to pick her/him up immediately. No credit is given on tuition when a child is absent due to illness.

Initials: _____

Hours

Unless otherwise specified, hours of operation are from 7:00 am to 5:45 pm, Monday through Friday. A late fee will be charged for any child who remains on the school premises after closing.

Initials: _____

Scheduled Holidays

No credit is given on tuition for school holidays and scheduled closed days.

June 4 & 5, 2026 – Teacher Planning Day

July 3, 2026 – Independence Day

August 6 & 7, 2026 – Teacher Planning Day

September 7, 2026 – Labor Day

November 11, 2026 – Veterans Day

November 26 & 27, 2026 – Thanksgiving

December 21, 2026 – January 1, 2027 – Winter Break

January 18, 2027 – Martin Luther King, Jr. Day

February 15, 2027 – President's Day

March 26, 2027 – Good Friday

May 31, 2027 – Memorial Day

June 3 & 4, 2027 – Teacher Planning Day

June 18, 2027 – Juneteenth

Photo Release

As a school, we document past and present experiences that take place at school as part of our documentation process. These photos and videos may be shared on our website, our communication apps, print advertising, and any and all social media platforms.

Initials: _____

ACKNOWLEDGEMENTS

Parents are agreeing to receive notifications through text messages.

Initials: _____

Parents received a copy of the Child Care Facility Brochure, "Know Your Child Care Facility," section 402.3125(5), Florida Statutes.

Initials: _____

1 – 4 Year Olds

GIRLS

- Khaki jumper dress with Creativa's logo
- Peter Pan white shirt
- Black Mary Jane shoes

BOYS

- Khaki or navy blue pants or shorts
- Yellow, royal blue, orange, white, or aqua polo with Creativa's logo
- All-black shoes with Velcro (no laces, please)

VPK — 4 to 5 Year Olds

GIRLS

- Khaki or navy blue skorts or shorts
- Yellow, royal blue, orange, white, or aqua polo with Creativa's logo
- Black Mary Jane shoes

BOYS

- Khaki or navy blue pants or shorts
- Yellow, royal blue, orange, white, or aqua polo with Creativa's logo
- All-black shoes with Velcro (no laces, please)

Winter Clothing

Navy blue sweater / cardigan with Creativa's logo and the child's name engraved.

School Pictures

For school pictures in September, please purchase the polo color that belongs to your child's grade level:

CLASS	POLO COLOR
18–24 Months	Royal Blue (Boys)
2 Years Old	Yellow (Boys)
3 Years Old	Orange (Boys)
VPK	Aqua (Girls and Boys)

Uniform Store

All Uniform Wear
7346 SW 117 Ave, Miami, FL 33183
Ph. 305-274-4545

Discipline & Expulsion Policy

SCHOOL YEAR 2026 – 2027

Discipline Policy

Our program will ensure that age-appropriate, constructive disciplinary practices are used for your child. This care will allow the child time to look over his or her behavior. To ensure a safe and successful program, discipline is a must.

The following steps will be used for behavior modification:

- Children will be corrected and asked to change their behavior.
- Children will be re-directed from the situation.
- Parents will be contacted if behavior is not corrected.
- Children shall not be subjected to discipline which is severe, humiliating, or frightening.
- Discipline shall not be associated with food, rest, or toileting.
- Spanking or any form of physical punishment is prohibited.
- Children may not be denied active play as a consequence of misbehavior.

Expulsion Policy

Unfortunately, there are sometimes reasons we have to expel a child from our program, either on a short-term or permanent basis. We want you to know we will do everything possible to work with the family of the child in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center:

IMMEDIATE CAUSES FOR EXPULSION

The child is at risk of causing serious injury to other children or himself/herself. Parent threatens physical or intimidating actions toward staff members. Parent exhibits verbal abuse to staff in front of enrolled children.

PARENTAL ACTIONS FOR A CHILD'S EXPULSION

- Failure to pay / habitual lateness in payments.
- Failure to complete required forms, including the child's immunization records.
- Habitual tardiness when picking up your child.
- Verbal abuse to staff.
- Other (explain).

CHILD'S ACTIONS FOR EXPULSION

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums / angry outbursts.
- Ongoing physical or verbal abuse to staff or other children.
- Child bites 3 consecutive times.
- Other (explain).

Schedule of Expulsion

If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally about the child's or parent's behavior warranting an expulsion. The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to seek alternate child care (approximately one to two weeks' notice depending on the risk to other children's welfare or safety).

Proactive Actions to Prevent Expulsion

- Staff will try to redirect the child from negative behavior.
- Staff will reassess the classroom environment, appropriateness of activities, and supervision. Staff will always use positive methods and language while disciplining children, and will praise appropriate behaviors.
- Staff will consistently apply consequences for rules.
- Child will be given verbal warnings.
- Child will be given time to regain control.
- The child's disruptive behavior will be documented and maintained in confidentiality. Parent/guardian will be notified verbally.
- Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.
- The administration, classroom staff, and parent/guardian will have conference(s) to discuss how to promote positive behaviors.
- The parent will be given literature or other resources regarding methods of improving behavior.
- Recommendation of evaluation by professional consultation on premises. Recommendation of evaluation by the local school district child study team.

I, _____ have received in writing the disciplinary and expulsion practices by this child care facility.

Signature of Parent or Guardian	Name of Child	Date

Emergency Contact Card

SCHOOL YEAR 2026 – 2027

Child's Name: _____ Last 4 SSN#: _____

Date of Birth: _____ Date of Enrollment: _____

Mother's Name: _____ Cell Phone: _____

Street Address: _____ City: _____ Zip: _____

Father's Name: _____ Cell Phone: _____

Street Address: _____ City: _____ Zip: _____

Work Phone Mother: _____ Work Phone Father: _____

Mother's Email: _____ Father's Email: _____

Persons Authorized to Remove Child (other than the parents)

NAME	PHONE	RELATIONSHIP

Person NOT permitted to remove child — Name: _____ Relationship: _____

Medical Information (allergies / dietary needs, illnesses, injuries, disabilities): _____

Please Bring the Following Documents

NEW STUDENTS

- ☐ **1) Immunization Form / Blue Form:** Vaccines updated to the date that your child begins to attend school.
- ☐ **2) Physical Form / Yellow Form:** Physical exam updated to the date that your child begins to attend school.
- ☐ **3) Copy of Birth Certificate.**

A Friendly Reminder

All forms in this packet must be completed, initialed, and signed before your child's first day. If you have any questions, our front office is happy to help.

I Need to Stay Home If...

I HAVE FEVER	I AM VOMITING	I HAVE DIARRHEA	I HAVE A RASH	I HAVE HEAD LICE	I HAVE AN EYE INFECTION	I HAVE BEEN IN THE HOSPITAL
Temperature of 100.4°F or higher	Within the past 24 hours	Within the past 24 hours	Body rash with itching or fever	Itchy head, active head lice	Redness, itching, and/or "crusty" drainage from eye	Hospital stay and/or ER visit

I Am Ready to Go Back to School When I Am...

FEVER	VOMITING	DIARRHEA	RASH	HEAD LICE	EYE INFECTION	HOSPITAL
Fever free for 24 hours without the use of fever-reducing medication	Free from vomiting for at least 2 solid meals	Free from diarrhea for at least 24 hours	Free from rash itching or fever; evaluated by my doctor if needed	Treated with appropriate lice treatment at home and proof provided to nurse	Evaluated by my doctor and have a note to return to school	Released by my medical provider to return to school

Keeping our classrooms healthy helps every child thrive. Thank you for partnering with us!

Child Care Food Program

SCHOOL YEAR 2026 – 2027

What This Form Is

The Child Care Food Program is a federally funded program of the U.S. Department of Agriculture that reimburses child care providers for serving nutritious meals and snacks to enrolled children. Creativa Academy participates in this program, and the application that follows is part of it.

How to Complete It

- Read the instructions and the accompanying Parent Letter before you begin.
- Write your child's name at the top. The center name and address are already printed for you.
- Complete Step 1 for every infant and child through age 18 living in your household.
- If anyone in your household receives SNAP or TANF benefits, enter the case number in Step 2, then skip ahead to Step 4.
- If not, leave Step 2 blank and complete Step 3 with your household income information. The reverse side explains which types of income to report.
- Sign and date the form in Step 4. Both sides of the form must be completed.

What to Do With It

Return the completed application to the front office along with the rest of your registration packet. The household information you provide is used only to determine meal benefit eligibility.

Need a Hand

Call the front office at (786) 900-0099 and we will walk you through the form, in English or in Spanish.

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

Child's Name: _____ **Center Name & Address:** Creativa Academy Inc. 13910 SW 8th St. Miami FL 33184

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (786) 900-0099

STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?
If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 4.

FAP/SNAP Case Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ***or*** TANF Case Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

STEP 3: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

A. Children's Income – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Total children's income: $	**How often received? (check only one):** ☐ Weekly ☐ Bi-Weekly ☐ Twice a Month ☐ Monthly ☐ Annually

B. Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. **For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually).** For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work ($ Amount / How often?)	Public Assistance/Child Support/Alimony ($ Amount / How often?)	Pensions/Retirement/All Other Income ($ Amount / How often?)
	$ / Weekly Biweekly Monthly Twice a Month Annually	$ / Weekly Biweekly Monthly Twice a Month Annually	$ / Weekly Biweekly Monthly Twice a Month Annually
	$ / Weekly Biweekly Monthly Twice a Month Annually	$ / Weekly Biweekly Monthly Twice a Month Annually	$ / Weekly Biweekly Monthly Twice a Month Annually
	$ / Weekly Biweekly Monthly Twice a Month Annually	$ / Weekly Biweekly Monthly Twice a Month Annually	$ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (children and adults): _____ **Last four digits of Social Security Number (SSN) of adult household member:** |___|___|___|___| If no SSN, write "none."

STEP 4: Contact information and adult signature

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): _____ **Daytime phone #:** (_____) _____ – _____
Street Address, City, State, Zip Code

Signature of adult household member: _____ **Printed name:** _____ **Date signed:** _____

OPTIONAL: Child's ethnic and racial identities We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. **Ethnicity (check one):** ___ Hispanic or Latino ___ Not Hispanic or Latino

Race (check one or more): ___ American Indian or Alaskan Native ___ Asian ___ Black or African American ___ Native Hawaiian or Other Pacific Islander ___ White

FOR CONTRACTOR USE ONLY:

Categorical Eligibility: ☐ FAP/SNAP or TANF Household ☐ Foster Child **Total Household Size:** _____ **Total Household Income:** $_____

Eligibility Determination: ☐ Free ☐ Reduced-Price ☐ Non-needy **How Often Income Is Received (Frequency):** ☐ Weekly ☐ Biweekly ☐ Twice a Month ☐ Monthly ☐ Annually

NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Reason for Non-needy Status: ☐ Income too High ☐ Incomplete Application ☐ Other Reason: _____

Determining Official's Signature: _____ **Date:** _____ **Second Party Check Signature:** _____ **Date:** _____