



Registration Packet and Family Handbook

Welcome and Introduction

Welcome to North Florida Education Services (NFES) and North Florida Therapy Services (NFTS)!

We look forward to fully serving you and your child(ren) by providing a comprehensive educational experience that embraces academic, behavior, therapy, and character development in an all-inclusive environment with friends that reflect a variety of special and unique abilities and a staff that is caring, nurturing, and responsive to the needs of the children in our care. Your child is very important to us. Our goal is to foster an atmosphere of learning through play-based opportunities and life skills experiences emersed in character development, in support of your child reaching their full developmental potential.

For your convenience, we have compiled this Family Handbook to help guide you through many important aspects of our various Programs. Our administration, teachers, and therapy staff are committed to providing an educational experience that will positively influence and enhance your child's growth and development for years to come. As we partner with you and work collaboratively with education staff, therapy disciplines, and behavior support, we hope to create an environment that will allow your child(ren) to grow and develop academically, socially, and emotionally, while also receiving the necessary services to meet their individual needs. We encourage your involvement as a parent/guardian both at home and in our classrooms to assist us in making your child's time in our programs a positive educational experience.

“All children deserve the opportunity to learn in an inclusive environment that supports their individual needs”



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Admissions Process

Thank you for your interest in North Florida Education Services (NFES) and North Florida Therapy Services (NFTS), an academic and social program dedicated to supporting the whole child. We are excited to share information that will help you understand how NFES/NFTS fosters growth academically, socially, mentally, and emotionally.

This enrollment packet includes:

- NFES Mission Statement and Belief Statement
- New Student Application
- Intake and Evaluation Form
- Program and Payment Options, Tuition and Fee Schedule
- All NFES and NFTS policies, procedures, and required release forms

To apply for admission, please complete the following steps:

- Schedule a meeting with the NFES Administrator for a tour and introduction (adults only).
- Submit original copies of the completed New Student Application, previous records, and all required forms.
- Meet all Florida State health requirements.
- Pay the non-refundable enrollment fee.

Once your New Student Application has been received, an NFES Administrator will contact you to schedule a shadowing opportunity for your child.

Steps for enrollment include:

- Notification from NFES that your child has been admitted into the program.
- Completion of the Student Fee Schedule and Payment Commitment.
- Payment of a non-refundable deposit equal to 50% of the first month's tuition (if not participating in a scholarship program).
- Submission of all required forms prior to the first day of school.

All admitted students will be evaluated by our multi-disciplinary team at the beginning of the school year to ensure appropriate placement and support.

Nondiscrimination Policy

North Florida Education Services (NFES) and all associated programs affirm that no individual shall be denied services, participation in school activities, admission, scholarship opportunities, or access to programs on the basis of gender, marital status, sexual orientation, race, religion, national origin, age, or disability, provided they meet the qualifications for such services.

NFES upholds the belief that every student has the right to attend a school where all students and adults are treated equitably and with respect, without regard to race, color, religion, national origin, age, sex, sexual orientation, marital status, disability, perceived disability, or history of disability.

Education Services Mission and Beliefs

Our Mission

To provide a school environment that strengthens independence, encourages growth at all levels, and bridges the gap between educational and therapeutic services.

Our Beliefs

- Every student has the potential to succeed.
- Students learn best in a positive environment that offers multiple avenues and opportunities to

demonstrate their knowledge.

- Self-regulation is a skill that must be explicitly taught and supported through ongoing practice to foster social and academic success.
- Parents are essential members of the multi-disciplinary team.
- All students have the right to an appropriate learning environment designed to support their individual needs and fully promote academic competence possible.
- Supporting each student's autonomy and progress toward independence is of paramount importance.
- School experiences must promote the development of independent living skills, including life skills, soft skills, and social skills that prepare students for successful transition into post-school life.
- Diverse, research-based curricula, instructional strategies, and therapeutic interventions should be used to fulfill the mission of the school.
- Teachers and administrators are professionals committed to continuous learning and to engaging in practices that enhance their effectiveness as educators.
- School personnel, students, parents, and the community work in partnership and demonstrate an active commitment to education and the integration of multiple disciplines, including therapeutic services.
- School personnel, students, parents, and the community recognize and value ethnic and cultural diversity, encouraging understanding and awareness of differences.
- Education is a lifelong process.
- All students—regardless of gender, sexual orientation, race, color, national origin, ethnicity, disability, or socioeconomic status—shall be considered for enrollment.

About Us

North Florida Education Services (NFES)

Founded in 2021 in partnership with our sister organization, North Florida Therapy Services (NFTS). Our mission is to provide a wholistic educational learning experience for **all** children using a comprehensive model implemented in our classrooms based on the active engagement of learning through play that is insightfully planned and scaffolded by our educational team.

It is our belief that together we can work to meet the wholistic needs of a child in a truly collaborative, team-based, and embedded approach across all disciplines and in one location. This allows children of all needs to attend an inclusive program designed to support the unique needs of everyone for all students to flourish and reach their fullest potential.

What does this mean? This means that if your child would benefit from additional services while attending our education programs, our Speech Language Pathologists, Occupational Therapists, Physical Therapists, Behavior Therapists, and Mental Health Therapists from North Florida Therapy Services are available to assess your child and, for those that qualify, provide onsite services.

North Florida Therapy Services (NFTS)

Founded in 2012, North Florida Therapy Services serves Gadsden, Leon, and surrounding counties. Originally founded as a Speech therapy clinic, it has grown over the years to also provide Occupational Therapy, Physical Therapy, Applied Behavior Analysis, or Behavior Therapy, and most recently, Mental Health services. Currently North Florida Therapy Services has a clinic in Quincy, Florida and serves children in the natural environment (home/school/daycare) in the surrounding communities, including Tallahassee. Founder, owner, and operator Abbie V. Hurst, MS CCC-SLP, is committed to treating underserved, rural communities where other providers have traditionally failed to offer services. Abbie and all her therapists believe that all children can grow into their potential when given access to the right interventions.

This founding principle is what led Abbie to begin offering Behavior Services in 2020 in the Quincy Clinic. Not only were the rural communities underserved in this area, but Abbie also saw the unique opportunity for collaboration between traditional therapists (SLPs, OTs and PTs) and Behavior Therapists treating under the same roof to create a synergy that best serves the children being treated.

Not only is NFTS therapist owned and operated, but Abbie is also a parent to children with special needs. It was her son Brad, born in 1998, and the extra chromosome he sports as an individual with Down syndrome, that led her to

pursue a career as a Speech-Language Pathologist. Ten years later her son Parker would come along and eventually be diagnosed as being on the Autism Spectrum. Abbie's unique perspective as both a clinician and a parent guided the founding principles of the practice and is still evident in every facet of daily operations.

Administrative Team

Abbie V. Hurst, MS CCC-SLP, Owner and Operator

Becky Avrett, Project Manager

Paige Sweeney, Director of Behavioral Therapy and Childcare

Beth Hicks, LCSW, Director of Mental Health Services

Liz Montoya, Front Desk Assistant

Mayra Leal, Front Desk Assistant

Jesse Wade, Director of Development

Holly Cox, Director of Education and Childcare

Sarah Durrance, MS CCC-SLP, Director of Therapy Services

Bethany Holland, MS BCBA, Board Certified Behavior Analyst

Jackie Castaneda, Front Desk Assistant

Candace Whaley, Billing and Authorizations

Hours of Operation and Staffing

All NFES Programs operate Monday-Friday* in accordance with the following specified program hours:

Private School hours (K-8): 8:30am-2:30pm (Supervision available from 7:30am-3:00pm)

Afterschool hours(K-8): 2:30pm-5:00pm

In-service and Holiday Schedule

Days and times of operation, listed above, may be adjusted in observance of a holiday or to allow for in-service training of program staff. Families will be notified of these adjustments in advance to allow for alternate care arrangements. Please see the attached calendar for the current school year.

Emergency Closures

Occasionally, our Programs may require closure due to unforeseen emergencies. These emergencies may include, but are not limited to, active or threat of severe weather or weather conditions, active or threat of terrorist activity, active or threat of any potentially dangerous situation that may put children and/or staff in danger.

In the event of an emergency closure during school hours, designated family members will be contacted with guidance pertaining to the retrieval of their child. In the event of pending situations of danger that occur during non-operational hours, families should follow closure guidance in accordance with decisions made by Gadsden County Schools or notifications by staff and/or closure updates provided through local media outlets (i.e., local news stations).

To ensure quick, efficient notification of an emergency or closure, it is imperative that all emergency contact information for your child remains current!

Staffing: Staff to Child Ratio and Group Size

NFES strives to keep our staff to child ratio and group size as low as possible to optimize learning experiences and adult/child interactions. Upon enrollment, your child will be assigned a primary teacher based on the specific program they are enrolled in. The number of children assigned to each teacher (i.e., group size) will be determined based on the program your child is enrolled in.

In addition to your child's primary teacher, your child may also interact and work with other program staff. These staff may include other teachers, therapists, behavior personnel, volunteers, and/or college and university students.

Please note: Staff to child ratios and group sizes for each program will always meet or exceed the guidelines set forth by the Department of Education.

Educational Learning Philosophy

At NFES we pride ourselves on providing a comprehensive educational learning experience. This experience is designed with the child in mind, while educators, therapists, and behavior personnel work collaboratively together to provide seamless, overlapping opportunities to meet the specific needs of each child.

This comprehensive model is implemented in our classrooms based on the active engagement of learning through play that is insightfully planned and scaffolded by our educational team. This model is different from traditional school experiences, as we optimize each child's learning by allowing them opportunities to make choices of how they will engage in thoughtfully designed classrooms that have been created to support play, while teachers, therapists, and behaviorists come alongside and scaffold their learning experience.

Research tells us that when we are actively engaged in fun, enjoyable activities (i.e., play) of our choosing, learning is improved. When those activities are further defined through guided instruction (i.e., scaffolded), learning is enhanced. Therefore, our students will engage in child-selected, child-directed, adult-scaffolded, hands-on, interactive, immersive activities that create memorable learning experiences that are encouraged and supported by a caring, nurturing, responsive educational team.

Educational Programming

Academic Curricula: Private School Curriculum and Planning Philosophy

To meet the diversified needs of our students within the academic component of our programming, we use a combination of curricula. The selection of activities chosen from the variety of curricula resources is based on the individual needs of each student as reflected in their Educational Support Plan (ESP) in the form of goals and objectives. Goals and objectives are determined by the Educational Support Team following a formative assessment of strengths and concerns. Once the assessment has been completed, the Lead teacher uses a multitude of resources, including Course Performance Assessment Learning and Management System (CPALMS) to identify individualized goals and objectives to build a comprehensive academic program of activities. The program of activities includes differentiated lessons in Language Arts, Reading, Mathematics, Social Studies, and Science. Within these lessons, specific activities that focus on vocabulary development, spelling, reading comprehension, handwriting, fine motor development, and mathematical concepts that involve processing, computation, and problem solving are taught and practiced. Activities may include hands-on, active learning, as well as written class work to assist in providing the most appropriate level of individualized learning. Weekly lesson plans in conjunction with detailed progress monitoring assist the teaching staff with determining a step-by-step approach to planning curriculum activities on a weekly basis to be implemented daily in a classroom setting.

In addition to our academic curriculum, we also incorporate activities that promote gross motor development, sensory integration, and functional life skills training. Our gross motor and sensory programs are incorporated daily through indoor and outdoor activities. Indoor activities include time in our gym room with a climbing wall, swing, knee scooters, exercise equipment, and other coordination activities that involve balance and physical movement. Outdoor activities include climbing, swinging, sliding, running, riding, and sensory exploration. Our functional life skills training program is also incorporated into daily activities through self-care and self-help opportunities that include preparation and clean-up for meals and washing dishes that promote growth towards independent and supported living.

As part of our play-based curriculum, our classrooms are filled with lots of toys and equipment that foster and support appropriate educational growth and development. Our programming encourages children to engage in playing and learning by interacting with a variety of items. Many of the available items have been specifically selected to support classroom themes and individual learning goals. However, the presence of personal toys can often cause distractions and/or hinder the child's ability to choose these new or novel items to engage with, which in turn may limit their educational learning and growth potential. Therefore, we ask that personal toys remain at home or in the car during the time your child is at school.

Furthermore, as part of our curriculum, we will be offering instruction that includes biblical history, scripture-based stories, and lessons that include religious principles and spiritual guidance. If you wish for your child to participate in this specialized part of our curricula, please indicate such on the acknowledgement and agreement page.

In conclusion, our approach to curriculum provides a combination of academic instruction, gross motor development, sensory integration, and life-skills activities that provide our students with an appropriate, well-rounded, supportive, positive, educational experience. Moreover, the availability of physical, occupational, speech, and behavior therapies are also available for students that qualify. Provision of therapy services are integrated into our classroom and outdoor experiences and allow us to provide a very comprehensive approach to each child's overall learning experience.

Comprehensive Programming Approach

In keeping with our comprehensive programming approach, therapists (OT, PT, and SLP), behavior specialists (BCBA and RBT), and Mental Health Professionals (LCSW, LMFT, LMHC, MSW) will work alongside our teachers to provide direct and individualized programming for students that qualify for these additional related services.

Individualized services for students will be determined based on evaluations and assessments conducted by each child's Educational Support Team (EST). This team will be comprised of all personnel involved in the evaluating, planning, and implementation of services deemed necessary and appropriate for each child to foster individualized growth and development as related to education and learning. Team members will meet as needed, but at least twice annually, to discuss and update any needed evaluations, services, and/or course of instruction. Family members are encouraged to be actively involved with their child's EST and participate as a valued member regarding decisions that directly affect their child and family.

How does therapy work?

North Florida Therapy Services staff work in partnership with North Florida Education Services to provide additional services for students who qualify.

Our staff works with families to complete the necessary paperwork so that students can be evaluated for services that can be covered through Insurance or paid privately. While private insurance varies in terms of co-pays, there is no out-of-pocket expense for children on Medicaid.

Developmental Screenings, Evaluations, and Ongoing Assessments

Developmental screenings, evaluations, and on-going assessments will be part of your child's overall educational programming. These will be used to assess current developmental levels, document on-going growth and development, reflect areas of positive progress, and identify potential areas of concern.

Initial educational screenings and evaluations will take place within your child's first 60 days of enrollment in our programs to establish a baseline of development. On-going developmental assessments will be conducted by classroom staff daily and reviewed by the Director of Education weekly. Recommendations for adjustments to your child's educational plan of instruction, defined as targeted scaffolding within play opportunities, will be offered and implemented as needed. Semi-annual evaluations will be conducted using a formal assessment to document developmental growth or concerns. Results of formal evaluations will be shared with parents during semi-annual parent conferences. Information regarding daily and weekly assessments will be shared in the form of anecdotal notes provided through daily parent communication or during pre-arranged teacher conferences.

Parent Communication

Families will be asked to use our communication software app, ProCare, for parent/guardian communication purposes. The purpose of this communication app is two-fold.

Parents/guardians can provide information that would be helpful to know about the child at the start of each new day (i.e., how the child's night or morning has been, incidents that may have occurred since the child was last in attendance that may affect their day, appointments or events that may impact their attendance, or any other comments or information families would like the school to know).

For the child's teacher, the app will be used to document and share a brief description of the child's day, including any developmental achievements or concerns, list any items that are needed for the child, share photos of classroom activities, and provide information regarding upcoming events or opportunities for parent/family involvement.

Members of the child's EST team may also provide updated information pertaining to therapy and behavior related progress as well as photos of the child's various therapy sessions to document progress.

Dressing for the Day

Learning at NFES is based on programming designed to be play-based, engaging, hands-on, and messy (at times). Therefore, we recommend that you dress your child in a manner that allows them to actively engage in learning in a safe, interactive manner.

- *Seasonally Appropriate Attire:* Our curriculum includes learning experiences provided both indoors and outdoors. As we know, here in Florida temperatures may vary from day to day and throughout the day. Therefore, we ask that you carefully monitor weather reports to determine daily temperatures and conditions and use this information to dress your child appropriately for each day's weather.
- *Outdoor Play:* Outdoor play is an optimal part of our learning day, and all children will be expected to participate in these outside experiences. Please provide appropriate clothing, outer coverings (if needed), and appropriate footwear (closed-toed shoes, with backs) so your child can comfortably and safely engage in these active opportunities for learning and gross motor development. Please note: If the temperature is above 40 degrees, and weather conditions are free from inclement weather, heat advisories, and other weather advisories, we will spend a portion of our day outside engaged in outdoor play activities.
- *Messy Play:* Messy play is another important element of our learning day. Children will be engaging with messy materials (paint, sand, water, oobleck, gak, etc.) both indoors and outdoors. Please dress your child in clothing that allows them to fully participate without concern about damage or cleanliness of clothing. Although, most messy mediums will be "washable" there is always the chance of stains or lasting residue.
- *Active Play (related to Jewelry and Fingernails):* As previously described, our curriculum requires active, hands-on engagement in play-based and messy activities. Therefore, we ask that all jewelry-related items be kept at home to ensure your child can participate actively and safely without risk of injury due to jewelry or concern for loss or damage.
 - In keeping with the same thought, we ask that your child's fingernails be kept cut to a length not to exceed their fingertips. This request is to assist your child in actively participating in all activities without risk of harm to themselves or others. Fingernails that extend beyond the end of the fingertip have the potential of scratching others and/or creating personal injury to your child due to rips or tears of the fingernail.

Parent/Guardian Involvement

NFES has an Open-Door Policy, and we welcome parents/guardians, family members, and other approved persons to be involved in school-wide, classroom, or individual child events that are offered while your child is actively enrolled in any of our programs. Birthday celebrations, school-wide events, volunteering of your time and services, involvement in NFES family meetings, and attendance at child-specific parent/guardian conferences are many ways you can become involved in your child's educational school experience.

Parent/Guardian Conferences

NFES encourages parents/guardians to request conferences to get updates on your child's progress, ask questions, and/or address concerns.

Conferences may also be requested by your child's EST team, if deemed necessary.

Birthday Celebrations and Events

NFES allows parent/guardian planned birthday celebrations during our school day. Parents/guardians must schedule an approved time for celebration with their child's teacher and adhere to all food/drink/allergy restrictions in place for the specific classroom.

School-wide events

On occasion NFES will schedule school-wide events that are open for parent/guardian/family/other authorized persons to become involved. Information regarding these events will be shared via parent/guardian communication and/or school-wide or community advertising. Sometimes families **will** be asked to volunteer their time or service to assist with these events.

Volunteers

Volunteers are welcome to participate in activities conducted at or hosted by NFES and/or any other organization affiliated with our programs. However, to serve as a volunteer in any capacity, certain safety and health protocols must be met. Specific protocols are determined based on the type of volunteer service you are engaged in.

Parents/guardians/family members/other authorized persons are welcome to volunteer their time in classrooms in roles determined by the classroom staff. These persons may also volunteer their service inside and outside of the classroom by assisting with projects that capitalize on their special talents or interests.

In addition, community members, or college students may also volunteer their time and/or service to support our programs. If you wish to volunteer in any capacity, please schedule an appointment with the Director of Education to determine protocol requirements for your volunteer-related tasks and obtain approval in advance.

Policies, Protocols and Procedures

Open Door Policy

North Florida Education Services (NFES) has an Open-Door policy. Parents/guardians, family members, and other approved persons are invited to visit our school at any time. Family participation both at home and school is essential to a positive learning experience for your child. We encourage you to observe, participate, or share a special interest or talent with your child's classroom and/or our entire school community. Drop-in visits are welcome at any time. However, extended stays or sharing sessions need to be scheduled in advance with your child's teacher.

Discipline Policy

NFES operates on the premise that clients and students are not "bad"; however, at times they may exhibit inappropriate or unacceptable behavior. This behavior may be associated with circumstances surrounding a specific environment or situation. To help eliminate potential discipline issues, teachers and staff will be proactive in establishing positive, well-defined expectations for their students. Rules will be established, taught, practiced, and re-visited as needed. As part of the proactive process, teachers and staff will model and teach clients and students calming and breathing techniques to help them work through their frustration or potential anger. Teachers and staff will also model and help clients and students learn to use their language (verbal and non-verbal) to negotiate stressful situations. *To see specific details of the NFES Discipline Policy see Attachment A.*

When handling situations of inappropriate behavior, tantrums, or other potential outbursts of anger/frustration, teachers and staff will refrain from administering any type of discipline that is **severe, humiliating, frightening, or associated with food, rest, or toileting. Teachers and staff will also refrain from spanking or any other form of physical punishment (i.e., paddling, slapping a hand or any other body part, pinching, or pushing). Actions of discipline will always be considerate of the client's or student's pride, self-respect, and dignity.**

Emergency Preparedness Plan

The safety of your child/children is very important to the administration and staff of North Florida Education Services (NFES). In the event of an emergency, the emergency contact information on file will be used to notify you. Therefore, it is imperative that each family provide current, updated emergency contact information for each child enrolled in our program(s). At the time of enrollment, you will be provided with an Emergency Contact Form. This form should be completely and accurately filled out with your child's most current emergency contact information. If this information changes, anytime during the year, we ask that you provide the administration with new, updated information immediately. To further ensure the safety of your child while in our care, certain emergency preparedness protocols have been put in place. *To see specific details of the NFES Emergency Preparedness Plan Procedures and Protocols see Attachment B.*

Accident/Incidents Definitions and Protocol

During the school day, unforeseen accidents or incidents may occur involving your child. At such time teachers and staff will

follow specific guidelines and procedures established to address the nature of the situation. The following definitions have been provided to assist in determining the correct procedure to follow when an accident or incident occurs. *To see additional details of the NFES Accident/Incident Protocols see Attachment C.*

- Accident is to be defined as an unexpected event that results in injury and/or need for medical attention.
- Incident is to be defined as any event, action, or situation that occurs that is "out of the ordinary" or different from normal operating procedures. Incidents may or may not include injury or medically relevant attention.

Nutrition

Currently, NFES does not provide snacks or meals for children in our care. Families are asked to provide these items for their child daily. We ask that you provide two (2) snacks and one (1) lunch meal per day along with drinks and/or a refillable water bottle for students attending school. If your child is attending multiple therapy sessions, please provide an appropriate amount of food for the time they will spend at the facility. Please label all containers and food packages with your child's first and last name.

Proper nutrition is important to support the growth and development of all children. As you select items and prepare your child's snacks and lunch meals, we recommend you refer to <https://www.myplate.gov/tip-sheet/healthy-eating-preschoolers> for nutritional guidance.

Diapering, Pull-ups, and Additional Clothing

If your child wears diapers and/or uses pull-ups, it is the family's responsibility to provide a sufficient supply of these daily along with a container of disposable wipes. We also ask that each child have at least one full set of additional clothing (shirt, shorts/pants, undergarments, socks, and shoes) available for changing, in the event clothing is soiled due to potty-related accidents or messy play experiences. For your convenience, additional clothing can be sent in a plastic bag and kept at school until needed.

You will be notified when your child is running low on supplies of diapers, pull-ups, and wipes. Please remember to replace/replenish all items promptly.

Transportation

NFES does not provide transportation as part of our program services. However, NFES does encourage families to adhere to current state laws regarding the use of appropriate vehicle restraints (i.e., car seats, booster seats, and seat belts) when transporting your child in your personal vehicle or when using public transportation. Please note that our staff is required to report instances of non-compliance to the Florida Highway Patrol when they see children arriving and departing from the school in violation of this Florida Law. Additionally, NFES staff are not permitted to place children in vehicles or car seats.

Photos, Videos, and Digital Media

Photos, videos, and other types of digital media will be utilized to record and document school activities, research opportunities, student progression, marketing, and social media. If you would like your child to be excluded from any or all media related events, please indicate your stipulations for your child on the Intake Form.

Alcohol, Tobacco, Vape, and Illegal Substance Free Environment

NFES prohibits the use of alcohol, tobacco, vape related products, and illegal substances on school grounds at all times. This policy pertains to all persons associated with NFES, NFTS, family members, parents, guardians, visitors, and students.

Suspected Child Abuse and Neglect Policy

Florida Statutes have identified childcare and school personnel as Mandated Reporters regarding suspected child abuse and neglect of a child. In keeping with this law, childcare and school staff are required to receive training on child abuse and neglect. Furthermore, the law requires the immediate report of suspected abuse or neglect of any child to the Department of Children and Families (DCF) and/or other appropriate authorities. Reports should be made via the DCF Abuse Hotline at 1 800-96ABUSE (22873).

Enrollment Policies and Requirements

Admissions

Before your child can be fully enrolled at NFES, parents or guardians must make an appointment with the Director of Education or other NFES Administrator to review all required paperwork, discuss concerns and expectations, and ensure a smooth transition.

Applications for Enrollment

The Intake and Evaluation Referral Form (*See Attachment E*) must be completed at enrollment and each August/September thereafter. Updates to the form should be made in a timely manner as this form is used during emergencies. NFES staff will always attempt to contact parents first. Staff will leave a message, however, if appropriate, staff will call the emergency contacts included on the enrollment form.

Additionally, the Childcare Application (*See Attachment F*) or Private School Application (*See Attachment G*), as appropriate, must also be completed prior to acceptance.

Required Student Health Records for Enrollment

In compliance with the Department of Children and Families, all children enrolled in any NFES program must have the following student health records on file. Records must be current, complete, properly executed, and up to date for as long as the child is enrolled.

Form DH 3040: Student Health Examinations (physical) must be completed by a person given statutory authority to perform health examinations and contain the signature of the examiner and the date of the examination. This form (DH 3040) is valid for two years from the date the physical was performed.

Form DH 680: Florida Certification of Immunization form Part A-1, B, or C (form DH 680) or the Religious Exemption from Immunization (form DH 681)

Immunizations records (DH 680) must contain an expiration date. Specific immunization requirements are included and detailed in the most current edition of the "Immunization Guidelines-Florida Schools, Child Care Facilities" as put into effect by the Florida Department of Health. Instructions for the affidavit to be signed by parents/guardians choosing the exemption for reasons of conscience, including a religious belief can be found at: <http://www.floridahealth.gov>. *Disclaimer: Please note, there may be children in attendance whose immunizations are not current, due to upcoming medical appointments or vaccination exemptions.*

Additional Forms

Upon acceptance and enrollment, in NFES and/or NFTS programs, there will be additional forms requiring completion, signatures and notarization.

Additional forms include:

- Authorization for Release of Student Records (If applicable) (*See Attachment H*)
- Tuition Fees and Schedule (*See Attachment I*)
- Dress Code Policy (*See Attachment J*)
- Health Insurance Portability and Accountability Act (HIPAA) (*See Attachment K*)
- Medical Care Authorization (*See Attachment L*)
- Suspected Illness Protocol (*See Attachment M*)
- Hold Harmless Agreement and Release of Liability Waiver (*See Attachment N*)
- Acceptable Use Agreement (*See Attachment O*)
- Rilya Wilson Act (*See Attachment P*)
- Parents Participation in Therapy Guidelines (*See Attachment Q*)

Failure to complete these forms timely may result in a delay in services for the child(ren).

Guidelines for Disenrollment

Guidelines for Disenrollment Due to Behavior

Every effort will be made to work fairly and consistently with each child and their individual needs. Children identified as having special behavioral needs will have a written behavior support plan (BSP) developed and approved by the child's teacher, applicable therapists, the Education Director, and parents. In extreme cases, where excessive, inappropriate behavior, or extreme behavioral outbursts by a child puts their safety, another child's safety or a staff member at risk other alternative strategies, including resources and referrals to help in finding more appropriate and/or medically necessary care will be provided to parents.

Children, especially toddlers, due to limited communication and social/emotional skills, will sometimes hit or bite other children or teachers, throw toys, cry/scream, etc. These are all part of normal development. NFES has proven strategies in working with toddlers going through this developmental stage. NFES will not disenroll a child due to these or other behaviors. If you'd like more information on typical behavior of toddlers, especially biting, please make a request to your child's teacher or a member of the NFES Administrative Team.

Voluntary Disenrollment

Parents are required to give a 30-day written notice and complete an exit interview with a member of the administration team if they desire to discontinue services with North Florida Education Services and/or North Florida Therapy Services.

Please speak to the Front Desk Assistants to obtain a withdrawal form and schedule an exit interview appointment.

Expectations of Families

Signing Children In and Out Daily

Parents/guardians are required to come into the building to sign their child(ren) in and out in the front office when dropping off and picking up their child(ren). Only prior authorized individuals will be allowed to pick up a child. Please contact the front office to update your child's pick up/drop off approved list.

Children are expected to attend school Monday-Friday except in the case of illness or family emergency. If your child will be late or absent from school, you are responsible for notifying the front office. Please see *Attachment D Attendance Policy* for more information.

Child Drop-off and Pick-up

Parents/guardians should park in designated spaces and proceed to the front office to sign their child(ren) in or out during drop-off and pick-up. Our parking lot is small, **please do not block driveways or parked vehicles** as this only slows down the process of drop-off/pick-up and may lead to vehicle accidents. *The office will notify you in advance through ProCare if procedures change due to inclement weather.*

Siblings or other family members under the age of 18 are not permitted to sign students in or out. A parent, guardian, or authorized person must come inside the front office to sign the student out and escort them through the parking lot.

Intoxicated or Impaired Driving

- In the event of an intoxicated or impaired driver during drop-off of a child, NFES staff will notify management immediately of the situation.
 - If deemed appropriate, local authorities will be notified of an intoxicated/impaired driver in the area.
- In the event of an intoxicated or impaired driver during pick-up of a child, NFES staff will consult with management immediately, and an alternate pickup person will be contacted on their behalf.
 - **At no time will a child be released into the custody of an intoxicated or impaired driver for removal from the school.**
 - If the situation escalates to a level of a perceived threat of danger, the local authorities will be contacted to assist.
 - If necessary, the emergency contact person(s) listed on the child's enrollment paperwork will be contacted to help rectify the situation.

Late Pick-up Fees

For students: A late pick-up fee of \$1.00 per minute will be charged after 5 minutes have passed from scheduled pick-up time and immediately for every minute past 2:30pm.

- Pick-up time for school is from 2:30pm – 3:00pm daily. After-school fees will be charged beginning at 3:00pm.

For therapy clients: You are expected to arrive promptly at the end of your child's therapy session. Parents/guardians arriving more than 10 minutes late to pick up a child from therapy session may have drop-off rights revoked and be required to wait in the lobby during sessions or be charged the daily drop-in childcare fee (\$40.00).

Grievance Procedure

When a problem cannot be resolved through informal means, such as meetings with staff members, please request a meeting with the Owner, Abbie Hurst. The Owner can be reached at 850-566-5029 or by email at abbie@nflts.net Formal complaints or grievances regarding the center's alleged non-compliance with applicable civil or human rights laws, or regarding the center's delivery of services should be directed in writing to:

Abbie Hurst

North Florida Education Services

860 Strong Road

Quincy, Florida 32351

Please make sure to include as much specific information regarding the issue as possible and include a current mailing address and daytime phone number. The owner will respond in writing within 10 business days of receipt of the grievance and a meeting will be scheduled to attempt to resolve any issues.

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DISCIPLINE POLICY

At North Florida Education Services (NFES), we operate on the premise that children/students are not "bad"; however, at times they may exhibit inappropriate or unacceptable behavior. This behavior may be associated with circumstances surrounding a specific environment or situation. To help eliminate potential discipline issues, teachers and staff will be proactive in establishing positive, well-defined expectations for their students. Rules will be established, taught, practiced, and re-visited as needed. As part of the proactive process, teachers and staff will model and teach children/students calming and breathing techniques to help them work through their frustration or potential anger. Teachers and staff will also model and help children/students learn to use their language (verbal and non-verbal) to negotiate stressful situations.

In the event a discipline situation arises, our staff will evaluate the situation in which a child/student is demonstrating inappropriate behaviors, to determine a potential cause and appropriate action plan. Action plans will include positive reinforcement, redirection, and/or changes to the environment to help resolve and/or alleviate the issue.

Staff will reinforce action plans with calm, positive, developmentally appropriate language, while reminding children/students of the rules by restating the expected behavior based on the situation (or having the child/student restate the rule, if appropriate). If necessary, teachers and staff will incorporate previously taught breathing and calming techniques during redirection or assist children/students in using their language to share their feelings and desires to negotiate the stressful situation.

Children/students that begin to demonstrate a danger to themselves or others may be removed from the "trigger" environment and provided a safe place to "take a break", "cool-down", and otherwise "re-gain control of their emotions," before being allowed to return to the previous environment and continue interacting with their peers.

When handling situations of inappropriate behavior, tantrums, or other potential outbursts of anger/frustration, teachers and staff will refrain from administering any type of discipline that is **severe, humiliating, frightening, or associated with food, rest, or toileting. Teachers and staff will also refrain from spanking or any other form of physical punishment (i.e., paddling, slapping a hand or any other body part, pinching, or pushing). Actions of discipline will always be considerate of the child/student's pride, self- respect, and dignity.**

In most cases, NFES will send a child home after three (3) infractions on the same day. Whenever a child is sent home under these circumstances, out-of-school suspensions will also be imposed.

- 1st Offense – 1-day suspension
- 2nd Offense – 3-day suspension
- 3rd Offense – 5-day suspension

Parent Name (Please Print)

Parent Signature

Date

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EMERGENCY PREPAREDNESS PLAN

The safety of your child/children is very important to the administration and staff of North Florida Education Services (NFES) and North Florida Therapy Services (NFTS). In the event of an emergency, the emergency contact information on file will be used to notify you. Therefore, it is imperative that each family provide current, updated emergency contact information for each child enrolled in our program(s). At the time of enrollment, you will be provided with an Intake Form. This form should be completely and accurately filled out with your child's most current emergency contact information. If this information changes, anytime during the year, we ask that you provide the administration with new, updated information immediately. To further ensure the safety of your child while in our care, certain emergency preparedness protocols have been put in place.

As required by Department of Children and Families (DCF), NFES will conduct and record monthly fire drills, inclement/severe weather drills (i.e., tornado, hurricane, flooding, etc.), and threats of danger drills (i.e., active shooter, bomb threat, terrorist threat, etc.). Drills will be conducted throughout the school year at various times of the day. During these drills teachers will guide students through the practice of appropriate safety protocols.

Fire Safety

Proactive fire safety measures will be in place and monitored annually and as needed by DCF. These measures include posting of evacuation routes in each classroom, maintaining lighted emergency exit signs, maintaining up to date fire extinguishers, and conducting annual safety inspections, by both the fire department and DCF representatives. Fire department inspections include checking expiration dates of all fire extinguishers and checking fire alarms and systems, including exit signs and lighting. DCF inspections include checking for posted evacuation routes and completion of required monthly drills, which include nap time, lunch time, and unannounced drills.

Fire Evacuation Protocol

In the event of a fire, the fire department will be notified, as teachers enact the following protocol.

Teachers will instruct students to line up quietly and follow procedures for a fire, just as they have practiced. The teacher will take their class roll and emergency contact list, turn off the classroom lights, close the door, and guide the students safely out of the building via the pre-determined, posted evacuation route. Teachers will assemble their classes in the predesignated location that is located a safe distance from the building.

Once assembled, teachers will take roll and ensure all students in their care are present and accounted for. *If any students are not accounted for, the teacher will immediately alert the administrator in charge. At no time will the teacher leave their students unattended.*

When the scene has been secured and the building cleared for re-entry by the fire department, teachers will return their students to the classroom and retake attendance to ensure all students are accounted for. *Once again, if any students are not accounted for, the teacher will immediately alert the administrator in charge. At no time will the teacher leave their students unattended.* Parents/families will be notified following the evacuation and safe return to the classroom.

If the building is not cleared for re-entry, teachers will remain with their students at the pre-designated location while parents/families are contacted.

Inclement/Severe Weather

Proactive inclement/severe weather protocols will be in practice with the students and monitored annually and as needed by DCF.

In the event of inclement/severe weather, while students are in attendance, administration will monitor weather conditions and enact the appropriate protocols under advisement of the National Weather Service. During frightening weather conditions, teachers will remain calm and provide comforting activities and care, while enacting safety procedures and protocols to protect all students. If a weather threat escalates to the point of evacuation or requires re-location, teachers will instruct students to line up quietly and follow procedures for re-location, just as they have practiced. The teacher will take their class roll and emergency contact list, turn off the classroom lights, close the door, and guide the students safely to another part of the building (i.e., tornado warning, flooding, etc.) or out of the building via the pre-determined, posted evacuation route. Teachers will assemble their classes in the predesignated location that is predetermined to be a safe space in the building or at a safe distance from the building. Once assembled, teachers will take roll and ensure all students in their care are present and accounted for. *If any students are not accounted for, the teacher will immediately alert the administrator in charge. At no time will the teacher leave their students unattended.*

In situations requiring closure of the facility due to inclement/severe weather, the school will follow closure notifications in accordance with Gadsden County Schools. Parents/families will be instructed to listen to local TV and/or radio stations for closure announcements.

Threats of Danger

In the event of a threat of danger to the school, lockdown or evacuation procedures may be enacted. At such times the comfort and safety of the students will be priority. Parents/families will be notified as appropriate to the situation and as soon as the threat of danger allows.

Lockdown situations may occur in the event someone arrives, is suspected of arriving, or threatens to arrive that may put students, clients, staff, or volunteers in imminent danger or possible hostage situation. At such time law enforcement will be notified and guidance will be taken as determined by the degree of the threat.

If a threat of danger requires evacuation or re-location, teachers will follow the same procedures previously described for Fire Evacuation Protocol.

Parent Name (Please Print)

Parent Signature

Date

ACCIDENT/INCIDENT DOCUMENTATION PROCESS

In the event an accident/incident occurs the below described protocols should be followed. Once the situation has been addressed and the scene/site is secured, an Accident/Incident Report must be completed by the supervising teacher and/or staff member present at the time of the accident/incident.

- All accidents/incidents, regardless of severity, should be reported to the Director on site in a timely manner (i.e., as soon as situation/scene has been addressed and site is secure).
- Written reports must be completed on the same day as the occurrence of the accident or incident. Reports should include as much detail/explanation as possible.
 - o If more than one child is involved in an accident/incident, a separate form should be completed for each child.
 - Children other than the primary child listed on the report should **not** be identified by name (i.e., use statements like "the other child involved, child #1, #2, etc.").
 - o If medication is required, a Medication Form should also be completed, and a copy should accompany the Accident Report.
 - o If medication or use of medical procedures are utilized as treatment for injuries sustained from the accident, these actions should be described/explained in detail on the Accident Report. In addition to the supervising teacher/staff member's account and signature verification, also provide witness accounts and signatures.

Definitions and Protocol for Accidents/Incidents

Accident is to be defined as an unexpected event that results in injury and/or need for medical attention.

Incident is to be defined as any event, action, or situation that occurs that is "out of the ordinary" or different from normal operating procedures. Incidents may or may not include injury or medically relevant attention.

Protocol to follow at time of accident/incident:

- Remain calm and assess the situation to determine the number of children involved and the extent of possible injury or need of medical attention.
- Call out or request additional staff assistance if needed. *If removal of other children or 911 is needed make this request/declaration known.*
- Address medical needs as necessary, while remaining calm and providing TLC to the child.
- Once situation is addressed/secured, notify the on-site director, and complete the necessary reports.

****In the event of an incident of an Emergency Preparedness nature, follow pre-described protocols for the specific situation (i.e., fire, threats of danger, inclement weather, etc.).***

Parent Name (Please Print)

Parent Signature

Date

ACCIDENT / INCIDENT REPORT

Facility/Home: _____

Child's Name: _____ Age: _____

Date & Time of Accident/Incident: _____

Place of Accident/Incident: _____

Describe Accident/Incident: _____

Describe Nature of Injury: _____

Witness(es) to Accident/Incident: _____

What Action Was Taken? _____

Was Parent/Guardian Contacted? _____ Time? _____ How? _____

Other Persons Contacted: _____

Describe Medical Treatment/First Aid: _____

Signature of Staff Completing Form Date/Time

Signature of Director/Person in Charge Date/Time

Signature of Parent/Legal Guardian Date/Time

ATTENDANCE POLICY

- Your child must arrive in the classroom no later than 8:45am.
- You must call the office (850-627-0476) if your child is going to be late or absent.
- If your child is absent for any reason a written note from the parent or a doctor is required.
- Upon notification to our office, absences and tardiness may be excused under "extraordinary circumstances" if appropriate documentation is provided. These include:
 - Hospitalization of the child, his parents or guardian (doctor's note required).
 - Illness of the student, his parents or guardian that required the ill person to remain home (doctor's note required).
 - Death of a member of the student's parents, or guardian, or immediate family.
 - Court ordered visitation (court documentation).
 - Parents or guardians' military deployment (military documentation).
- Parents must sign their child in and out daily.

Florida law requires each parent/guardian of a child from age six (6) to sixteen (16) years to be responsible for the child's school attendance. Regular attendance is the actual attendance of a pupil during the school day as defined by law and regulations of the state board.

The school attendance law was amended by the 1997 Florida Legislature to require that any sixteen- or seventeen-year-old student withdrawing from school must file a formal declaration of intent to terminate school enrollment with the district school board.

A student is considered "truant" when they are not in attendance without approval of the principal and/or consent of the parent/guardian. School-based interventions will occur for all truant students. A student is considered a "habitual truant" when they have 15 unexcused absences within 90 calendar days.

Parent Name (Please Print)

Parent Signature

Date

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INTAKE AND EVALUATION REFERRAL FORM

Abbie V. Woodard (Hurst), MS CCC-CLP, Inc., North Florida Therapy Services (NFTS), Inc., North Florida Mental Health (NFMH), Inc., hereinafter collectively referred to as NFTS, provides speech-language therapy, occupational therapy, physical therapy, Applied Behavior analysis (ABA) and mental health therapy services to children of all ages. Children must be evaluated to determine if services are needed to address any delays in development or maladaptive behaviors. You will be informed of the results of these evaluations. Please be aware that pediatric therapy is mostly provided through the use of play-based activities. As in regular play, minor falls, bumps, and scrapes may occur when a child is participating in therapy.

North Florida Education Services (NFES), Inc. provides an inclusive private school education to children from kindergarten through 8th grade who may require additional support or specialized instruction.

Please complete this form by providing the required information listed below:

Child's Name: _____ Nickname: _____

Date of Birth: _____ Gender: Female Male

Address: _____

Parent/Guardian 1: _____

Phone Number: _____ Email: _____

Parent/Guardian 2: _____

Phone Number: _____ Email: _____

Primary Physician: _____

Insurance: _____ Policy Number: _____

Insurance Phone Number: _____

Allergies: _____

Diagnosis: _____

Primary concern/reason for requesting evaluation: _____

Medical Conditions: _____

Daycare Facility/School child attends (if any): _____

Emergency Contact 1: _____

Phone Number: _____ Email: _____

Emergency Contact 2: _____

Phone Number: _____ Email: _____

Authorized to Pickup: _____

Additional Information: _____

CONSENT FOR EVALUATION/TREATMENT

Yes, I do voluntarily consent for my child to receive Occupational Therapy (OT), Physical Therapy (PT), Speech Therapy (ST), Applied Behavior Analysis (ABA), and/or Mental Health (MH) assessments and/or treatments as deemed appropriate.

_____ *please initial*

I do not wish for my child to participate in any of the following: _____

(If you consent to all, leave blank)

CONSENT FOR OBSERVATION

Occasionally, NFTS, NFES, and its affiliates, may have students from colleges and universities, other professionals, or individuals interested in the field request observation of therapy sessions or classroom instruction.

Yes, I do voluntarily consent for my child's session and/or classroom to be observed by a student, cleared by NFTS and NFES, for purposes of education. NFTS and NFES do background screenings and require volunteer forms explaining HIPAA to be signed prior to any sort of observation.

_____ *please Initial*

CONSENT FOR RELEASE/DISCLOSURE OF INFORMATION

You are giving your consent to receive treatment services. Please be informed for services to be rendered, you are giving consent for NFTS and NFES to release medical and treatment records to your physician, specialist, insurance company, or any other affiliated parties in need of this information and to discuss your child with any of these professionals for any and all medical and treatment related matters.

NFTS and NFES employees may also share information with each other internally to ensure the highest quality of care and support for your child. NFTS and NFES will maintain compliance with all applicable HIPAA regulations and will not disclose information to unauthorized parties.

Yes, I do voluntarily consent to release medical and treatment records to necessary parties and/or discussion of my child with other professionals.

_____ *please initial*

****Please see accompanying HIPAA Notice and signature form*

OUTPATIENT APPOINTMENT POLICIES

I understand that NFTS requires cancellation of appointments at least 24 hours in advance. We understand that this is not always possible due to illness or emergency, however, repeated no-shows, no-calls, or frequent late arrivals will lose their place on the schedule and may be discharged from further services.

_____ *please initial*

I understand that NFTS front desk staff cannot provide supervision for my child. If I arrive more than 10 minutes early for my child’s scheduled appointment time, I understand I must wait in the lobby with my child until their therapist comes to get them.

_____ *please initial*

Additionally, if I arrive more than 10 minutes late to pick up my child from their appointment, NFTS reserves the right to revoke drop-off rights, and I will be required to wait in the lobby during my child’s appointment or I will be charged the daily drop-in rate for childcare fees (\$25).

_____ *please initial*

CONSENT FOR VIDEO/PHOTO RELEASE

NFTS, NFES, and its affiliates have the right to use my child's image/video or likeness in print, online platforms, presentations, and/or social media. I further understand I will not be compensated for use.

Please initial one:

_____ Yes, I voluntarily consent for my child’s image to be used.

_____ No, I do not wish for my child’s image to be used.

MANDATORY REPORTERS

A mandated reporter is bound by law, because of their profession, to report any suspicion of child abuse or neglect to the relevant authorities in the best interest of the child. All employees of NFTS and NFES are mandated to report abuse and neglect or suspected abuse and neglect. We do not take our job or this stipulation lightly and are knowledgeable of the laws and regulations related to mandated reporting requirements.

I understand all employees and subcontractors of NFTS and NFES are mandated reporters and are required to report any suspicion of abuse or neglect.

_____ *please initial*

HOLD HARMLESS/INDEMNITY WAIVER

NFTS and NFES provide specialized treatment and education programs for children with a wide range of abilities and challenges. Due to the nature of these services and the potential for challenging behaviors, there is an inherent level of risk involved while children are in our care.

By signing this agreement, I hereby release and hold harmless Abbie V. Woodard, MS CCC-SLP, Inc; NFTS, Inc., NFMH, Inc, D/B/A North Florida Therapy Services, NFES, Inc., and the owner, Abbie Hurst, F/K/A Abbie Blackman, F/K/A Abbie Woodard, from any liability, claims, demands, and causes of action, now or in the future, related to any injury or incident, however caused, that may occur after I have relinquished my child into their care for the purposes of treatment and/or education.

I acknowledge that this waiver is intended to cover all risks associated with participation in services provided by NFTS and NFES.

I voluntarily agree with the terms of this Hold Harmless / Indemnity Waiver.

_____ *please initial*

****Please see accompanying Hold Harmless Agreement and Release of Liability Waiver signature form*

By signing this agreement, I acknowledge that I understand and consent to all items referenced in this agreement.

Parent/ Guardian's Signature

Date

Parent/Guardian's Printed Name

CHILD CARE APPLICATION ONLY

Student Information: Date of Birth: _____ Sex: _____ Enrollment Date: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From: _____ To: _____

Days of the Week in Care: M T W Th F Sa Su

Family Information: Child's Lives With: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Cell: _____ Work Phone: _____ Cell: _____

Custody: Mother Father Both Other (specify): _____

Medical Information: I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____

Phone Number: _____

Dentist: _____ Phone Number: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern:

Emergency Care Plan Instructions (if applicable):

Emergency Contacts: Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name	Address	Work Phone	Home Phone

Helpful Information About Childcare:

- Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure entitled "Know Your Child Care Facility" (CF/PI 175-24) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=860>], **or**
- Section 8.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parent(s) receive a copy of the family day care home brochure entitled "Selecting A Family Day Care Home Provider" (CF/PI 175-28) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=841>].
- Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the childcare facility, **or**
- Section 2.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Parent Name (Please Print)

Parent Signature

Date

PRIVATE SCHOOL APPLICATION ONLY

Date of Application: _____ School Year: _____

Male: _____ Female: _____ DOB: _____ Age: _____

Child's Full Name: _____ Nickname: _____

Please list allergies, special medical or dietary needs, or other areas of concern:

Current School Name: _____ Dates: _____

School Phone: _____ Teacher: _____

Previous School Name: _____ Dates: _____

School Phone: _____ Teacher: _____

Parent/Guardian #1 Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Occupation: _____

Work Phone: _____ Social Security #: _____

Parent/Guardian #2 Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Occupation: _____

Work Phone: _____ Social Security #: _____

Parent/Guardian & School Communication

I agree to keep all contact information including email addresses up to date with NFES. I acknowledge that the school will send notifications through direct email correspondence and Procure. It is my responsibility to notify the school if I do not receive correspondence.

Parent Name (Please Print)

Parent Signature

Date

Parent/Guardian's Status

Married: _____ Separated: _____ Divorced: _____ Widowed: _____ Other: _____

With which parent/ guardian does the student primarily live? _____

Adults other than parents/ guardians living in the home and relationship: _____

Siblings of Student

Name: _____ Age: _____ Grade: _____

Present School: _____

Name: _____ Age: _____ Grade: _____

Present School: _____

Name: _____ Age: _____ Grade: _____

Present School: _____

Academic Information

Has your child ever repeated a grade? Yes _____ No _____ Which Grade: _____

Has your child ever been dismissed from any school for any reason? Yes _____ No _____

Suspended? Yes _____ No _____ Asked to Withdraw? Yes _____ No _____

If yes to dismissal/suspension/withdrawal, please provide details: _____

Has your child ever been recommended for educational testing? (If yes, please include report with application packet) Yes ___ No ___

Has your child ever been recommended for psychological testing? (If yes, please include report with application packet) Yes ___ No ___

Does your child have an Individual Education Plan (IEP)? (If Yes ___ No ___ yes, please attach copies to application packet)

Does your child have any learning difficulties, delays, or disabilities? If yes, provide a detailed description: Yes ___ No ___

Please provide any additional information about your child and/or family which you feel would be important for us to know (religious preference, cultural background, and major life-changing events).

Acknowledgement

I/We certify that the information provided on this application is true and accurate. I/We understand and accept that failure on our part to disclose all relevant information during this process may result in my/our child(ren) being denied or dismissed from North Florida Education Services.

Parent Name (Please Print)

Parent Signature

Date

Parent Name (Please Print)

Parent Signature

Date

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AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

My child, _____, is applying for admission to Education Services offered through North Florida Education Services.

I hereby authorize _____ to release his/her student records, including academic progress reports, curricular information, test scores, Individual Education Plans (IEPs), medical documentation, all related therapy reports, psychological assessments, and any other information that may assist in the development of my child's curriculum. I understand that this information will be kept confidential by all parties involved.

This authorization also applies to the teacher evaluation form I will be submitting to my child's teacher, as well as any communication conducted by Education Services on my child's behalf.

Parent Name (Please Print)

Parent Signature

Date

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TUITION FEES AND SCHEDULE

School Calendar and Hours:

School: Monday – Friday, 8:30am – 2:30pm
School Supervision: Monday – Friday, 7:30am – 3:00pm
After-School: Monday – Friday, 3:00pm – 5:00pm
Childcare: Monday – Friday, 8:00am – 5:30pm
Calendar will be provided at the beginning of each school year

Fees Required for Enrollment

Tuition: \$10,500 per child (PreK-8th Grade)

After-school: Early Learning Coalition offers after school funding through School Readiness (SR). This will provide reduced or free childcare. Please apply at [School Readiness - Early Learning Coalition of the Big Bend \(elcbigbend.org\)](http://School Readiness - Early Learning Coalition of the Big Bend (elcbigbend.org)) to see if you qualify.

In addition, after school may be paid for privately, for the hours of 2:30pm-5:00pm at the rate of \$25 per day, or \$125 per week, or \$500 per month.

*If Step-Up funding exceeds tuition and fees, additional funding may be allotted toward transportation and curriculum.

Child Care Rates:	Birth to 1 year old	\$1,050 per month
	1 – 2 years old	\$800 per month
	2 – 3 years old	\$750 per month
	3 – 4 years old	\$500 per month (Non-Step-Up)

A \$35.00 service charge will be applied to your account for returned checks. After three (3) returned checks, NFES reserves the right to require alternate payment methods.

Payments

All families must elect to either pre-pay tuition or childcare services or enroll in our automatic payment plan. In instances of special circumstances please contact our billing department for approval. Checks returned as non-sufficient funds will be subject to a \$35.00 NSF fee that is applied directly to your billing account and must be paid within three (3) business days. After three (3) returned checks, NFES reserves the right to require alternate payment methods.

Parent Pre-payment:

"Pre-Payment" is defined as paying for childcare services in advance. If you choose the "Pre-Payment" option, the payment must be received by the 30th of the month prior to childcare services being provided. Accounts will be issued a \$35.00 late fee for non-payment by the 5th of each month.

Automatic-Payment Service:

NFES offers an automatic payment service to all families using a credit card, debit card, or checking/savings account. You may elect your payment options from the schedules listed below.

Monthly- payments will be deducted automatically on the 1st of the month prior to services being provided. This plan is subject to a \$5.00 service fee at the time of transaction for credit and debit cards.

Semi-Monthly- payments will be deducted automatically on the 1st and 15th of the month prior to services being provided. This plan is subject to a \$5.00 service fee at the time of each transaction for credit and debit cards.

Weekly- payments will be deducted automatically every Friday for the following week of service. This plan is subject to a \$5.00 service fee at the time of each transaction for credit and debit cards.

If for any reason the funds are not available, a \$35.00 NSF fee will be applied directly to your billing account and must be paid within three (3) business days. After three (3) returned payments, NFES reserves the right to require alternate payment.

Late Payment Fees

For an account to remain current, payment of a statement is due before the next statement is distributed (either through pre-payment or automatic payment). If payment is not received in a timely manner:

- Any account not current (past due), will result in the account being placed on a suspension list.
- Notice of the possible suspension will be sent to the name on the account.
- After receiving a possible suspension notification, families will have one week to bring the account current.

- If any account is more than one statement period past due, immediate payment is required.
- If the account is not made current, immediate suspension from the program will result.

If services have been suspended due to nonpayment, the account must be made current before continuation of services. If there is a waiting list at the site, the suspended account will have one week to bring the account current. If not, the slot will move to the end of the waiting list. Past due accounts, no longer enrolled, will be forwarded to a collection agency. Accounts with a history of being delinquent will be required to pre-pay by money order for all programming services.

Tuition Assistance

Many families may qualify for and receive subsidized care from federally funded agencies. These agencies specify a "parent fee" that is to be paid to the childcare facility. However, the parent fee and the amount that the agency reimburses the childcare facility may not equal the total charge for childcare. Therefore, parents are responsible for paying the total difference between what the agency pays and NFES's monthly tuition fee.

Early Learning Coalition

- Due to ELC requirements, any more than three (3) absences per month require written documentation for continued ELC subsidy.
- ELC subsidized childcare does not allow absences more than 10 days in a calendar month under any circumstances.
- If you experience a status change of any kind including, but not limited to expiration, termination, re-determination, rate and/or parent fee increases or decreases, your agreement is void. You will be charged the private-pay tuition rate until an updated certificate is provided, and a new tuition agreement is signed.

Family Empowerment Scholarship

The Family Empowerment Scholarship for Students with Unique Abilities (FES-UA) is different than other state scholarships in that it allows parents to personalize the education of their children with unique abilities by directing money toward a combination of programs and approved providers. These include schools, therapists, specialists, curriculum, technology - even a college savings account.

Eligibility Requirements

This scholarship is for Florida students 3 years old through 12th grade or age 22, whichever comes first, with one of the following diagnoses:

- | | |
|-------------------------------------------|------------------------------------------|
| • Anaphylaxis | • Orthopedic impairment |
| • Autism Spectrum Disorder | • Other health impairment |
| • Being a high-risk child | • Phelan-McDermid Syndrome |
| • Cerebral Palsy | • Prader-Willi Syndrome |
| • Down Syndrome | • Rare diseases |
| • Emotional or behavioral disability | • Specific learning disability |
| • Hearing impairment, including deafness | • Speech impairment |
| • Hospital or homebound | • Spina Bifida |
| • Identification as dual sensory impaired | • Traumatic brain injury |
| • Intellectual disability | • Visual impairment, including blindness |
| • Language impairment | • Williams Syndrome |
| • Muscular Dystrophy | |

Age requirements:

- Children must be at least 3, or 4 on or before September 1st
- Children entering kindergarten must be 5 on or before September 1st

Questions Regarding Tuition

For questions, please request a meeting with the Owner, Abbie Hurst. Abbie can be reached at 850- 566-5029 or email at abbie@nflts.net

I acknowledge that:

- Step up funding amounts are subject to change annually.
- I agree that I will pay any portion of tuition and fees that are not covered by my child's Step-up scholarship.
- I am the guarantor for _____(child's name) and will pay the amount listed as Parental Responsibility by selecting one of the following options.
 - 10 equal monthly payments by the 5th of each month. If I fail to do so I will incur a \$20 late fee if not paid by the 5th of each month.
 - Pay the amount in full by the first day of school to receive a 5% discount on the Parental Responsibility portion of tuition.
- In the event of withdrawal during the school year, I will provide a minimum of **one month's notice**. If I fail to provide notice, I will be responsible for one month's tuition.

Parent Name (Please Print)

Parent Signature

Date

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DRESS CODE POLICY

North Florida Education Services (NFES) and North Florida Therapy Services (NFTS) recognize that students' and clients' dress and grooming can influence their comfort, behavior, and ability to learn in a judgment-free environment. We also value the role of parents and caregivers in helping children make appropriate choices regarding clothing, accessories, and personal appearance.

To maintain an atmosphere that supports learning, safety, and dignity for all, NFES and NFTS require that students and clients exercise good judgment regarding their personal appearance. The following expectations apply; however, this list is not exhaustive, and violations are not limited to the items below.

Clothing Expectations

- Shirts must fully cover the midsection. No crop tops or midriff-exposing shirts. Shirts must remain below the waistband even when arms are raised.
- No off-the-shoulder tops or dresses.
- Closed-toe shoes are required. Crocs are permitted.
- Shorts must be fingertip length when hands are placed at the child's sides.
- No see-through, mesh, or transparent clothing. Undergarments should never be visible.
- Shorts are required under all dresses and skirts.
- Tank top straps must be at least three adult fingers wide. No spaghetti straps.
- Developing pre-teens/teens must wear appropriate undergarments (e.g., sports bras, bras, camisoles, tank tops), which must not be visible.
- Sagging is not permitted. Pants must be worn at the waist; loose pants require a belt.

Accessories and Graphics

- Clothing, jewelry, hats, or accessories may not display inappropriate, suggestive, violent, or drug/alcohol-related language or graphics.
- Wallet chains are not permitted.
- Long or dangling jewelry is not permitted for safety reasons.

Compliance and Enforcement

School administration/management will determine the appropriateness of any questionable clothing, jewelry, or accessories. All students and clients are expected to follow the dress code at all times.

If a student or client is out of compliance:

1. Parents/caregivers will be contacted to bring a replacement item immediately.
2. Upon a third violation, the student/client will be sent home for the remainder of the day.

Parent Name (Please Print)

Parent Signature

Date

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HIPAA NOTICE

This notice explains how your medical and behavioral health information may be used, shared, and accessed. Please read it carefully.

How Your Information Is Protected

Your behavioral health information is protected by federal law (HIPAA and 42 CFR Part 2) and Florida law. North Florida Therapy Services (NFTS) cannot confirm that you receive services here or share your protected information unless the law allows it or you give written permission.

When NFTS May Share Information Without Your Consent

NFTS may disclose information without your written consent only in specific situations, including:

- During a medical emergency
- With qualified service organizations/business associates
- For research or audits (without identifying information)
- To report crimes on NFTS property
- To report suspected abuse or neglect of a child, elderly adult, or disabled person
- When required by a court order

NFTS may also share information to obtain legal or financial services or to coordinate care with another medical provider, as long as proper agreements are in place.

Any other use or disclosure requires your written consent, which you may revoke in writing.

Your Rights Under HIPAA

You have the right to:

- **Request limits** on how your information is used or shared (NFTS may not always be able to agree).
- **Request confidential communication** (e.g., using a different phone number or address).
- **Review and request a copy** of your health information (fees may apply).
 - Psychotherapy notes and certain legal documents are excluded.
- **Request corrections** to your record if information is incomplete or incorrect.
 - NFTS may deny the request; you may submit a written statement to be included in your file.
- **Receive a list of disclosures** made in the past six years (excluding those before April 14, 2003).

NFTS Responsibilities

NFTS is legally required to:

- Protect the privacy of your health information
- Provide this notice and follow it
- Inform you of any changes to these privacy practices

NFTS may update this notice and will inform you in writing, in person, or by mail.

Parent Name (Please Print)

Parent Signature

Date

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HIPAA RELEASE FORM

Instructions:

Please complete all sections of this Health Insurance Portability and Accountability Act (HIPAA) release form. If any sections are left blank, this form will be invalid, and it will not be possible for your health information to be shared as requested.

Section I – Authorization

I, _____, give my permission for **Abbie V. Woodard, MS CCC-SLP, Inc. D/B/A North Florida Therapy Services; North Florida Therapy Services, Inc. D/B/A North Florida Therapy Services; North Florida Mental Health, Inc. D/B/A North Florida Therapy Services; North Florida Education Services, Inc.; North Florida Educational and Vocational Services, Inc. D/B/A North Florida Exotics; Hurst Management, Inc.; and Abbie Hurst (formerly known as Abbie Woodard and Abbie Blackman)**, located at **15 N. Stewart Street and 860 Strong Road, Quincy, FL 32351**, to receive information listed in Section II of this document from the person(s) or organization(s) specified in Section IV.

Section II – Health Information

I authorize the above healthcare organization to:

Disclose my complete health record, including but not limited to diagnoses, lab test results, treatment, and billing records for all conditions.

Form of Disclosure (check one or more):

- Electronic copy or access via web-based portal
- Hard copy
- Faxed copy to (850) 563-8488

Section III – Reason for Disclosure

Please detail the reasons why information is being shared. If you are initiating the request and do not wish to specify a reason, write "At my request."

Reason(s):

Section IV – Who Can Provide My Health Information

I authorize the health information detailed in Section II to be shared with the following:

Organization: _____

Address: _____

Phone(s): _____

I understand that the person(s)/organization(s) listed above may not be covered by state or federal rules governing the privacy and security of data and may be permitted to further share the information that is provided to them.

Section V – Signature

Print Client/Student's Name: _____

If this form is being completed by a person with legal authority to act on an individual's behalf (such as a parent or legal guardian of a minor or a health care agent), please complete the following:

Name of person completing this form: _____

Signature of person completing this form: _____

Relationship with minor child: _____

Section VI – Florida Notary Acknowledgement

State of Florida

County of _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ___ day of _____, **20**_____, by _____ (name of person acknowledging), who is personally known to me or has produced _____ (type of identification) as identification.

(Signature of Notary Public - State of Florida)

Notary Stamp:

Notary Public, State of Florida

My Commission No.: _____

My Commission Expires: _____

MEDICAL CARE AUTHORIZATION

In the event that my minor child, _____, should experience a sudden illness or injury while under the care of **North Florida Therapy Services (NFTS)** and/or **North Florida Education Services (NFES)**, I understand that the staff will make every effort to contact me for instructions.

If I cannot be reached immediately, or if the situation is deemed critical by the staff member in charge, I hereby authorize **NFTS** and/or **NFES** to seek medical assistance from my child’s physician of record or from appropriate emergency medical services. I further authorize the attending medical personnel such treatment as is deemed necessary and appropriate under the circumstances.

It is understood that every reasonable effort will be made to contact me, as well as all emergency contacts listed on my child’s record, prior to any treatment being administered. However, medical care shall not be withheld if contact cannot be made promptly.

I acknowledge and agree that I am financially responsible for all costs associated with the medical treatment of my minor child.

Printed Name: _____

Signature: _____

Date: _____

Phone: _____

Email: _____

Florida Notary Acknowledgment

State of Florida
County of _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ___ day of _____, **20**_____, by _____ (name of person acknowledging), who is personally known to me or has produced _____ (type of identification) as identification.

(Signature of Notary Public - State of Florida)

Notary Stamp:

Notary Public, State of Florida

My Commission No.: _____

My Commission Expires: _____

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SUSPECTED ILLNESS PROTOCOL (INCLUDING COVID-19 PROTOCOL)

Exclusion Policy for Ill Children

Any child displaying signs of illness should be kept home. If a child develops signs or symptoms of illness while at school, they will be sent home. Parents/guardians or emergency contacts will be notified of the child's status and child must be picked up within 1 hour of notification. A "Sick Note" will accompany the child home with further instructions. While child is waiting to be picked up, they will be removed from direct contact with others and placed in an isolation room to contain any possible spread of illness. The child may not return without medical authorization and/or until signs and symptoms of the illness are no longer present (defined as 24 hours without any symptoms). A suspected illness may include any of the following signs or symptoms:

- Severe coughing, causing the child to become red or blue in the face or making a whooping sound.
- Difficult or rapid breathing
- Stiff neck
- Diarrhea (more than one abnormally loose stool within 24-hour period)
- Temperature of 101 degrees Fahrenheit or higher
- Conjunctivitis (pink eye)
- Exposed, open skin lesions
- Unusually dark urine and/or gray or white stool
- Yellowish skin or eyes
- Any other unusual sign or symptom of illness (e.g., vomiting)

We appreciate your assistance in this effort by removing your child from the program in a timely manner when they are ill or keeping your child at home when signs of illness are evident.

Returning to School After Illness

The child may return to school with medical authorization and/or when signs and symptoms of the illness are no longer present (defined as 24 hours without any symptoms). If a child's illness requires prescription antibiotics, the child should remain at home until they have received a full 24 hours of medication.

Child must also be fever-free without the use of fever reducing medications for a full 24 hours. NFES/NFTS reserves the right to request a doctor's note before allowing a child to return to the facility.

Protocol for suspected illness due to COVID-19

If your child displays any signs or symptoms specific to COVID-19 as defined by the Center for Disease Control (CDC) as listed below, please adhere to the most current guidelines and protocols for quarantine and isolation as provided in accordance with your county of residence. Potential signs and symptoms of illness related to COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Parent Name (Please Print)

Parent Signature

Date

SICK NOTE

Date: _____

Time: _____ AM / PM

Dear Parent:

_____ had the following indications of illness/not feeling well today: _____

Temperature (if applicable): _____

Reporting Staff Member: _____

A check mark next to a symptom indicates the parent/guardian shall follow the indicated instructions:

- *Cold Symptoms.* Mild, no fever, feeling okay. If there are no other symptoms, and if discharge from the nose is clear, your child may continue to attend school.
- *Fever.* A warning that all is not right with the body. If your child has a fever of 101 degrees or higher (add one full degree when taking under the arm), you must keep your child at home until they are **fever-free for a full 24 hours without the aid of fever reducing medicine** (Tylenol/Motrin).
- *Coughing.* If the cough is minor and non-productive, your child may continue to attend school. If the cough is chronic, deep, or hacking, it may be a sign of infection. Your child must stay home until the cough is gone or return with a note from a doctor.
- *Sore Throat.* If mild, your child may continue to attend school. If your child appears to have swollen glands, swollen tonsils, white spots in the throat, pain when swallowing, and/or complains of not feeling well, please see your doctor. Child will need to stay home until symptoms are gone or return with a note from a doctor.
- *Rash.* Obviously non-contagious (eczema, diaper, etc.) your child may continue to attend school. If we are unable to determine the type/cause, your child will need to stay home until the rash is completely gone or return with a note from a doctor.
- *Stomachache.* Mild, no diarrhea, no vomiting, no fever, your child may continue to attend school. If any of these symptoms exist, your child will need to stay home until the symptoms subside or return with a note from a doctor.
- *Diarrhea.* After two (2) loose stools, child must stay home 24 hours after the last episode, including those that occur at home.
- *Vomiting.* Whether your child vomits at school or at home, you must keep them home 24 hours after the last instance.
- *Conjunctivitis (Pink Eye).* Redness and/or discharge from one or both eyes. Highly contagious. Your child must be on medication for 24 hours before returning to school.
- *Ear Infection.* Complaints of ear hurting and/or pulling at ear(s). Your child must be on medication and have a normal temperature with no pain before returning or return with a note from your doctor.
- *Head Lice.* If we detect nits or lice, child may only return after treatment, and all nits are completely removed. A vinegar and water rinse will soften them and help with removal.
- *Allergies.* Runny nose (clear) and slight congestion. Your child may remain at school.
- *Flu.* Your child must stay home a full 24 hours after the last symptom is detected.
- *Medications.* A Medication Administration Form must be completed and signed before we can give your child any medications. All medications whether prescription or over-the-counter must be in their original container. The front desk or your child's teacher can provide you with this form.

If you have additional questions regarding this Sick Note, please ask to speak with the Reporting Staff Member or a member of the Management Team.

We look forward to welcoming your child back when they are feeling their best!

HOLD HARMLESS AGREEMENT & RELEASE OF LIABILITY WAIVER

This Hold Harmless Agreement (the "Agreement") is made on this ____ day of _____ 20____, by and between:

Abbie V. Woodard, MS CCC-SLP, Inc.; North Florida Therapy Services, Inc. (NFTS); North Florida Mental Health, Inc. (NFMH); all D/B/A North Florida Therapy Services (NFTS); North Florida Education Services, Inc. (NFES); North Florida Educational and Vocational Services D/B/A North Florida Exotics (NFE); North Florida Exotic Pets and Feeders (NFEPF); Hurst Management, Inc.; and Abbie Hurst (formerly known as Abbie Woodard and Abbie Blackman) (collectively referred to as the "Indemnitee"), located at **860 Strong Road and 15 North Stewart Street, Quincy, Florida 32351**,

and

_____, (the "Indemnifier"), located at _____, regarding the minor child _____ or any member of this household, or any person authorized by the Indemnifier to have access to said minor child.

The Indemnitee and the Indemnifier may be referred to individually as the "Party", or collectively as the "Parties".

RECITALS

WHEREAS, the Indemnifier desires to release, defend, and hold harmless the Indemnitee from any and all liabilities, losses, claims, judgments, suits, fines, penalties, demands, or expenses that may result from participation in the Activities described below; and

WHEREAS, the Indemnitee desires such indemnity as a condition of participation in said Activities.

NOW, THEREFORE, in consideration of the mutual promises and covenants set forth herein, and for other good and valuable consideration, the receipt and sufficiency of which are acknowledged, the Parties agree as follows:

SECTION 1: DEFINITIONS AND INTERPRETATIONS

1.01 Definition of "Activities."

"Activity" or "Activities" shall mean any program, service, or event that takes place at **860 Strong Road, Quincy, Florida 32351**, or **15 North Stewart Street, Quincy, Florida 32351**.

Activities may include, but are not limited to:

- Speech therapy, physical therapy, occupational therapy, applied behavior analysis (ABA), mental health services,
- Educational tutoring, daycare, school, before-school, after-school, or summer camp services,
- General supervised or unsupervised play or recreational time, and
- Occasional supervised animal interactions.

While the Indemnitee takes exceptional precautions with all clients and students, the Indemnifier acknowledges that due to the nature of children's natural play behaviors, **minor injuries or accidents may occur despite reasonable supervision.**

SECTION 2: INDEMNIFICATION

2.01 Indemnification.

To the fullest extent permitted by Florida law, the Indemnifier agrees to **defend, indemnify, and hold harmless** the Indemnitee and its officers, employees, contractors, and agents from and against any and all claims, actions, damages, liabilities, losses, judgments, settlements, costs, and expenses (including reasonable attorney's fees) arising out of or related to the participation of the Indemnifier, the minor child, or any member of their household in the Activities.

2.02 Release of Liability.

The Indemnifier hereby **releases and waives** any right to bring legal action against the Indemnitee for any injury, loss, or damage arising out of participation in the Activities, whether caused by negligence or otherwise, except in cases of **gross negligence or willful misconduct** by the Indemnitee.

SECTION 3: GENERAL PROVISIONS

3.01 Authority to Sign.

Each Party signing below affirms that they are legally authorized to enter into this Agreement and bind themselves or the entity they represent.

3.02 Amendments.

This Agreement may be amended only by a written document signed by both Parties.

3.03 Entire Agreement.

This Agreement represents the entire understanding between the Parties and replaces all prior written or oral agreements regarding the matters herein.

3.04 Governing Law and Jurisdiction.

This Agreement shall be governed by and construed under the laws of the **State of Florida**. Any legal action or proceeding arising under this Agreement shall be brought exclusively in the **state or federal courts located in Gadsden County, Florida**.

3.05 Headings.

Headings are included for convenience only and shall not affect the interpretation of this Agreement.

3.06 Interpretation.

This Agreement shall be interpreted according to the plain meaning of its terms and shall not be construed for or against either Party based on authorship or drafting responsibility.

SECTION 4: SIGNATURES

By signing below, the undersigned certify that they have **read, understood, and voluntarily agree** to all terms, conditions, and policies stated in this Agreement.

Indemnitee:

Abbie V. Woodard, MS CCC-SLP, Inc.; North Florida Therapy Services, Inc. (NFTS); North Florida Mental Health, Inc. (NFMH); all D/B/A North Florida Therapy Services (NFTS); North Florida Education Services, Inc. (NFES); North Florida Educational and Vocational Services D/B/A North Florida Exotics (NFE); North Florida Exotic Pets and Feeders (NFEPF); and Hurst Management, Inc.; and Abbie Hurst (formerly known as Abbie Woodard and Abbie Blackman)

Signature of Authorized Indemnitee Representative: _____

Printed Name: _____

Date: _____

Indemnifier:

Printed Name: _____

Signature: _____

Date: _____

Address: _____

Phone: _____

Email: _____

Florida Notary Acknowledgment

State _____ **of** _____ **Florida**
County of _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ___ day of _____, **20**_____, by _____ (name of person acknowledging), who is personally known to me or has produced _____ (type of identification) as identification.

(Signature of Notary Public - State of Florida)

Notary Stamp:

Notary Public, State of Florida

My Commission No.: _____

My Commission Expires: _____

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ACCEPTABLE USE AGREEMENT FOR INTERNET AND OTHER ELECTRONIC RESOURCES

Introduction

North Florida Therapy Services and North Florida Education Services (NFTS) recognize the value of computers, networks, electronic devices, and digital resources in supporting learning and improving communications. The Florida Department of Education encourages responsible and ethical use of computer networks, including the Internet, and all other electronic resources in support of the mission and goals of NFTS.

Because the Internet is a global, largely unregulated environment, NFTS adopts this policy to provide clear guidance to all individuals who voluntarily access electronic resources on NFTS-owned equipment or through NFTS-affiliated networks.

NFTS Rights And Responsibilities

NFTS is committed to maintaining an environment that promotes ethical, legal, safe, and responsible online activity. NFTS may exercise the following rights in order to safeguard users, protect digital infrastructure, and uphold ethical standards:

1. **Log and monitor network use**, including fileserver storage limits; NFTS is not responsible for files deleted due to storage violations.
2. **Remove user accounts** at its discretion.
3. **Monitor online activity**, including real-time monitoring and/or reviewing Internet activity logs.
4. **Control access** to NFTS-owned equipment and networks, including restricting access for individuals who violate policies or rules.
5. **Filter or restrict online destinations** through software or other means.
6. **Train staff, clients, and students** in acceptable use and online communication policies.

Staff Responsibilities

1. Staff supervising clients and students using electronic equipment must make reasonable efforts to ensure client and student use aligns with the mission and goals of NFTS.
2. Staff should remain informed about Internet and digital resources to effectively monitor, instruct, and support clients and student users.

User Responsibilities

Use of NFTS computers, networks, and digital resources is a privilege. To maintain this privilege, all users agree to comply with all provisions of this policy, including:

1. Limiting client and student access to **NFTS-approved educational websites only**, including:
 - a. Prescreened computer-based assessments
 - b. Education.com student profiles
 - c. Activities delivered by instructional personnel and/or therapists

Acceptable Use Guidelines

1. All Internet use must support educational and research objectives aligned with the mission of NFTS.
2. Users must follow appropriate digital conduct guidelines.
3. Personal information sharing online is prohibited unless expressly approved for educational purposes.
4. Network accounts may only be used by the **authorized owner** and only for their intended purpose.
5. All communications and information accessed over the network should be considered **private property**.
6. Users must represent NFTS in a professional manner when online.
7. NFTS administrators will determine whether specific uses comply with acceptable use standards.

Unacceptable Use

The following activities are strictly prohibited:

1. Sharing personal information about others (addresses, phone numbers, PHI, etc.).
2. Using the network for commercial or for-profit purposes.
3. Excessive use for personal business.
4. Political lobbying or product advertising.
5. Accessing, copying, modifying, or deleting files or passwords belonging to others.
6. Any activity that disrupts network performance or normal system operation.
7. Development or distribution of malware, harmful programs, or harassment tools.
8. Hate mail, chain letters, discriminatory remarks, or harassment.
9. Unauthorized installation of any software, including shareware or freeware.
10. Accessing or processing pornographic or other inappropriate content.
11. Downloading non-educational software, files, or entertainment media.
12. Copying or distributing copyrighted material without permission (except when allowed under Fair Use).
13. Any unlawful activity.
14. Use of profanity, obscenity, racist language, or otherwise offensive content.
15. Playing games unless authorized by a teacher through **preapproved educational websites** (e.g., education.com).

Disclaimer

1. NFTS is not responsible for information retrieved via the network.
2. Under the **Electronic Communications Privacy Act of 1986**, users are notified that electronic communication is **not private**; administrators may access all messages and report illegal activity.
3. NFTS is not responsible for data loss, service interruptions, or damages.
4. NFTS reserves the right to modify policies at any time.

User Agreement

(Required for all adult users and student users above grade 5)

I have read, understand, and agree to comply with the Acceptable Use Policy when using computers and electronic resources owned, leased, or operated by North Florida Therapy Services and North Florida Education Services. I understand that violations may result in revoked privileges, disciplinary action, and/or legal action.

User Name (Please Print)

User Signature

Date

Parent Agreement (To be signed by parents of all student users under the age of eighteen (18))

As the parent or legal guardian of _____, I have read and understand the Acceptable Use Policy. I recognize that network and internet access is intended for educational purposes. North Florida Therapy Services and North Florida Education Services take reasonable measures to limit access to inappropriate content, but they cannot guarantee that all controversial material will be blocked.

I agree not to hold North Florida Therapy Services or North Florida Education Services responsible for any materials my child may encounter on the network. I accept full responsibility for supervising my child's use of these resources when they are not in a school setting. I give permission for my child to use the network resources, including internet access, provided by NFTS.

Parent Name (Please Print)

Parent Signature

Date

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RILYA WILSON ACT

Pursuant to s. 39.604, Florida Statutes, a child from birth to the age of school entry, who is under court-ordered protective supervision or in out-of-home care and is enrolled in an early education or childcare program must attend the program 5 days a week unless the court grants an exemption. A child enrolled in an early education or childcare program who meets the requirements of this act may not be withdrawn from the program without prior written approval of the Department or community-based care **lead agency**. If a child covered by this act is absent, the program shall report any unexcused absence or seven excused absences to the Department or the community-based care lead agency by the end of the business **day** following the unexcused absence or seventh consecutive excused absence.

Educational stability and transition are key components of this act to minimize disruptions, secure attachments and maintain stable relationships with supportive caregivers of children from birth to school age. Successful partnerships are imperative to ensure **that** these attachments are not disrupted due to placement in out-of-home care or subsequent changes in out-of-home placement. A child must be allowed to remain in the childcare or early education setting that he/she attended before entry into out-of-home care, unless the program is not in the best interest of the child. If a child from birth to school-age leaves a childcare or early education program, a transition plan needs to be developed that involves cooperation and sharing of information among all persons involved, respects the child's developmental stage **and** associated psychological needs, and allows for a gradual transition from one setting to another.

This law provides priority for childcare services for specified children who are at risk of abuse, neglect, or abandonment. *These children are also known as Protective Services children.*

Rilya Wilson Act Requirements:

- ✓ Protective services children **MUST** be enrolled to participate 5 days per week.
- ✓ Protective services children **MAY NOT** be withdrawn without prior written approval from the Department of Children and Families (DCF) or Community Based Care (CBC).
- ✓ If a Protective Services child has 7 consecutive excused or any unexcused absence, the childcare provider **MUST** notify the appropriate community-based care staff.
- ✓ The Department and childcare providers **MUST** follow local protocols set up by the CBC to ensure continuity.
- ✓ If it is not in the best interest of the child to remain at the childcare or early education program, the caregiver **MUST** work with the Case Manager, Guardian Ad litem, child care and educational staff, and educational surrogate, if one **has been** appointed, to determine the best setting for the child.

Community-Based Care Lead Agencies Contact Information:

<https://www.myflfamilies.com/services/child-family/child-and-family-well-being/community-based-care/lead-agency-information>

**** If you have concerns regarding any child that you may care for, please contact the Florida Abuse Hotline at 1-800-96-ABUSE****

Parent Name (Please Print)

Parent Signature

Date

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PARENTS PARTICIPATION IN THERAPY GUIDELINES

North Florida Therapy Services welcomes and encourages parents to attend and participate in therapy sessions with your children at any time. However, in order to maintain the effectiveness of our sessions, we must implement a few requirements for parent participation as follows:

1. Parents must remain in the room or with the therapist at all times. Visitors must be accompanied by a staff member at all times.
2. No leaving and re-entering the facility during your child’s session. If you must step away, you will be asked to wait in the lobby or your vehicle for the remainder of the session.
3. Please be respectful of the therapist and your child’s focus during the session by placing your phone on silent and not taking calls during this time.
4. If your child starts exhibiting a behavior during a session, please do not intervene but allow the therapist to redirect your child. This allows them to maintain trust and authority with your child.
5. If you have questions regarding the session, please wait until the end to ask the therapist.

In order to provide the best possible experience for your child, we must enforce these rules in all therapy sessions. Parents or guardians who cannot be respectful of these simple rules will be asked to wait in the lobby or their vehicle during future therapy sessions.

We truly appreciate our relationship with you and your child and the trust you have placed in North Florida Therapy Services to work with your most precious babies. We thank you for your understanding.

Parent Name (Please Print)

Parent Signature

Date

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PARENT/GUARDIAN ACKNOWLEDGEMENT AND AGREEMENT

After you have had time to read through this handbook and its included attachments, please sign below acknowledging your receipt and understanding of the information provided. If clarification is needed regarding any aspects of our Programs described within this handbook and supplemental attachments, or you have additional questions, please feel free to reach out to our administrative team and we will gladly address any questions and/or concerns. Once again, welcome to the NFES and NFTS family, and thank you for allowing us to be part of your child's educational journey.

I have read and understand all information provided in the NFES and NFTS - Family Handbook.

I agree to comply with all Policies and Procedures as outlined within this handbook and supplemental attachments.

I attest that I have clarified and have had the opportunity to have all questions addressed by the administration regarding any/all information provided.

I also understand that adjustments can be made or updated by the administration as needed.

I do do not wish for my child to participate in religious and spiritual-based curricula.

Parent Name (Please Print)

Parent Signature

Date

Name(s) of Child(ren) who Attend NFES and/or NFTS:

You can easily submit your completed packet and vaccination forms via email to info@nflts.net or bring it to our office located at 860 Strong Road, Quincy, FL 32352.