PINEVIEW SCHOOL
Child Care Handbook
2026-2027
Director: To Be Determined
Phone: To Be Determined

This handbook is intended to be a guide. All OCSD policies shall be followed. Parents are encouraged to see the OCSD website for a complete listing of policies. The principal and daycare director reserve the right to adjust local restrictions.

Eligible Students: Students enrolled at Pineview grades K-5**.**

Registration is limited.

Session I: During the school year
Session II: Summers Beginning 2027.

Each session requires registration and a registration fee.

Hours
School Session: 6:00 AM until the start of school & End of school to 6:00 PM
Summer Session: 6:00 AM – 6:00 PM

Fees

Full Time Rates	
Registration Fee School Session	$50 Per Child Each School Session
Mornings Only	$60 Weekly
Afternoons Only	$80 Weekly
Mornings & Afternoons	$100 Weekly
Holidays Only (when available)	$25 Daily
Summer Registration	$50 Per Child Each Summer
Summer Weekly	$110 Weekly plus registration of $35

Part Time Rates	
Registration Fee School Session	$50 per child
Drop-In Mornings	$20 per day
Drop-In Afternoons	$25 per day
Drop-In Mornings and Afternoons	$30 per day
Holidays	$25 per day
*Return check fee	$35 per check Refunds and credit are not given.

* $3.50 to use Tuition Express

Tuition and fees are due the FRIDAY prior to the week of attendance. If not paid on Monday, a $10.00 late charge will be added. If money is not provided on Monday, the student may not attend Tuesday.

Parents are encouraged to pay online or by credit card in the sign in area of the daycare. Parents paying by cash or check will need to place a sealed envelope in the drop safe. Please list the account and child's name. Daycare and office personnel are not allowed to accept cash directly.

A $50.00 non-refundable registration fee per child is due at the beginning of each school year and $50.00 for summer. This fee is due at the time of registration. Parents are required to re-register at the beginning of each school year and for the summer session. Parents/guardians may register students during the program hours or in the Pineview office.

Returned Checks
Returned checks and NSF fees must be paid to Envision Payment Solutions. Child Care Staff are not allowed to handle payments for returned checks and NSF fees. Envision may be contacted at 877-290-5460 or 770-709-3100.

Late Pick Up Charges
If a child is not picked up promptly at the 6:00 PM the fee is $15 per 5 minutes. The fee begins at 6:01. Late fees must be paid that day. After 15 minutes emergency contacts will be called.

Late Payment Charges
There will be a $10 charge for any payment not paid by Monday.

Illness and Emergencies
Children should be free of illness (fever) for 24 hours before returning to childcare. If a child becomes ill or is seriously injured at Child Care, the parent will be notified and expected to pick up the child immediately. **The school clinic is not available for childcare**. If paramedics are called the parent will be notified immediately and parents will be responsible for all cost incurred in such emergencies.

Holiday Closures
Pineview Child Care will be closed the following holidays:

July 4
Labor Day
Veteran's Day
Thanksgiving Holidays (3 Days)
Christmas Holidays (2 Days)
New Years Holidays (1 Day)
M. L. King, Jr. Birthday
President's Day
Memorial Day
Spring Break* (5 Days)
Christmas Break *
Teachers Work Days*

*Must have at least 25 children to open.

Student Behavior
All students are expected to display appropriate school behavior at all times. Child care is a service which is provided and is not a requirement. Students will be warned regarding behavior. Any severe behavior (fighting, hitting, shoving, biting, eloping, disobedience, etc.) and the student will be sent home immediately. Students will not be allowed to return to daycare after the second such incident for the remainder of the session. The student could be allowed to return to the next session if the student is able to exhibit appropriate behavior. The parent must meet with the director and the principal.

Any student with continuous minor behaviors will also receive a warning after three minor behaviors. Students will not be allowed to return to daycare after the second notification for the remainder of the session. The student could be allowed to return to the next session if the student is able to exhibit appropriate behavior. The parent must meet with the director and the principal.

CHILD CARE RULES

1. Follow directions.
2. Keep hands, feet, and all objects to self.
3. Ask for permission before leaving the room.
4. Be respectful to everyone.
5. Bookbags are off limits unless it is homework time.

Miscellaneous
Students may purchase breakfast during the school session at the Pineview lunchroom. Students approved for free or reduced lunch prices will automatically go to breakfast. A nutritious snack will be served free to all children during the afternoon.

Portions of summer session has free breakfast. Exact dates will be shared with parents.

It is the responsibility of the parent to keep enrollment records current as to home and business phone, contact hours, and persons authorized to pick up children.

The Pineview Child Care Program does not discriminate based on race, ethnicity, sex, or religion.

The Pineview Child Care Staff believes in open communication and will be available to discuss any concerns or questions about Child Care at any time. Parents are encouraged to email, speak in person, or call the director for any concerns.

Child Care will provide daily homework time. If your child needs more time, please notify the director.

Reminder for Parents

1. Please do not bring your child to Child Care before 6:00.
2. Parents must sign in and out their child. (No Exceptions)
3. Credit and refunds are not given.
4. Please keep the child care staff aware of any changes regarding phone numbers, employment, and emergency contacts.
5. Children must wear field trip tee-shirts and sneakers on field trips.

Sample Communication Letters

Today's Date_____

To the Parents of _____:

As of today, your child's daycare has a balance of $_____. He/she may not attend Pineview Daycare until this matter is resolved.

> Per Board Policy, Tuition must be paid in advance. Article VII., Section 10 of the Florida State Constitution states that "Neither the state, nor any county, school district, municipality, special district, or agency of any of them, shall . . . give, lend or use its taxing power or credit to aid any corporation, association, partnership or person." All billing cycles must be weekly. If a parent does not pay in advance (weekly attendance) or on the same day (drop in), the Child Care Coordinator must contact the parent within 24 hours. If the parent continues to bring the child without payment, the Child Care Coordinator must notify the Principal. The Principal shall provide notice to the parent that the child may no longer attend child care until all fees have been paid.

This letter serves as your notice your child may not attend daycare until all fees are paid AND one week is paid in advance.

We will be notifying your child's teacher not to send him/her to daycare until this matter is clear. Your child's teacher needs to know how your child will go home tomorrow, if this matter is not settled. Send your child's teacher a note.

Today's Date_____

To the Parents of _____:

This letter is intended to serve as communication that on _____(date) your child's behavior was unacceptable.

____Should this behavior happen again, he/she will be dismissed.

____Your child's behavior is unacceptable and due to the severity of the behavior today is your child's last day at daycare

PLEASE COMPLETE A REGISTRATION PAGES FOR EACH STUDENT.

PINEVIEW CHILD CARE PROGRAM
2026-2027 REGISTRATION FORM

FOR OFFICIAL USE ONLY

Registration For:_____
Before School:_____ After School:_____ Drop-in_____
Registered By:_____
Registration Fee Paid ($50 Non-Refundable):
Cash:_____ Check#:_____

Student Name:_____
Last First (Nickname)
Teacher:_____ Grade:_____
Age:_____ Sex:_____ Birthday:_____
Parent/Guardian:_____
Address:_____
Home Phone:_____ Cell Phone (Mom):_____ Cell Phone (Dad):_____
Work Phone (Mom): _____ Work Phone (Dad):_____
Email:_____

Authorized person other than parent(s), legal guardian, custodial parent that would be authorized to sign out your child. Identification will be required and strictly enforced. Please refer to Parent Handbook for sign-out procedures.

PERMISSION TO PICK UP

Name:_____ Relationship:_____
Home Phone:_____ Cell Phone:_____ Work Phone:_____

Name:_____ Relationship:_____
Home Phone:_____ Cell Phone:_____ Work Phone:_____

Name:_____ Relationship:_____
Home Phone:_____ Cell Phone:_____ Work Phone:_____

EMENGENCY NAMES AND PHONE NUMBERS

PERSON(S) TO BE CONTACTED IN THE EVENT YOU CANNOT BE REACHED

Name:_____Phone (HM)_____(CELL)_____(WK)_____

Name:_____Phone (HM)_____(CELL)_____(WK)_____

Name:_____Phone (HM)_____(CELL)_____(WK)_____

Name:_____Phone (HM)_____(CELL)_____(WK)_____

Preferred Hospital:_____ Phone:_____

Preferred Physician:_____ Phone:_____

Preferred Dentist:_____ Phone:_____

List illnesses, allergies, or injuries:_____

List medication:_____

EMERGENCY MEDICAL AUTHORIZATION

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for students who become ill or injured under school authority when parents or guardians cannot be reached.

TO GRANT CONSENT: In the event reasonable attempts to contact me at phone #_____ or phone #_____ or other parent or guardian at phone #_____ have been unsuccessful , I give my consent for (1) administration of any treatment deemed necessary; or, in the event the designated physician is not available, by another physician or dentist and (2) the transfer of the child to _____ hospital or any other hospital reasonably accessible by ambulance. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

FACTS CONCERNING THE CHILD'S MEDICAL HISTORY: Including allergies, medications being taken and any physical impairment to which a physician should be alerted:_____

_____

Please Note: Parents will be responsible for all costs incurred in such emergencies.

_____ _____

Parent Signature ***Date***

I have read the Pineview Child Care handbook.

Parent Signature

_____

Date

_____