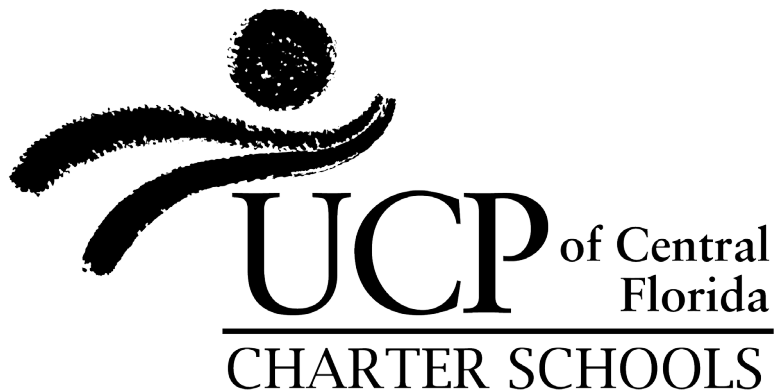


UCP of Central Florida

Back to School

2017-2018





Stay Informed & Connected

Parents/ Guardians:

We want to keep all parents and caregivers of our UCP students informed on all school happenings and there are many ways to do so. We send out monthly e-newsletters, Miracles in Action, and an abundant amount of school information is posted on our social media channels - Facebook, Twitter and Instagram. If you are interested in receiving the e-newsletter, please sign up via our homepage (www.ucpcf.org) to subscribe.

Please take a minute to "Like" our Facebook page (UCP of Central Florida), "Follow" our Twitter handle (UCPofCFL) and our Instagram account (ucpofcentralflorida).

In addition to our social media platforms, our UCP website will host a plethora of information about all of our campuses, programs/services and resources.

Thanks and have a great year!

UCP of Central Florida

Important UCP Campus Phone Extensions

To reach any of the extensions below, please first dial the main UCP phone number (407) 852-3300, then the extension listed

East Orange/ Bailes Campus

Front desk -- ext. 1000
Family Services Case Manager -- ext. 1004
Education Program Manager -- ext. 1012
School Administrator -- ext. 1010
Assistant School Administrator -- ext. 1003
Therapy Program Manager -- ext. 1402

Downtown Orlando/ Holloway Campus

Front Desk -- ext. 7313
Family Services Case Manager -- ext. 7368
School Administrator -- ext. 7367
Therapy Program Manager -- ext. 7322

Lake Mary/ Seminole Campus

Front Desk -- ext. 2000
Family Services Case manager -- ext. 2004
School Administrator -- ext. 2002
Therapy Program Manager -- ext. 2001

Kissimmee/ Osceola Campus

Front Desk -- ext. 6000
Family Services Case Manager -- ext. 6000
School Administrator -- ext. 6003
Therapy Program Manager -- ext. 6008

West Orange/ Winter Garden Campus

Front Desk -- ext. 5000
Family Services Case Manager -- ext. 5002
School Administrator -- ext. 5005
Therapy Program Manager -- ext. 5001

Pine Hills Campus

Front Desk -- ext. 4000
Family Services Case Manager -- ext. 4005
School Administrator -- ext. 4001

Transitional Learning Academy

Front Desk -- ext. 8356
School Administrator -- ext. 8326
Therapy Program Manager -- ext. XX



A Note from the Nurse

Dear Parent/Guardian:

Due to the requirements placed on the schools by Florida Statutes Chapter 232.22(2), the following policy regarding medications dispensed at UCP of Central Florida must be enforced.

Periodically, parents/ guardians and physicians request that the student take medications during school hours. Parents/ guardians are encouraged to develop a schedule so that the necessity for taking medications at school will be minimized or eliminated.

All medications shall be delivered to the classroom with the following information on the pharmacy container for prescription medications and in the factory sealed container for non-prescription medication:

1. Name and purpose of medication
2. Time the medication is to be given
3. Specific instructions on the administration of the medication
4. Physician name and phone number
5. Pharmacy name and phone number

Approximate duration of medication (i.e. end of school year, 10 days, etc.) and possible side effects are to be listed on the Medication Authorization Form.

Parents/guardians **must** bring all medications in the most current labeled container. Parents/guardians will be required to fill out a Medication Authorization Form before medication can be dispensed. **Notes from home will not be accepted as authorization for dispensing medication.** This applies to all prescription as well as non-prescription medication.

If there is no Medication Authorization Form, the medication will not be dispensed and the parent/guardian will be contacted. For safety and security reasons, medications must be transported to and from school by the parent/guardian. **Do not send medications to school with the child or siblings.**

Your cooperation in following this policy is greatly appreciated. We hope you recognize and appreciate the necessity of such a policy in order to ensure the health and safety of our children.

Thank you,

Janice Harlan, RN
School Nurse Coordinator
UCP of Central Florida

General Rules:

- The School/Therapy Program Manager and/or Nurse in the building may delegate the administration of medication.
- Licensed Health Care Provider & parent permission is required before prescription medication will be administered.
- Parents may choose to administer medication to their child.
- Prescription medication must be in the original pharmacy labeled container and must include the student's name, the name of the medication, dose, and the time that it is to be administered.
- Over-the-counter medication can only be accepted in a new and sealed container and administered by trained staff, with a physician's order. The container must be labeled with the student's name, age/weight specific dose and date of receipt.
- Each medication must be documented on a separate Medication Authorization Form (see attached).
- A new authorization for must be completed at the beginning of each school year.
- Topical medications require a written physician's order.
- Herbal and vitamin therapy requires a written physician's order.

Medications WILL NOT be administered if brought to school

- Pre-dosed or pre-mixed in food or formula
- Pre-crushed
- Pre-cut (unless precision cut is done by the pharmacist, and in the original container).

The nurse or trained personnel will administer medication as prescribed by the physician.

Thank you for assisting us in providing safe medication administration for your child during the school day.



Medication Authorization Prescriptions and Non-Prescriptions

My permission is hereby granted to: _____ to assist
School

Last First Middle DOB ____/____/____

My child is not currently on any medication _____ (Initial here)

Name of prescription medication: _____

Name of prescribing physician: _____

Amount to be given/Dosage (ex. 10 mg/tab): _____

Direction for administering (ex. by mouth): _____

Time to be given at school: _____

Date to begin: _____ Date to stop: _____

Reason or health problem _____

Possible reaction to medication: _____

OVER-THE-COUNTER MEDICATIONS NEEDED LONGER THAN TWO WEEKS MUST HAVE A REVIEW AND APPROVAL OF THE SCHOOL NURSE AND MAY REQUIRE A PHYSICIAN'S ORDER. OVER-THE-COUNTER MEDICATIONS NEED TO BE DOSAGE SPECIFIC FOR AGE/WEIGHT. Non prescription medications will only be accepted in the factory sealed original container the administration of the above medication or its possible side effects.

Medication is to be brought in its current labeled pharmacy container. For safety and security reasons, medication must be transported to and from school lby the parent/guardian. **DO NOT SEND MEDICATIONS TO SCHOOL WITH THE CHILD/SIBLINGS.** Notes from home will not be accepted as authorization for dispensing medication.

Signature of Parent/Guardian

Date

Work Phone

Cell Phone

Home Number



Additional Medication

Students Name _____ Date _____

Campus _____

In addition to medications given at school, please list ALL medications the student is given at home.

Medication & Dose: _____

Medication & Dose: _____

Medication & Dose: _____

Medication & Dose: _____

Medication & Dose: _____

Medication & Dose: _____

Medication & Dose: _____

Medication & Dose: _____

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____



Parent & Student Expectations

Name of Child _____

Dear Parent/Guardian:

The following contains permissions and acknowledgments that must be signed in order for your child to receive services from UCP of Central Florida. Please read each statement carefully before signing. Your signature states your understanding of an agreement with UCP of Central Florida policies, procedures, and your acceptance of services.

ATTENDANCE

I agree to make a commitment for my child to attend UCP of Central Florida based upon the agreed terms:

1. I agree to contact the campus in advance when my child will not be attending or will be late.
2. I agree to consistently pick up and drop of my child on time, based on the contract schedule.
3. I understand that if I am late picking up my child, I will be charged a late fee.
4. I acknowledge that if I am unable to maintain consistent, on-time attendance, my child may not be able to receive his/her charter and therapy services and his/her progress will be affected.
5. I acknowledge that UCP of Central Florida attendance requirement for children birth to Kindergarten is 75% attendance. If I am unable to maintain consistent on-time attendance, i understand my child may be discharged.
6. I acknowledge that I am responsible for the regular attendance of my children who are within the compulsory attendance age (6-16) as provided in Section 1003.21, Florida Statutes. Students have the responsibility to take advantage of their educational opportunities by attending all their classes on a daily basis and arriving to their school on time.
7. I acknowledge that if my child has a pattern of non-attendance, the school administration shall pursue the case in accordance with Section 1003.25, Florida Statutes. If interventions are unsuccessful, it shall be the responsibility of the school to file a petition of truancy with the court as provided in Section 1003.27, Florida Statutes.

CODE OF CONDUCT

UCP of Central Florida is a "school of choice". This means your child has the option to attend a designated public school program, but you choose for your child to attend UCP instead. It also means that if you choose to have your child attend UCP Charter School, you accept the policies and expectations we have for both you and your child.

UCP of Central Florida recognizes the education of children is a process that involves a partnership between a child's parents, teachers, school administrators and other UCP of Central Florida team members. UCP of Central Florida team members will treat all parents and visitors on UCP property with courtesy and respect. UCP of Central Florida asks that parents and visitors treat the UCP team members with the same courtesy and respect.

Parent Conduct:

Parents may contribute to educational and/or therapeutic progress by the following:

1. Maintaining a positive attitude toward education/therapy
2. showing an interest in their child's progress through regular communication
3. Teaching their child to be neat, clean and dressed in an appropriate manner
4. Ensuring their child's regular daily attendance
5. Reporting and explaining promptly an absence to the school
6. Teaching their child respect for authority
7. Informing the school immediately of any condition or circumstances which may effect their child's ability to learn, to attend school regularly, or to participate in school activities.
8. Cooperate with school personnel in solving disciplinary problems
9. cooperate with school personnel, therapist input, and health care professionals in regards to the well being of their child.

Failure to comply with the aforementioned code of conduct may result in your child's dismissal from our educational and/or therapy programs.



Parent & Student Expectations Continued:

Authority of the Teacher:

Section 1003.32, Florida Statutes, grants teachers and other school team members the authority for the control and discipline of students assigned to them, as well as on campus, and in other places where they may be assigned to supervise students. Students are expected and required to follow the requests and directives of all teachers, other school team members, school volunteers, and chaperone's when on UCP property or at other places where they are under the supervision of UCP personnel.

Teachers shall make every reasonable effort to control classroom disruptions or misbehaviors by students. However, if a disruption or misbehavior persists, or if the disruption is severe, the teacher shall direct the student to an appropriate administrator for further assessment.

Note: Sections 1006.11 and 1003.32, Florida Statutes, grants school personnel the power to use reasonable force to protect himself or herself, the student, or others from injury. In addition, teachers may have violent, abusive, uncontrollable, disruptive, disobedient, or disrespectful students removed from the classroom for behavior management intervention and/or directed for information or assistance from appropriate school or UCP personnel.

Note: Section 1003.32(4), Florida Statutes, authorizes a teacher to remove a student whose behavior is determined by the teacher to interfere with the teacher's ability to communicate with the class or ability of the student's classmates to learn.

Student Responsibilities

Students have a responsibility to:

1. Attend school regularly, on time, and report to all classes and scheduled activities
2. Treat others courteously and with respect
3. Treat school property and the property of others with respect
4. Respect the privacy of others
5. Have in their possession only those items allowed by law and/or School Board Rules or policies
6. Listen courteously to the opinions and points of view of others
7. Come to class with all necessary educational and therapeutic materials and be prepared to learn
8. Maximize their learning opportunities
9. Not interfere, impeded, limit, or restrict the educational opportunity of any other student(s)
10. Comply with all instructions and staff directions

Student Rights

UCP of Central Florida recognizes that students have all of the rights provided by law including: the right to equal educational opportunities without regard to race, national origin, sex, disability, marital status, or sexual orientation.

UCP staff as well as students shall each be responsible to:

1. Create a safe and orderly environment in which to learn
2. Be treated with dignity and respect
3. Express opinions and personal points of view in a responsible and constructive manner
4. Be secure in their personal privacy
5. Limited access to their student records
6. Be informed of the rules of conduct
7. Receive reasonable and fair treatment
- 8.

Note: These rights are not absolute and may be limited when necessary in order to prevent the disruption of the learning environment or the orderly operation of the school.

I understand and acknowledge that I have read and agree to adhere to UCP's Parent and Student Expectations.

Signature of Parent/Legal Guardian

Date



Immunization, Handbook, Medical Care, Research, & Code of Civility Acknowledgments & Authorizations Form

Name of Child _____

The following contains the permissions and acknowledgments that must be completed in order for your child to attend education programs or receive services at UCP of Central Florida. **Please read each statement carefully before signing.** your signature states your understanding of an agreement with UCP of Central Florida policies, procedures and your acceptance of financial responsibility for your child's services.

Receipt of Parent Handbook

Disciplinary Practices are contained in the UCP of Central Florida Parent Handbook. The parent's or legal guardian's signature verifies receipt, understanding and acceptance of all the policies in the Parent Handbook. Please complete the following:

I, _____ have received, understand and accept the UCP of Central Florida Parent Handbook Policies.

Signature of Parent or Legal Guardian Date

Physical & immunization Requirements and Disciplinary Practices Acknowledgment

Section 65C-22.006(2), F.A.C requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of your child's enrollment/start date.

Section 65C-22.006(4) @2., F.A.C. requires that parents are notified in writing of disciplinary practices used by the child-care facility.

By signing below, you verify that you have received the above items and that all information on the enrollment form is complete and accurate.

Signature of Parent or Legal Guardian Date

Medical Care

In the event that UCP of Central Florida is unable to reach a parent/guardian, I/we authorize the personnel of UCP of Central Florida, its directors, or its staff to obtain medical treatment for my child and provide personal health information confidentially to the instructors and any medical personnel and emergency care facility administering treatment to my child.

Signature of Parent or Legal Guardian Date

Acknowledgment of Research Based Facility

I/we understand and acknowledge that UCP of Central Florida may have university students and staff on campus and/or in classrooms as part of research-based projects

Signature of Parent or Legal Guardian Date

Code of Civility

I/we understand and acknowledge that I have read and agree to adhere to UCP's Code of Civility as stated in UCP's parent handbook

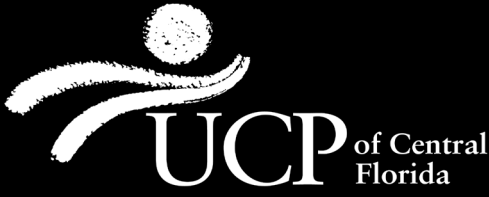
Signature of Parent or Legal Guardian Date

Receipt of Know Your Day Care (if student is Pre-K or below)

The parent's or legal guardian's signature verifies receipt, understanding and acceptance of the Know Your Day Care Form. Please complete the following:

I, _____ have received, understand and accept the Know Your Day Care Form.

Signature of Parent or Legal Guardian Date



Student Update Form

Campus Attending:

- Pine Hills
- Seminole
- West Orange
- EO/ Bailes
- Osceola
- Transitional Learning Academy
- Downttown/BETA

Legal Name of Child: _____ Other Names/Nicknames _____

Parent/Guardian Name: _____

Phone: _____ Alternate Phone: _____

E-Mail Address: _____

Mother's Employer: _____ Title/Job _____

Father's Employer: _____ Title/Job _____

Home Address: _____
Street City Zip

Has your address changed in the last year? No Yes (if yes, complete below)

Please confirm if your child lives in the county where the school is located:

- Yes
- No

I am interested in my child receiving additional therapy services (in addition to therapy on their IEP) Please select all that apply:

- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Behavior Therapy

Funding Information: (You are responsible for notifying us immediately with changes)

My child currently has the following type of funding/insurance for therapy services:

(Include a copy of the front and back of your insurance card)

- Children's Medical Services/ CMS
- Prompt Pay (\$45/30 minute session)
- Medicaid MediPass (Gold Card)
- Healthy Kids/ KidsCare
- Medicaid HMO: Name: _____
- Commercial Insurance: Name: _____

IEP/Medicaid School Match Consent & Authorization

I authorize UCP and/or the school district to release and exchange my child's relevant information to agencies of the State of Florida which would allow UCP/School District to verify Medicaid eligibility, bill Medicaid and reimbursable certified school match services referenced on my child's IEP and receive Medicaid reimbursement for Exceptional Student Education (ESE) services it provides to my child while at school. I understand that my child will continue to receive referenced on his/her IEP whether or not I give consent.

Parent Signature: _____ Date: _____



Just Ten Parent Volunteer Program Pledge Form

UCP of Central Florida's school culture embraces parents and families as partners in our success. All parents and guardians are expected to be highly involved in their children's education, both at school and home, by volunteering at least 10 hours during the school year. Your volunteer involvement is not just a wonderful addition to a successful school, it's essential. Please remember if you are volunteering at the campus - you need to complete the district background check.

I agree to support the students and staff at UCP of Central Florida by volunteering at least 10 hours during the school year.

PLEASE PRINT

Student Name: _____ UCP Campus: _____

Parent Names: _____

Physical Limitations: _____

Language(s) Spoken Other than English: _____

Primary Telephone Number: _____

E-mail: _____

I would like to volunteer at UCP's:

- | | | |
|--|---|--|
| <input type="checkbox"/> Downtown Beta Campus | <input type="checkbox"/> Pine Hills Campus | <input type="checkbox"/> Transitional Learning Academy (TLA) |
| <input type="checkbox"/> East Orange/Bailes Campus | <input type="checkbox"/> Seminole Campus | <input type="checkbox"/> Administrative Office |
| <input type="checkbox"/> Osceola Campus | <input type="checkbox"/> West Orange Campus | <input type="checkbox"/> Special Events |

I would like to volunteer: Daily Weekly Monthly

The following days are the most convenient for me to volunteer:

Monday Tuesday Wednesday Thursday Friday Weekends (Events)

The time of day that is most convenient for me to volunteer:

Morning (8 a.m - noon) Afternoon (noon - 5 p.m) After hours/at home

I would like to volunteer with the following age group(s):

Infants Toddlers Pre-K Elementary Middle School High School

I am interested in volunteering in the following ways:

- Planning and coordinating UCP campus events
- Mentoring a new UCP parent
- Hosting a wish list drive for your campus
- Assisting campus staff as a lunch buddy, circle time, recess, etc.
- Offering administrative support
- Speaking at UCP events, or writing articles about my UCP experience for UCP newsletters or UCP blogs
- Helping to support UCP organization wide events such as golf tournaments, Faces Behind the Miracles Breakfast, Celebrity Poker Tournament, An Evening at the Palace Gala.
- Help with facility or clean up projects
- Helping with classroom preparations
- I would like to volunteer in other ways. Please contact me.



Code of Student Conduct Acknowledgment Form

UCP Charter Schools follow the district Code of Student code (specific to the District where the school is located). In order to conserve resources, schools will not distribute paper copies of the *Code of Student Conduct* (Code) to every student. You can locate an electronic copy of the Code online at the UCP website at: <http://www.ucpcf.org/parent> resources. If you require a paper copy of the Code, please check the box where indicated below, sign and return this sheet, and one will be provided to your student.

This code has been adopted to help your son/daughter gain the greatest possible benefit from his/her education. The Internet Use Policy found within the Code provides guidance to students on acceptable use of the OCPSCOMPUTER network. Please read and discuss the Code with your son/daughter. To request a printed copy of the Code, please sign this sheet and return it to the front desk.

**FAILURE TO RETURN THIS ACKNOWLEDGMENT FORM WILL NOT RELIEVE A STUDENT OF THE PARENT/
GUARDIAN OF THE RESPONSIBILITY FOR COMPLIANCE WITH THE *CODE OF STUDENT CONDUCT* OR
ACCOUNTABILITY FOR LOSS OR DAMAGE TO UCP PROPERTY.**

Please check if you require a printed copy of the 2017-2018 Code of Student Conduct.

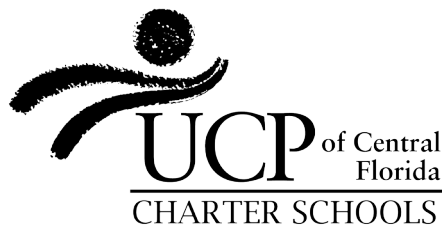
Printed Name of Student

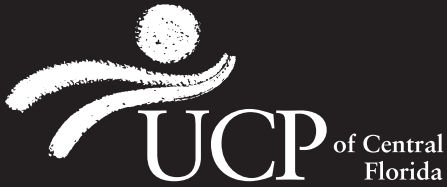
Printed Name of Parent/Guardian

Signature of Student

Signature of Parent/Guardian

As a parent, The Family Educational Rights and Privacy Act (found in Section 1 of the *Code of Student Conduct*) affords you certain rights with respect to your student's education records. If you decide that you do not want the school to release your child's information, contact your school to complete the appropriate form.





Photo, Video and Internet Release Form

CONSENT, WAIVER AND RELEASE

For and in consideration of benefits to be derived from the furtherance of the educational programs of UCP of Central Florida, (I) (We), personally and on behalf of _____ the undersigned parent(s) or legal guardians of _____, a student/client entered in the UCP of Central Florida school or therapy system, do hereby consent, authorize and grant permission to UCP of Central Florida, its agents, employees or duly authorized representatives to take photographs, motion pictures or video tapes of said student/client, and do further consent to the publication, circulation and dissemination of said photographs, motion pictures or video tapes or any duplication or facsimile thereof for any purposes it may deem proper, including but not limited to use on the internet . In granting such permission, (I) (We) hereby relinquish and give to UCP of Central Florida, all right, title and interest (I) (We) may have in the pictures, negatives, reproductions or copies, and further waive any and all right to approve the use of such photographs, motion pictures or video footage and further do waive any right to compensation for the publication or other use of said photographs, motion pictures or video footage and do release UCP of Central Florida, its agents, licensees, representatives and assigns from any and all claims of any nature whatsoever arising from their use without limitation, in perpetuity.

Signature

Date

Permanent Address (Number/Street, City, State, Zip Code)

Relationship to Student

Email Address

Phone

Cell Phone

UCP Campus: _____

Teacher: _____

Classroom Name: _____

Grade: _____

