MEET THE TEACHER



Ms. Arletty

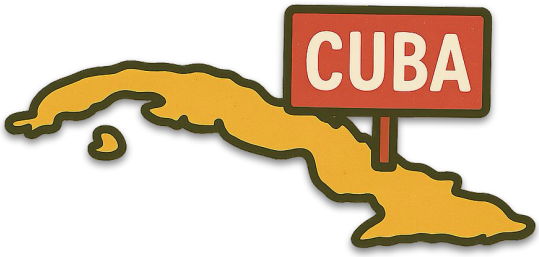
THE BASICS!

Hey! My name is Ms. Arletty Llanes and I will be your child's daycare teacher! I love teaching; this has been my passion for over 25 years and I am excited to make this my best year yet!



MY CHILDHOOD!

I was born on the 17th of February on 1979 in La Habana, Cuba; where I spent my first 25 years.



MY EDUCATION!

In July of 2001, I graduated with a Bachelors in Early Childhood Education. 5 years to earn this degree with 2 years of internship. And I've been teaching ever since!

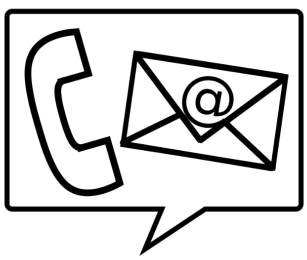
A FEW OF MY FAVORITES

People: Jesus & My Kids
Verse: Proverbs 4:23
Food: Steak & fries
Movie: Titanic
Book: The monk who sold his ferrari
Color: Blue
Animal: Seahorse
Drink:Passion fruit, Coffee
Season: Spring
Sports: None
Singer: Andrea Bocelli
Smell: Lavender
Hobby: Reading
Place: Beach
Store: Barnes & Noble
Dessert: Dulce de Coco
Candy: Chocolate
Restaurant: Brazilian food!
Flower: Black Prince Rose
Fruit: Cherry & Sugar Apple

My Little Seahorse ACADEMY

CONTACT ME!

Email: arletty2525@gmail.com
Personal Phone Number: (561) 201-8336



My Little Seahorse Academy



Child's Profile

Today's Date: _____

Child's Name: _____Date of Birth: _____

Medical History

Type of Birth: ☐ Normal ☐ Premature

☐Complications Please explain: _____

_____

Conditions/Illnesses/Allergies/Special Needs: _____

_____

_____

Medications (taken regularly): _____

Please list any special eating habits your child may have:_____

_____

Developmental History

At what age did your child begin to walk?_____

How do you comfort your child? _____

What are your child's favorite activities? _____

What language(s) is spoken at home: _____

Concerns about speech or hearing? ☐ Yes ☐ No

If yes, please explain: _____

_____

Toilet Training

Can your child be relied upon to indicate his/her bathroom wishes? _____

What words does your child use?_____

_____

Are there any concerns you have about your child's toileting? _____

_____

Sleeping

Do you have any specific ways of helping your child go to sleep? _____

_____

What is your child's current sleeping schedule? _____

_____

Social Experiences

Other children in household:

Name	Age	Gender	Relationship to the Child

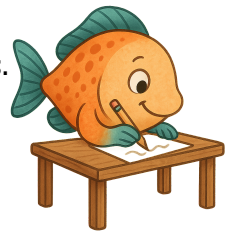
Adults in household:

Name	Age	Gender	Relationship to the Child

What past experiences has your child had playing with other children?_____

_____

Administrative Needs



☐ I do not need to meet with an Administrator to further discuss my child's specific needs.

☐ I would like to meet with an Administrator to further discuss my child's specific needs.

Additional Notes

Please list any other information, medically or socially about your child that we should know:_____

_____

_____

Parent/Guardian Authorization

_____ _____

Parent/Legal Guardian Signature Print Name

My little Seahorse Academy

Parent Enrollment Agreement

I consent to the enrollment of my child _____
at My Little Seahorse Academy.

Please initial all lines:

Payments & Enrollment

____ I agree to pay a one time non-refundable application fee of **$150.00 for each child enrolled.**
____ I agree to pay an annual non-refundable registration fee of **$120.00 for one child** and/or **$100.00 for each additional child enrolled.**
____ I understand and agree that all tuition fees are due on Friday in advance of services. Failure to comply may result in termination of enrollment.
____ I understand and agree to pay a $30.00 late fee if tuition is not paid by Monday.
____ I understand and agree to pay $30.00 for any insufficient funds/returned checks and that further payments may be required in cash or money order.
____ I understand and agree to pay $3.00 per minute after 5:30 p.m. for late pick-ups. Payment must be made through Zelle or cash at the time of pick-up.
____ I understand and agree to provide two weeks' notice to terminate services and remain responsible for tuition during that period.
____ I understand and agree that no refunds or credits will be given for illnesses, absences, family vacations, moving, or any other interruptions in attendance.
____ I understand and agree this contract is valid for one year and is subject to revision or updates as communicated by My Little Seahorse Academy.

Attendance & Closure

____ I understand and agree that my child must arrive no later than 9:00 a.m. each day.
____I understand and agree that My Little Seahorse Academy observes scheduled closure days each year, and a list of these dates will be provided to parents in advance.

____ I understand and agree that the center will close when the school district closes due to hurricanes or other natural disasters.

____I understand and agree that if my child is picked up during the day for an appointment or other reason, they may not return to the center until the following day.

Health & Safety

____ I understand and agree that all medications must include a prescription label with child's name, dosage, date, and prescribing doctor's information.

____ I understand and agree that all immunizations and records must be up-to-date for attendance.
____ I understand and agree that my child may not attend while ill (fever over 100°F, vomiting, diarrhea, contagious infections, lice/nits, etc.).
____ I understand and agree that only individuals listed on the authorized pick-up list may pick up my child.
____ I acknowledge receipt of the "Flu Guide for Parents" and the "Child Care Facility" information pamphlet.

Philosophy & Curriculum

____ I acknowledge that I have read and understood the Parent Handbook and Discipline Policy and agree to comply with all policies and procedures.
____ I understand and agree that after a discipline referral and attempts to resolve issues, my child may be placed on probation, suspension, or dismissal.
____ I consent for my child to be photographed and/or recorded for promotional and educational purposes.
____ I consent for my child to be around and/or interact with family pets (tortoises, dogs, chickens, etc.).
____ I understand and agree that I am responsible for providing all items on the school supply list at the start of each school year or upon enrollment.
____ I understand and agree that my child will participate in enrichment programs such as art, cooking, science, gardening, yoga, pet care, and more.
____ I understand and agree that meals and snacks are provided daily, and on special occasions, food may be purchased from restaurants.
____ I understand and agree that no sugary foods may be brought from home unless there is a special circumstance discussed with and approved by the teacher in advance.
____ I understand and agree that one week of vacation per year (when the daycare is closed) will not require payment.

Additional Agreements

____ I understand that My Little Seahorse Academy is a Christian establishment. Children will learn about the love of God, hear Bible stories, and pray before meals.
____ I understand that My Little Seahorse Academy is a green/eco-friendly establishment. Children will be taught to care for the earth, and environmentally safe practices will be used in cleaning and classroom activities.
____ I understand that although this is a family home daycare, qualified assistants and substitute teachers are available to help care for the children when needed.
____ I understand that conversations between staff and parents will **never** take place in front of the children, especially if they are negative or sensitive in nature.
____ I acknowledge that this is a legally binding contract that I have read and fully understood.

Issued on: _____ day of _____, 20_____

Parent/Guardian Name: _____

Signature: _____ **Date:** _____

Director's Name: _____

Signature: _____ **Date:** _____

A Special Note to Families

At My Little Seahorse Academy, everything we do is rooted in **A.M.O.R**. — Affirmation, Modeling, Orient, and Reaffirmation — all wrapped in love. We don't just see ourselves as teachers, but as family, walking alongside you in this beautiful journey.

As a Christian home, our greatest joy is to remind children every day that they are deeply loved by God. We pray before meals, share Bible stories, and teach through kindness, patience, and compassion. Our goal is to plant seeds of faith that will stay in their hearts for life.

We promise to treat your little ones as if they were our own—celebrating their joys, comforting them in their hard moments, and helping them flourish in every way. This is more than a daycare; it is a home filled with love, belonging, and joy.

Thank you for allowing us to be part of your family's story. Together, with God's love as our foundation, we will help your children grow in wisdom, confidence, and grace.

My little Seahorse Academy

Discipline Policy

At My Little Seahorse Academy, we believe discipline is not about punishment, but about guidance and growth. Our goal is to teach children healthy boundaries, empathy, and responsibility while working in partnership with families to support each child's development. We practice positive redirection and focus on helping children learn appropriate ways to express themselves. We never use corporal punishment, physical discipline, or "time out." Discipline will never be related to food, rest, or toileting.

Our A.M.O.R. Curriculum Approach

The heart of our discipline policy is found in our A.M.O.R. framework, inspired by the word love (amor- love in spanish) itself:



A – Affirm & Appreciate (Afirmar y Agradecer): We affirm each child's value, express gratitude, and highlight strengths.

M – Model & Motivate (Modelar y Motivar): Teachers demonstrate kindness and respect, motivating children through encouragement.

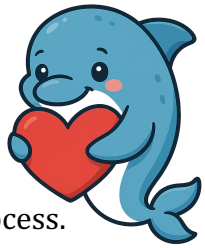
O – Organize & Orient (Organizar y Orientar): We provide structure, clear routines, and guidance to orient children toward positive choices.

R – Reflect & Reorganize (Reflexionar y Reorganizar): We encourage reflection, helping children reset and reorganize their actions with support.

As the name suggests, A.M.O.R. is rooted in love. "Let all that you do be done in love."

1 Corinthians 16:14

This approach is based on positive communication where children are allowed to express what they feel and what they need, within an environment of peace, security, and harmony.



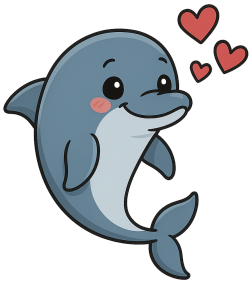
Behavior Guidance

- Staff will redirect children toward appropriate behaviors, using A.M.O.R. to guide the process.
- Parents will be kept informed and involved whenever behavioral challenges arise. This can be in a form of an incident report, depending on the situation.
- If disruptive behavior continues, the following steps may be taken:

1. Parent Conference: Parents will be called in for a meeting to discuss challenges and identify solutions. Together with staff and, if needed, a health/behavior specialist, an action plan will be created.
2. Follow-up Meeting: If the plan is not successful, another meeting will be scheduled to reassess and develop a new strategy.
3. Suspension/Termination: If no progress is made and the behavior threatens the safety or well-being of others, the child may be suspended or permanently disenrolled from care.

Right to Terminate Enrollment

My Little Seahorse Academy reserves the right to terminate care with or without notice if a child's behavior (including biting, physical aggression, or other serious disciplinary concerns) poses a risk to the safety and emotional well-being of staff or students. This policy ensures that all children have the right to a safe and supportive environment.



Guiding children with love, structure, and joy.

1 Corinthians 16:14

Acknowledgement of Discipline Policy

I have read and understand the Discipline Policy of *My Little Seahorse Academy*. I acknowledge and agree to support and abide by the guidelines outlined within.

Parent/Guardian Signature: _____ Date: _____

MY LITTLE SEAHORSE ACADEMY

Accident / Incident Report

Complete promptly and document facts objectively.

CHILD & INCIDENT INFORMATION

Facility/Home: _____

Child's Name: _____ Age: _____

Date & Time of Accident/Incident: _____

Place of Accident/Incident: _____

DESCRIPTION & RESPONSE

Describe Accident/Incident:

_____

_____

_____

Describe Nature of Injury:

_____

_____

Witness(es) to Accident/Incident: _____

What Action Was Taken?

_____

_____

NOTIFICATIONS & MEDICAL CARE

Was Parent/Guardian Contacted? ☐ Yes ☐ No

Time: _____ How: _____

Other Persons Contacted: _____

Describe Medical Treatment / First Aid:

_____

_____

_____

ACKNOWLEDGMENTS & SIGNATURES

Staff Completing Form _____ Date / Time _____

Director / Person in Charge _____ Date / Time _____

Parent / Legal Guardian _____ Date / Time _____

SAMPLE

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



My little Seahorse Academy



Handle with Care Notice

At My Little Seahorse Academy, we understand that every child has unique needs, and some days are harder than others. If your family is experiencing difficulties at home, we would like to provide additional support.

We understand that you are not always able to share details — and that is completely okay. If your child is coming to daycare after a difficult night, morning, or weekend, please simply *hand us a special/fragile package.* Nothing else will be said or asked. This quiet signal lets us know your child may need **extra time, patience, or help** during the day.



To support children in the best way possible, we use a special phrase:

"Fragile Package – Handle with Care."

This phrase is a simple, loving way for staff to communicate that a child may need:

- Extra patience
- A softer approach
- More encouragement and reassurance
- A little more time to adjust

When you hear this phrase, think of it as a gentle reminder: Just like a fragile package, a child's emotions and well-being deserve to be **handled with kindness and care.**

By using this system, our team stays united in creating a nurturing environment where every child feels **safe, respected, and supported.**

My little Seahorse Academy



Pick-Up & Drop-Off Policy & Emergency Contacts

Pick-Up & Drop-Off Policy

• Drop-off is from 7:30 a.m. to 9:00 a.m. | Pick-up is by 5:30 p.m.

• A parent/guardian or authorized adult must sign the child in and out each day.

• Children will only be released to the individuals listed on the Authorized Pick-Up & Emergency Contacts form, with a valid photo ID. We will not release to minors.

• Families must choose a password/phrase. Anyone picking up may be asked for the password/phrase plus ID.

• Temporary pick-up changes must be submitted in writing (text/email) by the enrolling parent/guardian. Phone requests require a follow-up text/email confirmation.

• All pick-up adults must comply with Florida child passenger safety laws. We may refuse release if safe transport is not available.

• Provide current court orders in writing. We cannot enforce verbal requests that conflict with documents on file.

• Pick-ups after 5:30 p.m. incur $3 per minute, payable via Zelle or cash at pick-up. Repeated lateness may lead to dismissal per our enrollment agreement.

• If your child had a difficult morning, you may hand us a “Fragile Package – Handle with Care” to discreetly signal they need extra support.

Authorized Pick-Up & Emergency Contacts

Child’s Name: _____ DOB: _____/_____/_____

Primary Address: _____

Primary Parent/Guardian: _____ Phone:_____

Secondary Parent/Guardian (if applicable): _____
Phone: _____

Family Password/Phrase (for release): _____

Authorized Pick-Up Adults (must present photo ID)

Full Name	Relationship	Phone	DL/ID Last 4	Notes

I authorize the individuals listed above to pick up my child. I understand staff will verify photo ID and may request the family password/phrase.

Parent/Guardian Initials: _____ Date: _____/_____/_____

Emergency Contacts (will be called if parents/guardians cannot be reached)

Full Name	Relationship	Phone	Authorized to Pick Up?

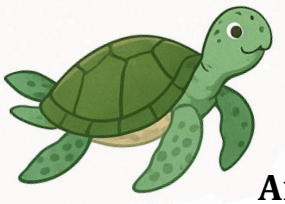
In an emergency, I authorize My Little Seahorse Academy to contact the above individuals and release my child to them if I cannot be reached.

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

Restrictions / Special Instructions (optional)

Individuals NOT authorized to pick up: _____
(Attach court orders if applicable.)

Allergies/Medical Notes relevant to pick-up: _____



My Little Seahorse Academy

Animal Acknowledgement & Interaction Permission Form

Dear Parent/Guardian,

At My Little Seahorse Academy, children are given opportunities to learn about nature and responsibility through the presence of animals on our property. This form serves as both an acknowledgement that animals are present at the Academy and a permission slip for your child to safely interact with certain classroom animals.

Currently, our daycare has the following animals on site:

- Two Sulcata tortoises – children may observe and interact with them under staff supervision.

- One dog – present on the property; however, children will not have direct interaction with the dog.

Please note: Other animals may be introduced in the future as part of the classroom experience. Any interaction will always be supervised and focused on safety and education.

Acknowledgement & Permission

☐ I acknowledge that animals are present at My Little Seahorse Academy, and I give permission for my child(ren) to interact with classroom animals under staff supervision.

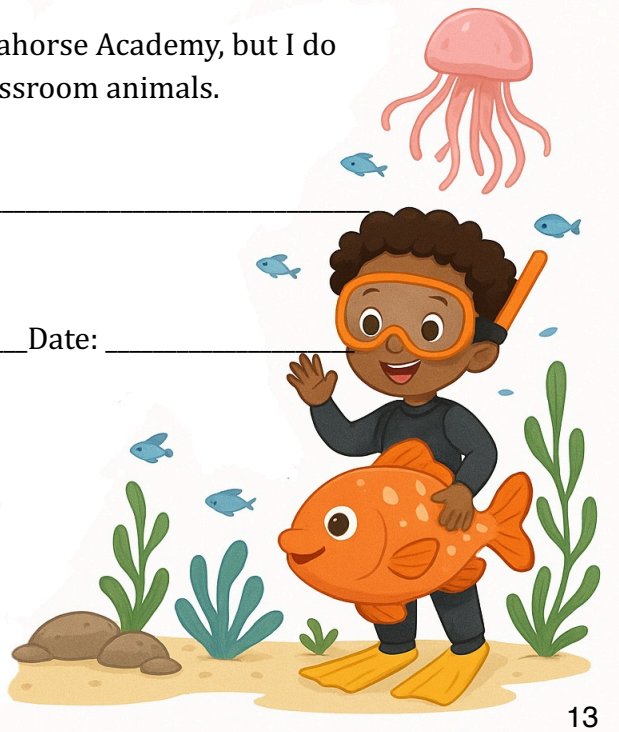
☐ I acknowledge that animals are present at My Little Seahorse Academy, but I do not give permission for my child(ren) to interact with classroom animals.

Child's Name: _____

Parent/Guardian Signature: _____Date: _____

Thank you for supporting our program,

Ms. Arletty





My Little Seahorse Academy

Photo & Video Release Authorization

Dear Parent/Guardian,

As the parent/guardian of a child enrolled at My Little Seahorse Academy, I agree to the following:

I understand that my child(ren), whose name(s) are listed below, may be photographed or recorded during normal daycare hours and activities. These photographs or recordings may be used for the purpose of promoting the services of My Little Seahorse Academy, either in print or online.

Parent/Guardian Name: _____

Child 1 Name: _____

Child 2 Name: _____

Address: _____

City: _____ State: _____ Zip: _____

☐ I give permission for my child(ren) to be photographed and/or recorded for use in print and electronic media that promote the services of My Little Seahorse Academy.

☐ I do not give permission for my child(ren) to be photographed and/or recorded.

I understand that:

- This form remains in effect for the duration of my child's enrollment unless I submit a written update to revoke permission.

- There will be no payment or compensation for me or my child's participation.

Parent/Guardian Signature: _____ Date: _____

My Little Seahorse Academy

Special Treats Notice

At My Little Seahorse Academy, your child will enjoy healthy daily meals through our Food Program. From time to time, we like to make special days even more fun by bringing in meals from popular restaurants (such as Chili's, Chipotle, Olive Garden, Dunkin' Donuts, etc).

Please sign below to let us know you are aware of these occasional treats!

Parent/Guardian Name: _____

Child's Name: _____

Parent/Guardian Signature: _____ Date: _____





My little Seahorse Academy

Holidays & Closure Days
2026-2027

My Little Seahorse Academy will be closed on the following days throughout the year.
Please plan accordingly

Date	Holiday / Closure
07/03/2026	Independence Day
09/07/2026	Labor Day
10/12/2026	Columbus Day
11/26/2026	Thanksgiving Day
11/27/2026	Black Friday
12/25/2026	Christmas Day
12/26/2027	Day after Christmas
01/01/2027	New Year's Day
02/12/2027	Closed
02/15/2027	Presidents' Day
03/08/2027	Closed
04/02/2027	Good Friday
05/31/2027	Memorial Day



Note to Families

Please note that the closure dates listed above are planned in advance; however, they are subject to change if necessary. Should any adjustments occur, families will be notified promptly to ensure you have plenty of time to plan ahead. We truly value your understanding and flexibility, and we thank you for partnering with us in providing the best care for your little ones.



My Little Seahorse Academy

School Supply List

At My Little Seahorse Academy, we make learning an adventure—filled with love, laughter, and discovery! To help us prepare for a wonderful year together, your child will need the following supplies. These items help us keep our classroom clean, organized, and ready for fun, hands-on learning every day.

🖍️ Classroom Supplies

- ☐ Ticonderoga pencils (My First Pencil)
- ☐ Child safe scissors
- ☐ Glue sticks
- ☐ Dry erase markers
- ☐ Liquid glue
- ☐ Construction paper
- ☐ White copy paper
- ☐ Primary Journal, Half Page Rule
- ☐ Simple & big coloring book
- ☐ Jumbo book
- ☐ Crayola washable Marker
- ☐ 1 pack of gallon-size Ziploc bags
- ☐ 1 pack of quart-size Ziploc bags



📦 Note: Some supplies may be shared in the classroom. If items need to be replaced during the year, you will be notified. If you have any questions about the supplies listed please do not hesitate to contact us. Thank you for your support!

My little Seahorse Academy

Parent Agreement & Acknowledgment

Partnership Between Families and Our Academy

At *My Little Seahorse Academy*, we believe that the best outcomes for children are achieved when families and educators work together as partners. This agreement serves as both a summary of our shared commitment and an acknowledgment of the policies, guidelines, and values outlined in the Family Handbook/Enrollment Packet.

By signing, families acknowledge that they have read, understand, and agree to the policies and procedures contained within this packet. This includes, but is not limited to: discipline, curriculum, health and safety, communication, tuition and fees, attendance, and all additional guidelines provided.

This acknowledgment affirms our mutual responsibility to create a safe, nurturing, and enriching environment for every child. Together, we commit to open communication, trust, and respect as we partner in your child's growth and development.

Acknowledgment of Understanding

I have read and understand the *My Little Seahorse Academy Parent Enrollment Packet*. I agree to follow the guidelines, policies, and procedures set forth.

Parent/Guardian Name: _____

Signature: _____ **Date:** _____

Director's Name: _____

Signature: _____ **Date:** _____

Childcare Rate Sheet
My little Seahorse Academy

Name:	**My Little Seahorse Academy**			
Address:	**4359 Brentwood Ct**			
City:	**West Palm Beach**	**State:**	**Florida**	**Zip: 33406**
Phone #:	**561 201 - 8336**	**Email:**	**arletty2525@gmail.com**	

AGES	FULL TIME WEEKLY RATE (more than 6 hours a day)	ELC Max Reimbursable FULL TIME RATE	PART TIME WEEKLY RATE (less than 6 hours a day)	ELC Max Reimbursable PART TIME RATE
Infant (0-11 months)	$	$	$	$
Toddler (12 – 23 months)	**$ 360.00**	$	**$ 360.00**	$
2 year olds	**$ 325.00**	$	**$ 325.00**	$
3 year olds	**$300.00**	$	**$300.00**	$
4 year olds	**$280.00**	$	**$280.00**	$
5 year olds	**$ 265.00**	$	**$ 265.00**	$
School Age	**$ 250.00**	$	**$ 250.00**	$

Additional Fees:

Item:	Amount:	Frequency
Application	**$150.00**	**Per child/One time**
Registration	**$120.00**	**Per child/Annual**
Late Pick-up	**$3.00**	**Per minute**
Late Payment	**$30.00**	**As Needed**
Early Drop off		**Speak to Director**

ENROLLMENT FORM
RECORD OF CHILD ACCEPTED FOR CARE

Mark an "X" by address where child lives.

Child's Name: _____

(Last) (First) (Middle) (Alias)

Birthdate: _____ Sex: _____ Enrollment Date: _____

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

	Home Address	Phone	Employment Address	Phone
Mother				
Father				

Child's Physician: _____ Phone: _____

May the Center call another physician if unable to contact the above? Yes _____ No _____

		Legal Custody Yes	Legal Custody No
Persons permitted to remove child:	Mother Yes _____ No _____	_____	_____
	Father Yes _____ No _____	_____	_____
	Guardian Yes _____ No _____	_____	_____

Persons to be contacted in case of illness, accident or emergency, if for some reason the parents or guardians cannot be reached, and authorized to remove the child from the facility: If none, indicate "None."

_____

Name Address Phone Relationship

_____

Name Address Phone Relationship

Other persons authorized by the parents or guardians to take the child from the facility (if different from above). If none, indicate "None."

_____

Name Address Phone Relationship

_____

Name Address Phone Relationship

Primary Hours of Care: _____ From _____ To _____

Special Instructions regarding eating habits, toileting or areas of concern: _____

_____

_____

_____ _____

Date Signature of Person Enrolling Child

CHILD'S NAME:

_____

1. ARTICLE XV, B, 7, a, PBC Rules requires that parents must receive a copy of the Child Care Facility Brochure, ***KNOW YOUR CHILD'S DAY CARE CENTER***. I have received a copy of the Child Care Facility Brochure, ***KNOW YOUR CHILD'S DAY CARE CENTER***.

2. ARTICLE IV, C, 5, PBC Rules requires that parents be notified in writing of the disciplinary practices used by the child care facility. I have received in writing the disciplinary practices used by this child care facility.

3. ARTICLE XIII, B, 1, PBC Rules requires the parents complete an ***AUTHORIZATION FOR EMERGENCY MEDICAL CARE*** in the event of serious illness or accident and if the parents cannot be reached. I authorize the child care center to obtain emergency medical care for my child.

4. I understand and agree to the above statements indicated in numbers 1 through 3:

_____

Signature of Parent or Guardian Date

5. ARTICLE XII, B, PBC Rules require the parent and the center complete an ***ALTERNATE NUTRITION PLAN AGREEMENT*** if the meals or snacks are furnished by the child's parent. ***ALTERNATE NUTRITION PLAN AGREEMENT****:*

Indicate Special Dietary Requirements:

_____

_____

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs:

(**Mark P for Parent Provides, or C for Center Provides**)

P	C	P	C	P	P	P
Breakfast	A.M. Snack	Noon Meal	P.M. Snack	Dinner	Evening Snack	Formula

I agree to provide the parent with a suggested meal pattern and menus and to discuss any problems which might develop in the use of the Alternate Nutrition Plan.

_____ _____

Date Signature of Owner/Operator

_____

Signature of Parent or Guardian Date

PBCHD 1/2011