



Wonderland Montessori Academy

ADMISSION PACKAGE



Wonderland Montessori Academy

CHILD'S FILE CHECKLIST

Child's name _____

Application date: ____/____/____ Date of Enrollment: ____/____/____

- 1** Enrollment Form
- 2** Password
- 3** Emergency contact information
- 4** Authorization for Emergency Medical Treatment
- 5** Discipline Policy (signed by parents)
- 6** Know Your Child Care Facility
- 7** Home Language Survey
- 8** Consent to photograph and authorization for use or disclosure
- 9** Parent Hand Book acknowledgment form
- 10** School year calendar acknowledgment form
- 11** Sick child policy
- Influenza Virus Brochure
- Immunization record
- Statement of Good Health
- Birth Certificate/Passport (copy)
- Parent Guardian Picture ID
- Procure checklist



1 CHILD APPLICATION FOR ENROLLMENT

Application date: ____/____/____ Date of Enrollment: ____/____/____

Primary Hours of Care: From _____ To _____

Meals Typically Served While in Care: Br Snack Lunch Snack Sup Eve Snack

STUDENT INFORMATION

FULL NAME _____
Last First Middle Nickname

PHYSICAL ADDRESS _____

DOB ____/____/____ Gender M / F

FAMILY INFORMATION

Child lives with Mother Father Other (specify) _____

Mother's full name _____
Address _____
Phone _____
Cell # _____
Home # _____
Work ph # _____
Email _____

Father's full name _____
Address _____
Phone _____
Cell # _____
Home # _____
Work ph # _____
Email _____

Receive text message notifications? Y / N

Receive text message notifications? Y / N

Please specify carrier:

Please specify carrier:

AT&T / T-Mobile / Verizon / Boost Mobile /
MetroPCS / Sprint / Other: _____

AT&T / T-Mobile / Verizon / Boost Mobile /
MetroPCS / Sprint / Other: _____

Custody: Mother Father Both Other _____



2 PASSWORD

The password is used for the protection of your child.

Circumstances may occur when you will need someone that is not listed on enrollment form to take your child from this facility. When these circumstances arise, you will need to call and inform us of your instruction. You will be asked your password. Informing us of your password will enable us to carry out your instructions. If you do not provide or remember your password, we may not be able to carry out your instructions from over the telephone. The password for your child should not be given to any other individual. The password provides a code between staff and parents only to enable us to follow your instructions from over the phone.

PASSWORD

Parent/Guardian Signature

Date

Director Signature

Date



3 EMERGENCY CONTACT INFORMATION

Please print

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:

Full name	Phone #	Additional phone #	Authorized to Pick-up YES/NO

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: _____

Address: _____ Phone: _____

Doctor: _____

Address: _____ Phone: _____



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Hospital Preference: _____

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

Helpful Information About Child:

- 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 enrollment.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or** Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, **or** Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s)

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date



4 AUTHORIZATION FOR EMERGENCY TREATMENT

Today's Date: _____

To Whom It May Concern:

I hereby give my consent to _____
Name of Hospital/Nearest Hospital

To administer necessary treatment to my child, _____ in the event of
Name of child
an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Name of physician: _____ **Phone:** _____

Allergies of Child: _____

Date of Last DPT or Tetanus: _____

Insurance Company Covering Child: _____

Policy Number: _____ **Expiration Date:** _____

Signature of Parent or Legal Guardian

Date

Signature of Director

Date



5 DISCIPLINE POLICY

Today's Date _____

Dear Parent or Legal Guardian:

Please read the following information, then print and sign your name below.

Our program will insure that age-appropriate, constructive disciplinary practices are used for your child. This care will allow the child time to look over his or her behavior. We will encourage children to choose alternatives to improve behavior to insure a safe and successful program. The following steps will be used for behavior modification:

1. Children will be corrected and asked to change their behavior.
2. Children will be re-directed from situation x2
3. Director/Administration will be informed
4. Parents will be contacted if behavior is not corrected

At any circumstances:

- Child(ren) shall not be subjected to discipline which is severe, humiliating, or frightening.
- Discipline shall not be associated with food, rest, or toileting
- Spanking or any other form of physical punishment is prohibited

I, _____, have received in writing the

disciplinary practices used by Wonderland Montessori Academy

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian



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6 KNOW YOUR CHILD CARE FACILITY

Dear Parents,

Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, “Know Your Child Care Facility” (CF/PI 175-24). Please, sign this form and return this form to our office.

I, _____, have been given information and received the Child Care Facility Brochure, “Know Your Child Care Facility”

Name of Child

Signature of Parent or Guardian

Date



7 HOME LANGUAGE SURVEY

To be completed by Parent or Guardian:

Student Name _____
Last First Middle

Date of Birth ____/____/____
Month Day Year

Parent(s) or Guardian(s)

Please answer the questions below accurately and completely. This information is necessary to provide the most appropriate placement and instruction for your child and will not be used for any other purpose. Thank you for your cooperation.

1. What was the first language that your child spoke? _____

2. Is there a language other than English spoken in the Home? ___ No ___ Yes

Which language(s)? _____

3. Does the student speak a language other than English? ___ No ___ Yes

Which language(s)? _____

IN WHICH LANGUAGE DO YOU PREFER TO RECEIVE COMMUNICATION FROM THE SCHOOL?

Parent or Guardian Signature

____/____/____
Month Day Year

Print Name



8 CONSENT TO PHOTOGRAPH AND AUTHORIZATION FOR USE OR DISCLOSURE

Name of student/s

Parent/Legal guardian

I hereby consent that my children can be photographed while attending school. The term “photograph” includes video or still photography, in digital or any other format, and any other means of recording or reproducing images. I hereby authorize the use of the photograph(s) by, or disclosure of the photograph(s) to: *Wonderland Montessori Academy. 500 N Federal Highway, Hallandale FL 33009*

PURPOSE

I hereby consent that this material might be used for purposes related to the promotion of educational mission of the Montessori method, including publicity, marketing and promotion materials, website content, and social media networks, in digital or print format of Wonderland Montessori Academy.

CONSENT OF PARENT/LEGAL GUARDIAN

I am the parent and/or legal guardian of the above minor and hereby consent and agree to the foregoing terms and provisions on his or her behalf.

Parent or Guardian Signature

_____/_____/_____
Month / Day / Year

Print Name



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9 PARENT/STUDENT HAND BOOK ACKNOWLEDGE FORM

Wonderland Montessori Academy is Going Green! The handbook is posted online at www.flwma.com. Please access this document and take the time to read it so that you will become familiar with our school rules, policies and procedures. If you do not have a computer and need a hard copy, you may request a copy from the office.

Please sign the bottom portion of this form. Your signature indicates that you have been notified that you are required to read this handbook and be aware of the rules and procedures of this school.

Thank you for your cooperation

Date: ____/____/____

Student's Name: _____

Director's Signature

Parent/Guardian Signature



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10 SCHOOL YEAR CALENDAR

This calendar contains information about special events, holidays and describes the regular calendar for the current school year _____. This calendar is also posted online at www.flwma.com.

Your signature indicates that you have received this calendar and understand its content.

Date

Parent/Guardian Signature



11 SICK CHILD POLICY

In order to minimize the spread of illness throughout our school we strictly enforce our Sick Child Policy. **Parents are required to adhere to it.** Failure to do so will result in dismissal of the student.

If a child has a health problem, parents are notified as soon as the condition is evident. Parents are contacted first at their listed phone numbers. If a parent cannot be reached, all other authorized persons on the registration form are contacted until such time as a responsible adult takes responsibility for picking up the child.

Each parent is advised to respond promptly to the school when notified. Each parent must present a certificate to return to school before child is accepted back at the center.

The center has a No Nit-No lice-policy. If a child presents either of these conditions, a County Health Department Nurse certificate or a doctor's authorization must be presented prior to returning the child back to the center. Each child with such a condition is re-inspected upon return to the center. Parents must await re-inspected upon return to the center. Parents must await re-inspection results prior to leaving the child at the school.

Attention. Children with any of these symptoms **will not** be accepted in our school:

Diarrhea: Children will be sent home and be free of symptoms for 24 hours before returning to school.

Vomiting: Children will be sent home and be free of symptoms for 24 hours before returning to school

Fever of 100 or higher: Student must go home and be free of fever for 24 hours before returning to school. Please do not medicate child and send him/her to school anyway.

Green runny nose: This indicates an infection and needs to be checked by a doctor.

Medications cannot be administered without written permission from the parent and/or a prescription from the doctor. We will call you if your child exhibits any of the above. Thank you for your assistance and cooperation.

I acknowledge I have read and understand this policy and I agree to adhere to it.

Parent or Guardian Signature

_____/_____/_____
Month / Day / Year

Print Name