

CHILD ENROLLMENT INFORMATION 2021-2022

Preferred Name: _____ Password: _____

Child's Name: _____ Date of Enrollment: _____

Address: _____ City: _____ Zip Code: _____

Sex: M or F Birthdate: _____ Starting Classroom: _____

Has your child attended school/preschool before? Please circle: Yes or No

Parent/Guardian Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____

Employer: _____

Occupation: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Parent/Guardian Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____

Employer: _____

Occupation: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Parent's Marital Status: Single Married Divorced Child lives with: _____

Name(s) and Ages of Siblings: _____

Child's Physician: _____ Physician's Phone Number: _____

Physician's Address: _____

May the Center call another physician if unable to contact the above: yes or No

Person permitted to remove child: Parent/Guardian 1: Yes or No Parent/Guardian 2: yes or No

In case of an emergency or illness, other person(s) to be notified and permitted to remove child from school:

(MUST BE 18 YEARS OF AGE AND SHOW PICTURE I.D. TO REMOVE CHILD FROM SCHOOL)

Name/Relationship to Child:

Name: _____ / _____ Cell Phone: _____

Name: _____ / _____ Cell Phone: _____

Name: _____ / _____ Cell Phone: _____

Print name of person enrolling child

Signature of person enrolling child

Date

MEDICAL HISTORY

Medical History: Measles: Yes or No Mumps: Yes or No Chicken Pox: Yes or No

Allergies: (food, medicine, etc.) _____

Any evidence of hearing difficulty? Yes or No Explain: _____

Any evidence of visual difficulty? Yes or No Explain: _____

Speech Disabilities? Yes or No Explain: _____

Hospitalizations? Yes or No Explain: _____

Operations? Yes or No Explain: _____

Other Illnesses? Yes or No Explain: _____

Does your child have any physical challenges or conditions which might affect his/her schooling?

Please describe: _____

Briefly describe your child's likes, dislikes, favorite past times, toys, toilet habits, napping needs, etc. In essence, please include anything that will help us to understand your child and help him/her grow.

MEDICATION

In general, we feel that a child on medication needs to be at home. However, some medications must be given over a specific number of days, even though the child has improved. Parents may request, under these circumstances, that the child be given medication while at school. Prescribed medication by your child's doctor can be administered at school. The parent must supply the dosing form from their pediatrician for Broward county schools (#2240). The medication must be in the original container with the child's name, as well as the prescription number, name of the medication, dosage and expiration date. No non-prescription medications will be administered by staff members without a completed #5 medication form.

All medication must be kept out of reach of all children. Never mix medications with food or drinks in your child's lunch.

Parent/Guardian Signature

Date

MEDICAL RELEASE

In order to comply with the Broward County Child Care Code, please provide us with the following information: Pine Island Montessori shall have written instructions from parent for the school to follow arranging for immediate treatment for your child in an emergency situation.

Below, you will find the necessary form that we will need to be filled out for our records. If you have any questions concerning this matter, please feel free to contact us.

- By my signature below, I give Pine Island Montessori School authorization to seek medical treatment for my child if I or any other persons whom I have listed to be notified in case of an emergency cannot be reached.
- By my signature below, I give any health facility or physician permission to provide medical treatment for my child as deemed necessary in any situation which may arise at the school.
- By my signature below, I will take full responsibility for payment of all medical services which might be rendered due to any emergency situation that may arise at the school.

Child's Name: _____ Date: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

"INFLUENZA VIRUS, THE FLU A GUIDE TO PARENTS"

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on Influenza Virus, the Flu, and A Guide to Parents:

Parent/Guardian Name: _____ Child's Name: _____

Signature: _____ Date Received: _____

- **Section 7.1 and 7.2 of the child care facility handbook require a current physical exam (form 3040) and immunization record (form 680 or 681) within 30 days of enrollment.**

HURRICANE PREPAREDNESS

In case of a hurricane, tropical storm or other disaster we will follow the school closing guidelines of the Broward County School Board. If Broward County Schools are closed then we are closed. The City of Davie and The Broward County School Board will periodically post notices at the bottom of your television screens (news bulletin ticker).

School Director's Signature: Shari Sens

Parent/Guardian Signature

Date

PINE ISLAND MONTESSORI ILLNESS POLICY

In an effort to protect all the children and the staff, sick children are not allowed to enter or remain in school. If your child has had a fever, diarrhea, sore throat, any discharge from ears or eyes, a yellow or green discharge from the nose, or is vomiting within the last 48 hours he or she is not permitted to come to school.

State law mandates that any child who is suspected of having a communicable or infectious disease shall be placed in isolation. The condition shall be reported to the parent, and the child **MUST** be removed from the school immediately.

Re-admittance to the school is allowed **AFTER 24 HOURS** of normal auxiliary temperature (below 99 degrees) and/or no other signs of illness for 24 hours, or by a doctor's note. **CHILDREN RETURNING TO SCHOOL WITH SIGNS OF ILLNESS WILL BE REFUSED ADMITTANCE.**

We cannot administer Aspirin, Tylenol, or Motrin to lower a fever. If your child is out due to sickness or any other reason you must contact the school and inform the school administrator.

Thank you for your cooperation.

(Please sign and return this portion to the front office)

By my signature below, I acknowledge that I have read the information above and understand the terms and conditions of the illness procedure for Pine Island Montessori.

Parent/Legal Guardian (Please Print)

Date

Parent/Legal Guardian (Signature)

Date

**BOARD OF BROWARD COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA
SOCIAL SERVICES DIVISION
CHILD CARE PROGRAM**

Child's Name: _____ Date: _____

**ALTERNATE NUTRITION PLAN
NAME OF FACILITY: PINE ISLAND MONTESSORI
ADDRESS: 5499 SW 82ND AVENUE, FLORIDA 33328**

Dear Parent,

In accordance with the Broward County Child Care Ordinance, parents and the childcare facility are urged to work cooperatively to assure that children are provided with nutritious snacks and meals where lunches are not provided by the family.

Please read the following carefully, sign and return as soon as possible to the front office.

The Facility agrees to provide a nutritious: **The Parent agrees to provide a nutritious:**
(Director checks those which apply)

| | |
|--|---|
| <input type="checkbox"/> Breakfast | <input checked="" type="checkbox"/> Mid-Morning Snack |
| <input type="checkbox"/> Mid-Morning Snack | <input checked="" type="checkbox"/> Lunch |
| <input type="checkbox"/> Mid-Afternoon Snack | <input checked="" type="checkbox"/> Mid-Afternoon Snack |
| <input checked="" type="checkbox"/> No Meals or Snacks | |

I have read the alternate nutrition plan and agree to meet the child's nutritious needs as defined below.
School Director's Signature: Shari Sens

Parent's/Guardian's Signature: _____

LUNCHES

Pine Island Montessori is NOT allowed to heat up lunches. If you bring your child's lunch, make sure that it does not need to be heated up, or send in a thermos. If you would like your child to receive a hot lunch, we do have hot lunches catered for \$3.50 a day. If you have any questions or concerns please stop by the front office.

School Director's Signature: Shari Sens

PARENT'S SIGNATURE

DATE

In accordance with Broward County Child Care Ordinance 65C-22.005 Food and Nutrition, Pine Island Montessori School must inform each parent or each food-related activity which would include food consumption. Written parental permission may be obtained in the form of a general permission slip. Documentation of parent permission for food activities must be maintained for a minimum of four (4) months from the date of each activity.

This notice will serve to inform you that:

- A. We offer hot lunches catered from an outside source
- B. We bring in snacks from an outside source
- C. Parents may choose to send in a birthday treat, **store bought only**
- D. We bring in food from an outside source on Thanksgiving and other holidays
- E. We have cooking activities involving food in each classroom at least once a month.

DISCIPLINE POLICY

We believe that children learn best through experiences. We believe that the teachers must lovingly guide and redirect the children to help them to learn to cooperate with their peers and to have positive, educational experiences to encourage and enhance their growth and development while in our care. We believe that we can best accomplish this by:

1. Having a variety of activities for the children.
2. By the use of group management techniques, limiting the number of children in each area of the room to avoid overcrowding and to allow for sufficient materials and the opportunity for constructive interactions.
3. By using a below the state recommended ratio of adults to children (the state requirement for two year olds is 1:11. The state requirement for three year olds is 1:15. The state requirement for four year olds is 1:20).
4. By speaking with a child if his behavior is inappropriate for the area of material that they are using, i.e., we take the blocks down: this is the way we use the paintbrush: walking only please: etc.
5. By using positive language with the children to give praise for appropriate behavior, i.e., "I like the way John is sitting"; we say "only walking" instead of "don't run".
6. After using the above techniques, if a child is having a problem cooperating in an area of the room, he/she is asked to go to another area for a while. As the year progresses, the children are just redirected to another area they know that means the behavior was not appropriate.
 - If group behavior is a problem, the area that has become a problem for the group to handle is closed and the group is broken up and redirected to other activities in the room.
 - If cleaning up is a problem for the entire group, we discuss it, and incorporate the "logical consequences" technique, which is, "if we take a long time to clean up, because the teachers have to remind, redirect and put the children back on task, then we run out of time for fun things, like singing, story, outdoor play, etc..." This helps the children realize and internalize responsibility and what will happen.
7. Sometimes just a touch on the shoulder can let the child know of your presence and this will in turn put him/her back on task, such as attending to the lesson at circle time.

8. After exhausting these methods, if a child still has a problem with appropriate behaviors, the child is asked to sit in the thinking chair, which is a time out place to think about what he/she has done and with the help of the teacher's discussions with him/her, what might be a better way to interact with the other children, materials, etc. Thinking time lasts for five to ten minutes, approximately. Repeated trips to the think in a given session would indicate to the teacher that an informal conference with the parent at dismissal time was in order, to inform the parent and to enlist assistance in working with their child.
9. Children with consistent difficulties are taken through the above procedures, and the parents are counseled regularly: if necessary, outside assistance is sought and ultimately, the child could be dismissed from the program. This is seriously considered when the health, safety and welfare of this child, and/or that of another child or the children of the group are at risk.
10. Please be advised that under the law any form of hitting, corporal punishment, abusive language, ridicule, harsh or humiliating or frightening treatment is illegal and is against our philosophy. NONE of these behaviors will ever take place at PINE ISLAND MONTESSORI.
11. On a final note, we try to be as consistent as possible with our classroom rules so that the children will know what is expected of them. We find this helps the children and leads to their success.

Our safety is able by education and experience to identify behavior, which is causing a child to be unhappy, participating at less than the usual level or stressed. These "symptoms" ask for patience, understanding and intervention, which are not punishing. It is always imperative that *home and school cooperate* with the mutual goals and procedures.

Pine Island Montessori will ensure that age appropriate, constructive disciplinary practices shall be used for children in care. Children shall not be subjected to discipline which is severe, humiliating or frightening. Discipline shall not be associated with food, rest or toileting.

i _____ have read the School's Discipline Policy per section 2.8 of Florida
Parent's Name

Childcare regulations and have retained a copy in my parent handbook.

Child's Name: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

LATE PICK UP POLICY

Our school closes at 5:00pm. Parents arriving after 4:00pm will be charged as follows:

1. Parents will be charged a per child late fee of \$20.00 for arrival between 5:01pm and 5:10pm.
2. Arrival between 5:10pm and 5:20pm will be an additional \$25.00
3. Arrival between 5:20pm and 5:30pm will be an additional \$25.00
4. Arrival between 5:30pm and 5:40pm will be an additional \$25.00 and DCF will be contacted
5. Arrival between 5:40pm and 6:00pm will be an additional \$25.00 and BSO will be contacted

Half-day students must be picked up by 12:00.

1. Arrival between 12:00pm and 12:10pm will be charged a per child late fee of \$20.00
2. Arrival between 12:10pm and 12:20pm will be an additional \$20.00
3. Arrival between 12:20pm and 12:30pm will be an additional \$20.00
4. Arrival after 12:30 will be an additional \$20.00 every ten minutes until 4:00 pm when the above goes into effect.

Elementary students not enrolled in aftercare must be picked up by 2:45pm. Above fees will apply in ten minute increments for students not picked up by 2:45.

If you are late, you will be asked to sign a late pick up form.

We understand that things happen and come up and we appreciate you letting us know that you will be late but that does not change the fee incurred only the notification of DCF and or BSO.

School Director's Signature: Shari Sens

I _____ have read the Late Pickup Policy and have retained a copy.
Parent's Name

Child's Name: _____ Parent/Guardian Signature: _____

MEDIA RELEASE

The staff at Pine Island Montessori take many pictures of the children throughout the year to illustrate for you many activities in which the children are engaged in. The children's names are not used when the pictures are displayed.

I hereby grant Pine Island Montessori the right to take photographs of my child. These pictures could be posted on our webpage, classroom Facebook account or end of the year slide shows.

Parent's Signature

Date

"KNOW YOUR CHILDCARE FACILITY"

Florida child care regulations section 7.3 requires your child care provider to verify that you received a copy of "Know Your Child Facility" brochure. On the lines below, please write the name of each child you have placed in the care of this provider.

Complete and sign the statement below at the bottom.

Child _____ Child _____
Child _____ Child _____

I _____, have received a copy of the consumer education brochure entitled "Know Your Child Care Facility".

Signature of Parent/Guardian

Date

I hereby acknowledge receipt and examination of the Parent Handbook including the above listed items, and state that I understand and agree to abide by all provisions contained therein. I also understand that rules and regulations are subject to change without prior notice.

Child's Name: _____ Parent's Name: _____

Parent's Signature: _____ Date: _____

**Part One
Student File**



SWIM Central Water Safety Education Questionnaire

Parents: *Do you know that drowning is the leading cause of death among children?
Complete this form to receive information to protect your child from drowning.*

Child's Name: _____ **Date of Birth:** _____

Parent Name: _____ **Parent Signature** _____ **Date** _____

Email (optional) _____

Your information is for the use of the Broward County Swim Central Program.

1. How would you rate your own swimming ability?
 - Unable to swim
 - Can swim a little, but NOT comfortable in deep water
 - Able to swim for an extended period of time in deep water

2. Has your child ever received formal swimming lessons?
 - Yes
 - No, check all the reasons below that apply:
 - Do not know how to find information about swim lessons
 - Transportation problems
 - Swim lessons are not important
 - Lessons are too expensive
 - Schedule of lessons not convenient
 - We are too busy
 - Equipment such as swim suit, towel, goggles too expensive

3. Do you or a family member know how to perform CPR with rescue breaths?
 - Yes
 - No

4. Has your child's doctor talked to you about drowning prevention and water safety?
 - Yes
 - No

5. Would you redeem a \$40 coupon to apply to the cost of swim lessons for your child?
 - Yes, visit [Water SMART Broward Swim Instruction](#) for details.
 - No

PART ONE FOR OFFICE USE ONLY:
Broward Ordinance 2004, Section 7-8 requires parents/guardians to complete SWIM Central questionnaire and for Child Care Facilities to mail or fax a copy to SWIM Central. Also required is a copy of this form to be placed in each child's file to be monitored by the staff of the local licensing agency.

Facility Name: _____ **Facility License #:** _____

Documentation of the original form via fax or mail is required, indicate below:
Date form faxed: _____ **or, date mailed:** _____

Fax: 954.357.8077 **SWIM Central**
3700 NW 11th Place
Lauderhill, FL 33311

Form and educational handout for parent distribution can be downloaded: [Water SMART Broward](#)

ALLERGIES

Child's Name: _____

MY CHILD HAS THE FOLLOWING ALLERGIES:

- _____
- _____
- _____
- _____
- _____

