



Meadows Academy
"Sowing Seeds of Greatness"

Application

Student Information:

Start Date: _____

Full Name: _____
Last First Middle Nickname

Child's Address: _____ FL _____
Street # and name City Zip

Date of Birth: _____ Sex: M or F

Primary Hours of Care: **From** _____ **To** _____ Days of the Week in Care: **M T W Th F**

Meals Typically Served While in Care: **Breakfast Lunch PM Snack**

How did you hear about Meadows Academy? _____

Referred by (*\$75 tuition credit for each referral*): _____

Family Information:

Child Lives With: _____

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

Address: _____ Address: _____

Email: _____ Email: _____

Hm. #: _____ Hm. #: _____

Cell #: _____ Cell #: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Work Phone: _____

Legal Custody: Mother ____ Father ____ Both ____ Other _____

Are you a member of the Spring Meadows Seventh-day Adventist Church? _____
(Formerly Winter Springs Seventh-day Adventist Church)

If no, what church are you affiliated with? _____

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: _____ Phone: _____

Address: _____

Doctor: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____

Hospital Preference: _____

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

Contacts:

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:

Name	Relationship	Work#	Home#
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Name	Relationship	Work#	Home#
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Name	Relationship	Work#	Home#
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Rule 65C-22.006(2), F.A.C., and Section 65C-20.011(1), F.A.C., require a current physical examination (DH 3040) and immunization record (DH680 or DH681) 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"
Section 65C-22.006(4)(c)2., F.A.C., requires that parents are notified in writing of the 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 this enrollment form is complete and accurate. You also agree that you have read the parent handbook and agree to abide by its policies.

Signature: _____ Date: _____



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Enrollment Checklist

- Child Care Application
- Consent for Medical Treatment
- Sick Children Medical Procedures
- Tuition Agreement
- Picture Consent
- Withdraw Policy
- Attendance Policy
- Discipline Policy
- Hours of Service Contract
- About My Child Form
- Know Your Child Care Center Brochure
- Insurance Trust Brochure
- Influenza Virus Brochure Receipt
- Florida Certification of Immunization DH680
- Current Physical Form DH3040 (Yellow Form)
- Food Program Application
- VPK Policies (If Applicable)

CONSENT FOR MEDICAL TREATMENT

Permission for the director or the teacher to take whatever steps may be necessary for medical care in case of emergency is hereby given. I understand that the order of actions taken will follow the outline below unless there is a need for immediate action, but will not be limited to these actions:

1. Parent or guardian will be called;
2. Child's physician will be called;
3. Contact person parents have listed will be called;
4. If none of these efforts are successful

- * 911 will be called

- * The child will be taken to the emergency room of South Seminole hospital and will be accompanied by a staff member.

5. In order for Meadows Academy to assume responsibility for my child, I understand that I must sign the child in at arrival and out at departure time.

Parent/guardian signature

Date

Owner/operator

Date

SICK CHILDREN MEDICINE PROCEDURES

Any child, who becomes ill during their stay, will be moved to an isolation area, and the parents will be notified immediately, to pick them up. Sick children at school must be picked up within **1 hour** of notification.

According to section 65c-22.004(2)(a) any child or childcare personnel suspected of having a communicable disease is to be removed from the facility. Sign and symptoms of a suspected communicable disease include any of the following:

1. Severe coughing, causing the child to become red or blue in the face or making a whooping sound
2. Difficult or rapid breathing
3. Stiff neck
4. Diarrhea (more than an abnormally loose stool within 24 hour period.
5. Temperature of 100.5 degrees Fahrenheit or higher when in with any other signs of illness,
6. Conjunctivitis (pink eye),
7. Exposed, open skin lesions, ringworm
8. Unusually dark urine and/or white stool
9. Yellowish skin or eye's, or
10. Any other unusual sign or symptom of illness,

No medication shall be given by childcare personnel without the signed permission of the parent or legal guardian. All medication must be in the original container with the child's name, name of the physician, medication name and medication directions written on the label.

Medication, which has expired or is no longer being administered, shall be returned to the parent or legal guardian.

If your child is too sick to participate in school activities and outdoor play please keep them at home as we can not provide one on one care for the student.

I have received in writing and read the procedures for sick children and the administering of medication. Should my child become ill, I will adhere to these guidelines.

Child's name: _____

Signature of Parent/legal guardian: _____

Tuition/Late Fee Agreement

Weekly Agreement

It is my understanding that Meadows Academy must receive tuition no later than Monday @ 9:00 A.M. It is also my understanding that if payment is not received by 9:00 a.m. on Monday, a late fee of \$5.00 will be applied to my account, which must be paid no later than Monday at 6:30 P.M.

I acknowledge that I have been advised that my child or children will not be admitted to Meadows Academy on Tuesday morning if full payment of tuition and/or late fee was not made.

Parent Signature: _____ Date: _____

Monthly Agreement

I understand that Meadows Academy must receive my monthly payment no later than the 3rd of each month by 9:00 A.M. of that day. A late fee of \$5.00 will be applied to my account and must be paid no later than 6:30 P.M. of that day.

I acknowledge that I have been advised that my child or children will not be admitted to Meadows Academy on the following morning if full payment of tuition and/or late fee was not made as stated.

Parent Signature: _____ Date: _____

Pictures

In the event that we may want to take pictures of your child for a project and for displaying in the classroom, Meadows Academy will need your consent. In addition we may use your child's photo on our school web site or facebook page. We will only be **displaying** the **photo** and **no other personal identifiable information**.

Please fill in the appropriate lines and sign below:

I _____ give consent for my child _____ to

have their pictures taken for use in the **classroom, school facility and church**.

I _____ give consent for my child _____ to

have their picture displayed on our **web site and Facebook**.

I _____ **do not** give consent for my child _____ to have their pictures displayed in any way.

Parent /Guardian Signature

Date

Withdraw Policy

I _____ parent of _____ understand that as a courtesy to Meadows Academy I will give a **2 week notice** if I intend to remove my child/ren from Meadows Academy.

Parent Signature/Date _____

Director Signature/Date _____

ATTENDANCE POLICY

Meadows Academy requires that our students arrive by 8:50 a.m. This is so he/she may benefit from the learning activities that begin promptly at 9:00a.m. Excessive tardiness and/or absences are disruptive and can greatly affect the progress of the child. If your child has an appointment or other unavoidable interference with this policy, please call or provide a doctor's note. More than 3 unexcused absences or three unexcused tardiness per month may result in dismissal from the program and you will be refused service for all future tardiness that month with no exceptions. We thank you in advance for your cooperation in this matter.

Parent/guardian signature

Date

Director signature

Date

DISCIPLINE POLICY

It is our policy to use a positive means of managing children’s behavior. As a child care provider, we share with the parent the responsibility for developing self-discipline and self-control in the children in our care. The following techniques will be implemented:

1. Clear expectations-It is important that children know and understand what is required of them. This will be communicated not only at the beginning of the year, but daily as needed.
2. Positive reinforcement-Children respond to praise and recognition for appropriate behavior, kindness, and other Christ like character qualities.
3. Redirecting activities-This means distracting the child from the undesirable behavior and redirecting, him/her to an appropriate behavior
4. Problem solving strategies-Teaching children how to handle their problems and frustrations in an appropriate way is a very important to their growth and development. Teachers will model appropriate behavior, role-play with the children, and conduct class meetings to equip them with strategies they will use for the rest of their lives.

The use of physical punishment is never permitted. Discipline will not be humiliating, frightening or harmful in any way. It will not be associated with food, rest, or toilet training.

Changes in the home may result in changes in behavior at school. If this occurs, please notify the director. The director of your child’s teacher will notify you of any behavioral problems, which may occur with your child at school. Parent’s assistance will be requested in establishing an appropriate behavior modification program. Should the efforts be unsuccessful and the child’s behavior is of such a nature as to threaten the safety of others and/or cause disruption to the program, Meadows Academy reserves the right to remove the child from the program. Please refer to the Parent Handbook for the steps that will be taken for serious behavior problems.

Parent/Legal Guardian Signature

Date

Director Signature

Date

Hours of Service Contract

Student Name: _____

Please select one of the following options:

Full-time (up to 10 hours)

- ❖ Part-Time¹ please select one of the following part-time choices below:

Please select up to **3 days**²: **OR**

Mon Tues Wed Thurs Fri

Half-day³:

8:00 a.m. -2:00 p.m.

- ❖ VPK (9:00 a.m. – 12:00 p.m.):
- ❖ Wrap Around Excluding Non-VPK Day
- ❖ Full-Time Wrap Around

I have read and understood all terms of the contract and agree to abide by it. All my questions have been answered.

Signature: _____ Date: _____

Extra Fees:

Pick-up Late Fee: A fee of \$15.00 per every 15 minute increment will be charged if your child is in the center after hours of operation. Please note that your account will be automatically invoiced.

¹ Applicable only for 1 year old through VPK classes

² Please note that there is no changing or swapping of days under any circumstances. If you would like to change the days of service please contact the director immediately in order to avoid a \$35.00 tuition charge for bringing your child on a day other than those selected.

³ The Late Pick-Up fee will apply if you drop off or pick up your child before or after your designated arrival/departure time.

LET ME TELL YOU ABOUT MY CHILD

Name: _____ Birth date: _____

Parent's names: _____

Sibling's names: _____

Favorite Object: _____

My most important goals/objectives for my child are:

Here at Meadows Academy we understand that children learn at different rates. Our goal is to create a risk free environment where your child will explore and learn. Your child will come to rely on an orderly schedule with many opportunities to make choices. What suggestions can you make to ensure your child has a successful year?

Additional information that I want you to know about my child (special needs, dealing with fear, frustration, or change.)

Describe your child's early development, and if there are any special occurrences that may have affected your child.

Words for going potty: _____

Words used to describe grandparents or other family members. _____