



**ADMISSION AGREEMENT**

I have read, understand, and agree to comply with all procedures, policies, and conditions set forth in the parent handbook presented by the German-American School of Ft. Lauderdale

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**DISCIPLINARY APPROVAL**

We, the parents of (child's name) \_\_\_\_\_ have read, understand, and approve of the disciplinary procedures implemented at the German-American School of Ft. Lauderdale

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**ALTERNATE NUTRITION PLAN AGREEMENT**

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.

Breakfast Snack / Lunch/ PM snack

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**EMERGENCY MEDICAL CARE AND FIRST AID**

I hereby authorize the director and staff representing the German-American School of Ft. Lauderdale to give consent for any and all necessary emergency medical treatment/first-aid for my child (child's name) \_\_\_\_\_

While said child is in the center's custody.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**INFLUENZA VIRUS, THE FLU BROCHURE**

My signature below verifies receipt of the brochure on Influenza, the flu, a guide to parents.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PHYSICAL ACTIVITY PARTICIPATION**

The German-American School of Ft. Lauderdale provides a positive environment in which physical activity and skill development are an integral part of a daily preschool routine both indoors and outdoors. If weather permits children will be participating in outdoor activities in the morning and afternoon for approximately 25-35 minutes. Outdoor physical activity will consist of unstructured movement activities (free play) which include dancing, running, jumping, leaping, hopping, catching/throwing etc. Children need to wear comfortable appropriate attire to school. Please only sneakers or close shoes must be worn daily. No open toe shoes or sandals will be permitted at school.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**KNOW YOUR CHILD CARE CENTER BROCHURE**

Section 402.3125 requires that parents receive a copy of the 'KNOW YOUR CHILD CARE FACILITY' brochure..

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**PHOTOGRAPHY CONSENT**

We the parents of (child's name)\_\_\_\_\_give permission for my child to be photographed and /or videotaped by teachers and staff of the German-American School of Ft. Lauderdale. I also agree to any local news organization approved by and accompanied by the director for purpose of public Relations or family enrichment.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**ASSESSMENT CONSENT**

We the parents of (child's name)\_\_\_\_\_give permission to the German-American School of Ft. Lauderdale and its staff/ representatives for my child to be assessed. The assessment results will be used to implement learning activities to support your child's development. Based on the screening results, you may also have an opportunity to receive a referral for additional services.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FINANCIAL AGREEMENT**

We the parents of (child's Name)\_\_\_\_\_ understand and agree to abide by the following financial terms and procedures:

1-Tuition payment is due in advance on Monday. Payments made after Wednesday will have a (\$10.00) ten dollar late fee. If payment has not been made by Friday care will be terminated.

2-Any checks returned by the bank will have a (\$35.00) thirtyfive dollar service charge. Two returned checks will revoke check writing privileges. Any further payments must be made in cash, money order, or cashier's check.

3-Tuition payments can also be paid bi-weekly or monthly see the director for payment agreement.

4-No tuition reimbursement or credit will be given for a child's absence, except for approved vacation. (Refer to Parent Handbook)

5-Registration Fee is non-refundable.

6- All Delinquent accounts or returned uncollected checks will be submitted to the credit bureau and collection agency.

7- A (2) two week notice is required if your child will be withdrawn or transferred from the program. Failure to do so will cause a financial obligation for those two weeks.

Parent's Signature \_\_\_\_\_  
\_\_\_\_\_

Social Security# \_\_\_\_\_  
Social Security # \_\_\_\_\_

Director's Signature \_\_\_\_\_



**'German –American School of Ft. Lauderdale'**  
'Lernen mit Kopf, Herz und Hand'

**Child Questionnaire:**

Child's name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Sex \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Father's Name: \_\_\_\_\_  
Mother's Name \_\_\_\_\_  
Siblings and their ages: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Person allowed removing child from school: \_\_\_\_\_  
Primary language spoken at home: \_\_\_\_\_  
Other languages spoken at home: \_\_\_\_\_  
Are there any health problems or allergies that we should be aware of? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child take medication regularly? \_\_\_\_\_ What? \_\_\_\_\_  
Do you have any concerns regarding your child's development (i.e. speech, vision, hearing, motor development etc.)?  
\_\_\_\_\_

Do you restrict your child's diet in any way? \_\_\_\_\_  
Has your child gone to preschool or day care before? \_\_\_\_\_ Please describe previous experiences. \_\_\_\_\_

Has your child had prior Montessori experience? \_\_\_\_\_  
Does your child have any hobbies, special interests, unusual capabilities or talents?  
\_\_\_\_\_

What are your educational goals for your child? In what areas do you hope to see the most progress (academically, socially, and emotionally). If you have any concerns what are they?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_