

# 2009/2010 APPLICATION FOR ENROLLMENT

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of September 15, 2009 \_\_\_\_\_

Telephone # \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

School Attending \_\_\_\_\_ Sex \_\_\_\_\_

E-Mail Address(es) \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Are parents:  Married  Divorced  Separated  Living Together

Other Family Members (names and ages): \_\_\_\_\_

Person to notify in case of illness (other than parents):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Health Insurance Coverage for child under family insurance policy or medical assistance if applicable:

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Any additional information or special needs of the child that may require special attention (i.e. allergies, unusual health considerations or child custody considerations) \_\_\_\_\_

**office use only:** *rgfee* \_\_\_\_\_ *dep* \_\_\_\_\_ *med* \_\_\_\_\_ *database* \_\_\_\_\_ *emer cntct* \_\_\_\_\_

# EMERGENCY CONTACT / PARENTAL CONSENT FORM

<b>CHILD'S NAME</b>		Birthdate
Address		
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>		Home Telephone
Address		
Cellular Phone		
Business Name		Bus. Telephone
Address		
<b>FATHER'S NAME/LEGAL GUARDIAN</b>		Home Telephone
Address		
Cellular Phone		
Business Name		Bus. Telephone
Address		
<b>Emergency Contact Persons(s)</b>		<b>Telephone Number</b>
<b>Persons To Whom The Child May Be Released</b>	<b>Address</b>	<b>Telephone Number</b>
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		<b>TELEPHONE NUMBER</b>
Address		
Special Disabilities (If Any)		
Medical or Dietary Information Necessary In An Emergency		Allergies (Including Medication Reaction)
Additional Information On Special Needs of Child		Medication, Special Conditions
Health Insurance Coverage For Child Or Medical Assistance Benefits		<b>POLICY NUMBER (REQUIRED)</b>
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b>		<b>ADMIN. OF MINOR FIRST-AID PROCEDURES</b>
Walks And Trips		Swimming
Transportation By The Facility		Wading
Administration of Sunscreen (SPF of 30 or Higher)		PLEASE BE SURE YOU HAVE AFFIXED FULL SIGNATURES (NO INITIALS, PLEASE) TO ALL SEVEN BOXES AND ALSO TO THE SPACE PROVIDED BELOW

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

# Windmill Day School Policy Sheet

## TUITION:

- |                             |                     |                   |
|-----------------------------|---------------------|-------------------|
| • Young Toddlers            | 12-24 Months        | \$235.00 Per Week |
| • Older Toddlers            | 24-36 Months        | \$230.00 Per Week |
| • Older Toddlers            | Part-Time           | \$185.00 Per Week |
| • Pre-School / Kindergarten | 3 and Older         | \$225.00 Per Week |
| • Pre-School / Kindergarten | Part-Time           | \$180.00 Per Week |
| • Before / After School     | Through Sixth Grade | \$95.00 Per Week  |
- Tuition rates include cereal & milk available daily until 8:15 AM, morning snack, fully cooked lunch, afternoon snack, and all beverages. Supervision and **child care services** are provided at all times.
  - There is a \$50.00 non-refundable registration fee required with all applications.
  - The registration fee, along with the first and last week of tuition, are required in order to secure a place in our enrollment. These fees and deposits are all non-refundable. In the event that your child(ren) does not commence attendance, all monies remain non-refundable.
  - Tuition, if paid on a weekly basis, is due the Friday before the actual week of attendance. If tuition is paid on a monthly basis, it is due no later than within the first five days of the month. (Please keep in mind that there are four and five week months. Please pay accordingly).
  - Late tuition payments will jeopardize your child's spot in our enrollment.
  - There is a \$10.00 per week discount for every additional full-time sibling enrolled.
  - A late charge of \$2.00 per child per minute for any child picked up after our scheduled closing time of 6:00 PM.
  - There is a \$20.00 charge for all returned checks.

**APPROXIMATE ARRIVAL TIME:** \_\_\_\_\_

**APPROXIMATE DEPARTURE TIME:** \_\_\_\_\_

**DATE OF ENROLLMENT / ADMISSION:** \_\_\_\_\_

**DATE OF CHILD'S WITHDRAWAL:** \_\_\_\_\_

**PERSON TO WHOM YOUR CHILD MAY BE RELEASED:** \_\_\_\_\_

## ABSENCES AND VACATIONS:

Full tuition is due regardless of your child's actual attendance. If you are enrolled for both the academic year and summer camp (year-round enrollment), you are responsible for fifty-two weekly payments for the year. However, you are entitled to two weeks (ten days) of vacation time if you choose to take vacation. (In order to be credited for vacation time, your child cannot be in attendance for that specific time period). Enrollment year round, but on a part-time schedule, allows for one week of vacation credit for the entire calendar year. If you are, however, enrolled for the academic year only, you are only eligible for one week of vacation time. **Written notification** must be given at least two weeks prior to the planned vacation. You must be enrolled for at least SIX MONTHS before you are eligible to take vacation time. Windmill Day School will follow the Central Bucks School District for any weather related closings or delays. There shall be no refunds or reductions in tuition (to include any deposits and registration fees) for reasons of absence, withdrawal, illness or dismissal. Sorry, but we cannot allow "make-up days" and/or we cannot allow part-time students to switch their days for any reason.

## DISMISSAL POLICY:

Windmill Day School & Camp reserves the right to cancel any enrollment or dismiss a student whose conduct, influence or behavior is deemed unsatisfactory or inimical to the best interest of the school and/or camp, in which case the unused tuition will be refunded.

## TERMINATION:

A minimum of **THREE WEEKS** written notice must be given prior to withdrawal. Payment is required for this three-week period regardless of the child's attendance during this three-week period.

\_\_\_\_\_  
Signature of person responsible for tuition

\_\_\_\_\_  
Date

*Continued On The Next Page....*

## Policy Sheet Continued . . . (The Next Page)

### ILLNESS:

It is our policy to ask all parents to keep home any child who exhibits any of the following symptoms (accordingly, we reserve the right to contact a parent or emergency contact to have the child picked up if he/she exhibits any of the following symptoms): Diarrhea, Pinkeye/Conjunctivitis, Severe Coughing, Vomiting, Difficult or Rapid Breathing, Fever (over 100 degrees orally or 101 degrees rectally), Yellowish Skin or Eyes, Head Lice (Windmill maintains a 24 hour "No Nit" Policy), or Contagious or Unidentifiable Rashes. (This is based upon the recommendation of the U.S. Department of Health and Human Service CDC). Windmill Day School also utilizes a "24 hour fever free policy." This policy mandates that any child sent home with a fever (see above) not be readmitted to school within 24 hours of a fever.

### HEALTH POLICY

All enrolled children are required to have a current age-appropriate health report on record at Windmill Day School. This health assessment shall be conducted according to the recommended schedule for routine health.

### MEDICATION POLICY

I understand that it is the policy of Windmill Day Camp to only administer medications brought from home during lunch (12:00 PM – 1:00 PM). Medication will only be accepted if it is brought in the original container and with only the single dose to be administered (unless in liquid form). If medication is to be administered for a period of time longer than seven consecutive days, it will be necessary for a doctor's note to accompany the medication. All medications/containers will be sent home daily.

### "PEANUT-AWARE" POLICY:

Windmill Day School strives to be a **peanut/nut-aware** facility, and to this end desire to eliminate all products containing **peanuts/nuts** from our facility. Windmill Day School requires that any foods brought into the school by parents and/or children be **peanut/nut-free**. This policy is to include all breakfast & lunch foods, snacks, party goods & favors, and any special "treats" brought into school. If a **peanut/nut** food is discovered, it will be discarded immediately. We also require you to notify Windmill Day School **upon enrollment** if your child has never been introduced to peanut/nut products (this is to include physical exposure as well as ingestion of peanut/nut products).

### RELATIONSHIPS:

Windmill Day School and Camp engages teachers and other staff to provide services at the school/camp during the school/camp day. The school/camp does not recommend, sponsor, encourage, or condone any arrangements whereby teachers and/or other staff provide child tutoring, baby-sitting, or other out-of-school/camp services to parents of children enrolled in the school/camp. Parent(s) hereby acknowledge that if any such out-of-school/camp relationship exists, or develops in the future, the school/camp is not responsible and any involved teacher or staff is not acting within the framework or scope of his/her employment with the school/camp.

### "TALKING BROCHURE"

Normally, childcare facilities will offer brochures and other written information as a means of informing prospective parents about their programs. At Windmill, we believe that prospective parents would value more the opinions and comments made by the people whose children are already enrolled at our school. This way, Windmill Parents will become a valuable reference source, letting our future parents know about our school from an "un-cut" perspective. Don't worry, we won't give out your telephone number without your permission. We will only use you as a reference if you check the appropriate box below. If, down the road, you change your mind and no longer wish to be used as a reference, just let us know. Thank you for your cooperation with this matter.

- Please use me as a personal reference for Windmill Day School and Camp. You have my permission to distribute my name and phone number to prospective parents.
- Please do not use me as a reference for Windmill Day School and Camp at the present time.

### PHOTO RELEASE:

I hereby authorize Windmill Day School and Camp to use any photograph or representation of my child in any advertisement, brochure, press release and/or news story.

I (We) have read this policy sheet and have affixed our signatures thereto:

\_\_\_\_\_  
SIGNATURE OF PERSON RESPONSIBLE FOR PAYMENT OF TUITION

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF DIRECTOR / ADMINISTRATOR

\_\_\_\_\_  
DATE

**CIVIL RIGHTS COMPLIANCE  
PARENT AWARENESS**

IN ACCORDANCE WITH APPLICABLE FEDERAL AND STATE CIVIL RIGHTS LAWS AND REGULATORY REQUIREMENTS, YOU AS A RESIDENT OF THIS AGENCY, HAVE THE RIGHT:

- To be provided services at this agency and to be referred for services of other agencies without regard to your race, color, religious creed, disability, ancestry, national origin, Limited English Proficiency (LEP), age or sex.
- To file a complaint of discrimination if you feel you have been discriminated against on the basis of your race, color, religious creed, disability, ancestry, national origin, Limited English Proficiency (LEP), age or sex.

COMPLAINTS OF DISCRIMINATION MAY BE FILED WITH ANY OF THE FOLLOWING:

Windmill Day School  
36 Chapman Road  
Doylestown, PA 18901

DEPARTMENT OF PUBLIC WELFARE  
BUREAU OF EQUAL OPPORTUNITY  
SOUTHEAST REGIONAL OFFICE  
1105B STATE OFFICE BUILDING  
1400 SPRING GARDEN STREET  
PHILADELPHIA, PA 19130

AMERICAN WITH DISABILITIES ACT  
DIRECTOR  
ROOM 238 MAIN CAPITOL  
HARRISBURG, PA 17120

U.S. DEPARTMENT OF HEALTH AND  
HUMAN SERVICES  
OFFICE FOR CIVIL RIGHTS  
SUITE 372, PUBLIC LEDGER BUILDING  
150 S. INDEPENDENCE MALL WEST  
PHILADELPHIA, PA 19106-9111

PA HUMAN RELATIONS COMMISSION  
711 STATE OFFICE BUILDING  
1400 SPRING GARDEN STREETS  
PHILADELPHIA, PA 19130

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE      DATE

\_\_\_\_\_  
STAFF SIGNATURE      DATE

# WINDMILL DAY SCHOOL'S 2009-2010 SCHOOL CALENDAR

MONDAY, SEPTEMBER 7	LABOR DAY – SCHOOL HOLIDAY
MONDAY, SEPTEMBER 29	YOM KIPPUR – SCHOOL HOLIDAY
WEDNESDAY, NOVEMBER 25	EARLY DISMISSAL – 1:00 PM FOR ALL STUDENTS
THURSDAY, NOVEMBER 26	THANKSGIVING RECESS – SCHOOL HOLIDAY
FRIDAY, NOVEMBER 2	THANKSGIVING RECESS – SCHOOL HOLIDAY
THURSDAY, DECEMBER 24	WINTER RECESS – SCHOOL HOLIDAY
FRIDAY, DECEMBER 25	WINTER RECESS – SCHOOL HOLIDAY
THURSDAY, DECEMBER 31	NEW YEAR'S EVE – SCHOOL HOLIDAY
FRIDAY, JANUARY 1	NEW YEAR'S DAY OBS. – SCHOOL HOLIDAY
MONDAY, JANUARY 18	MARTIN LUTHER KING, JR DAY – SCHOOL HOLIDAY
MONDAY, FEBRUARY 15	PRESIDENT'S DAY – SCHOOL HOLIDAY
FRIDAY, APRIL 2	SPRING RECESS – SCHOOL HOLIDAY
MONDAY, APRIL 5	SPRING RECESS – SCHOOL HOLIDAY
MONDAY, MAY 31	MEMORIAL DAY – SCHOOL HOLIDAY
THURSDAY, JUNE 10	GRADUATION EXERCISES (11:00 AM)
FRIDAY, JUNE 11	LAST DAY OF 2009-10 ACADEMIC YEAR
JUNE 14 – JUNE 18	PRE-CAMP WEEK
MONDAY, JUNE 21	FIRST DAY OF SUMMER CAMP 2010
MONDAY, JULY 5	INDEPENDENCE DAY – CAMP / SCHOOL HOLIDAY

**PLEASE NOTE: FULL TUITION IS DUE FOR ALL DESIGNATED  
SCHOOL HOLIDAYS AND ANY WEATHER EMERGENCY DAYS.**

# CHILD HEALTH ASSESSMENT

Child's Name (Last)	(First)	Parent/Guardian:
D.O.B.	Home Phone:	Address:
<b>WINDMILL DAY SCHOOL &amp; CAMP</b>		
<b>TEL: 215-348-2660</b> <b>FAX: 215-348-5363</b>	<b>BUCKS COUNTY</b>	Work Phone:

I give my consent for my child's Physician and Child Care Provider to discuss my child's health concerns. \_\_\_\_\_  
SIGNATURE DATE

<b>HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND EMERGENCIES:</b> <input type="checkbox"/> NONE	<b>DATE OF EXAM:</b> _____
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**ALLERGIES TO FOOD OR MEDICINE:**  NONE

LENGTH/HEIGHT	WEIGHT	HEAD CIRCUMFERENCE	BLOOD PRESSURE
____ IN/CM %ILE	____ LB/KG %ILE	____ IN/CM %ILE	____ / ____

PHYSICAL EXAMINATION	NORMAL	ABNORMAL/COMMENTS
HEAD/EARS/EYES/NOSE/THROAT		
TEETH		
CARDIORESPIRATORY		
ABDOMEN/GI		
GENITALIA/BREASTS		
EXTREMITIES/JOINTS/BACK/CHEST		
SKIN/LYMPH NODES		
NEUROLOGIC/TONE		
DEVELOPMENT (E.G. DDST)		

IMMUNIZATION	DATE	DATE	DATE	DATE	DATE	COMMENTS
DTP/DTaP	1.	2.	3.	4.	5.	
POLIO	1.	2.	3.	4.		
HIB	1.	2.	3.	4.		
HEP B	1.	2.	3.			
MMR	1.	2.				
VARICELLA	1.	2.				
PNEUMOCOCCAL						
OTHER	1.	2.	NOTE: Ages and number of boosters may vary when immunizations start at older ages			

SCREENING TESTS	NORMAL	ABNORMAL / COMMENTS
LEAD		
ANEMIA (HGB/HCT)		
URINALYSIS (UA)		
HEARING		
VISION		

<b>DATE OF LAST DENTIST'S EXAMINATION</b>	<b>NOTE:</b> Age appropriate health services and immunizations must follow the schedule recommended by The American Academy of Pediatrics, 141 Northwest Point Blvd., Elk Grove Village, IL 60007
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<b>HEALTH PROBLEMS OR SPECIAL NEEDS</b>  <input type="checkbox"/> NO PROBLEMS	<b>RECOMMENDED TREATMENT/MEDICATIONS/SPECIAL CARE</b> (ATTACH ADDITIONAL SHEETS IF NECESSARY)
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MEDICAL CARE PROVIDER: _____	NEXT APPOINTMENT: (MONTH/YEAR) _____
ADDRESS: _____	MD DO CRNP
PHONE: _____	_____ DATE SIGNATURE OF PHYSICIAN OR CRNP