

2011/2012 APPLICATION FOR ENROLLMENT

Child's Full Name _____ Nickname _____

Address _____

Date of Birth _____ Age as of August 31st, 2011 _____

Telephone # _____ Religious Affiliation _____

School Attending _____ Sex _____

Mother's Name _____ Home Phone _____

Cell Phone Number _____

Mother's E-Mail Address _____

Home Address _____

Business Address _____ Business Phone _____

Father's Name _____ Home Phone _____

Cell Phone Number _____

Father's E-Mail Address _____

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 (re: allergies, unusual health considerations or child custody considerations) _____

office use only: rgfee _____ dep _____ med _____ database _____ emer contact _____

EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME		Birthdate
Address		
MOTHER'S NAME/LEGAL GUARDIAN		Home Telephone
Address		Mother's Email
Cellular Phone		
Business Name		Bus. Telephone
Address		
FATHER'S NAME/LEGAL GUARDIAN		Home Telephone
Address		Father's Email
Cellular Phone		
Business Name		Bus. Telephone
Address		
Emergency Contact Person(s)		Telephone Number
Person's To Whom The Child May Be Released	Address	Telephone Number
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
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		POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST-AID PROCEDURES	
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

Signature Of Parent or Guardian

Date

Date

Windmill Day School Policy Sheet

TUITION:

- | | | |
|-----------------------------|-------------------------|--|
| • Young Toddlers | 12 - 24 Months | \$245.00 Per Week |
| • Older Toddlers | 24 - 36 Months | \$240.00 Per Week |
| • Older Toddlers | Part-Time (3 OR 4 Days) | \$195.00 (3 Days/Wk)
\$220.00 (4 Days/Wk) |
| • Pre-School / Kindergarten | 3 and Older | \$235.00 Per Week |
| • Pre-School / Kindergarten | Part-Time (3 OR 4 Days) | \$190.00 (3 Days/Wk)
\$215.00 (4 Days/Wk) |
| • 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 full-time 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. Full tuition is due for all scheduled holidays and weather emergency days. Windmill Day School will follow the Central Bucks School District for any weather related closings and/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

Policy Sheet Continued . . . (The Next Page)

ILLNESS:

It is our policy to ask all parents to keep at 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 (if the child's temperature is over 100 orally or 101 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 School 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 people whose children are already enrolled at our school. This way, Windmill Parents will become a valuable reference source, letting 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. I will only offer 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 telephone number to prospective parents.
- Please do not use me as a reference for Windmill Day School & 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 REQUIRMENTS,
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 & Camp
36 North Chapman Rd.
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
GOVERNORS OFFICE
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

Child Health Assessment

Parents & Child Care Providers fill-in this part.

Child's Name: (Last)	(First)	Parent/Guardian:
Date of Birth:	Home Phone:	Address:
Child Care Facility Name:		
Facility Phone:	County:	Work Phone:

To Parents: Submission of this form to the child care provider implies consent for the child care provider to discuss the child's health with the child's clinician.

PA child care providers must document that enrolled children have received age appropriate health services and immunizations that meet the current schedule of the American Academy of Pediatrics 141 Northwest Point Blvd., Elk Grove Village, IL 60007. The schedule is available at <www.aap.org> or Faxback 847/758-0391 (document #9535 and #9807). Print copies provided by DPW have the schedule on the back of the form.

Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> NONE Allergies to food or medicine (describe, if any): <input type="checkbox"/> NONE	Date of most recent well-child exam: <hr style="border-top: 1px dashed black;"/> Do not omit any information. This form may be updated by health professional. (Initial and date new data.) Child care facility needs 2 copies.
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LENGTH/HEIGHT	WEIGHT	HEAD CIRCUMFERENCE	BLOOD PRESSURE
IN/CM % ILE _____	LB/KG % ILE _____	(Birth to Age 2) IN/CM % ILE _____	(Beginning at age 3) _____/_____

PHYSICAL EXAMINATION	<input checked="" type="checkbox"/> = NORMAL	If ABNORMAL - COMMENTS
Head/Ears/Eyes/Nose/Throat		
Teeth		
Cardiorespiratory		
Abdomen/GI		
Genitalia/Breasts		
Extremities/Joints/Back/Chest		
Skin/Lymph Nodes		
Neurologic & Developmental		

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
DTaP/DTP/Td						
POLIO						
HIB						
HEP B						
MMR						
VARICELLA						
PNEUMOCOCCAL						
OTHER						

SCREENING TESTS	DATE TEST DONE	NOTE HERE IF RESULTS ARE PENDING OR ABNORMAL
LEAD		
ANEMIA (HGB/HCT)		
URINALYSIS (UA) (at age 5)		
HEARING (subjective until age 4)		
VISION (subjective until age 3)		
PROFESSIONAL DENTAL EXAM		

Health Problems or Special Needs, Recommended Treatment/Medications/Special Care (attach additional sheets if necessary)

NONE

Medical care Provider: Address:	NEXT APPOINTMENT - MONTH/YEAR: Signature of Physician or CPNP:
Phone:	License Number:
	Date Form Signed:

Parents may write immunization dates, health professionals should verify and complete all data.

WINDMILL DAY SCHOOL'S 2011-2012 SCHOOL CALENDAR

WEDNESDAY, AUGUST 31	2011 - 2012 ACADEMIC YEAR BEGINS
MONDAY, SEPTEMBER 5	LABOR DAY - SCHOOL HOLIDAY
THURSDAY, SEPTEMBER 29	ROSH HASHANAH – SCHOOL HOLIDAY
WEDNESDAY, NOVEMBER 23	EARLY DISMISSAL – 1:00 PM FOR ALL STUDENTS
THURSDAY, NOVEMBER 24	THANKSGIVING RECESS - SCHOOL HOLIDAY
FRIDAY, NOVEMBER 25	THANKSGIVING RECESS - SCHOOL HOLIDAY
MONDAY, DECEMBER 26	WINTER RECESS - SCHOOL HOLIDAY
TUESDAY, DECEMBER 27	WINTER RECESS - SCHOOL HOLIDAY
MONDAY, JANUARY 2	NEW YEAR'S DAY OBS - SCHOOL HOLIDAY
MONDAY, JANUARY 16	MARTIN LUTHER KING, JR DAY – SCHOOL HOLIDAY
MONDAY, FEBRUARY 20	PRESIDENT'S DAY - SCHOOL HOLIDAY
THURSDAY, APRIL 5	EARLY DISMISSAL – 1:00 PM FOR ALL STUDENTS
FRIDAY, APRIL 6	SPRING RECESS - SCHOOL HOLIDAY
MONDAY, APRIL 9	SPRING RECESS- SCHOOL HOLIDAY
MONDAY, MAY 28	MEMORIAL DAY – SCHOOL HOLIDAY
THURSDAY, JUNE 7	GRADUATION EXERCISES (11:00 AM)
FRIDAY, JUNE 8	LAST DAY OF 2010-2011 ACADEMIC YEAR
MONDAY, JUNE 11	FIRST DAY OF SUMMER CAMP 2012
WEDNESDAY, JULY 4	INDEPENDENCE DAY CAMP/SCHOOL HOLIDAY

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