



STUDENT ENROLLMENT FORM

School year _____

Student Information: Date of Birth: _____ Sex: _____ Date of Enrollment: _____

Full Name: _____

Child's Physical Address: _____

Primary Hours of Care: From: _____ To _____

Days of The Week in care: M T W Th F Sa Su

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack Sup Eve Snack

Family Information: Child Live with: _____

Mother's Name: _____ Father's Name _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Custody: Mother: _____ Father: _____ Both: _____ Other: _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel, ambulance, and transport my child to the nearest emergency room in order to obtain emergency medical care if warranted. Parent or guardian will be advised.

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

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

Contacts:

Child will be released only to the custodial parent or legal guardian & the persons listed below. The following people will also be contacted and authorized to remove child from the facility in case of illness or emergency.

| Name | Address | Work # | Home # |
|------|---------|--------|--------|
| | | | |

| Name | Address | Work # | Home # |
|------|---------|--------|--------|
| | | | |

| Name | Address | Work # | Home # |
|------|---------|--------|--------|
| | | | |

| Name | Address | Work # | Home # |
|------|---------|--------|--------|
| | | | |

Parent's Signature: _____ **Date:** _____

AcadeMir Preschool South
14105 SW 184 ST
Miami Florida :33177



Phone number (305)964-7744

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Family Information: Child Live with: _____

Mother's Name: _____ Father's Name _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Custody: Mother: _____ Father: _____ Both: _____ Other: _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel, ambulance, and transport my child to the nearest emergency room in order to obtain emergency medical care if warranted. Parent or guardian will be advised.

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

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

Contacts:

Child will be released only to the custodial parent or legal guardian & the persons listed below. The following people will also be contacted and authorized to remove child from the facility in case of illness or emergency.

Name Address Work # Home #

Name Address Work # Home #

Name Address Work # Home #

Name Address Work # Home #

Parent's Signature: _____ **Date:** _____

School Rules and Regulations

1- Parents must provide the child's physical and immunization forms before the starting date.

2- School uniforms must always be worn.

3- Due to the safety of all children, toys, gum, candy, and money, are not allowed in school. Jewelry is not to be worn in school. We will not be responsible for any lost or damaged jewelry.

4- Students will not be accepted after 12:00

5- When a child returns to school from a contagious illness, the school needs a doctor's note stating that the child is allowed to return to school.

6- Medication can be administered as long as the medication is labeled and the authorization form is filled out. (Only 1 medicine per day can be administered)

7- School will be closed on the days mentioned in the academic calendar

8- Natural Disaster: When we are faced with a natural disaster, we govern ourselves by Dade County Public School's policies (if Dade County Public Schools close, so do we; however, we will open as soon as we can regardless of Dade County Public Schools' decision). Call the school for information and remain in touch by subscribing to our "Remind 101" by entering # (561)283-0512 and texting @academirp to reply with your child's name.

9- The program and schedule of AcadeMir Charter Schools Inc. Are designed to meet the needs of children in all areas of growth within a group setting. If after a reasonable period, a child is not able to adjust to the demands of the group and schedule, or if there are special needs the center is not able to meet, the parents may choose or be asked to withdraw the child from the center

10- Tuition is due every first day of the running month. A late fee of \$15.00 will be assessed if payment is not received by that time. Tuition is always paid regardless of whether the child is in school or not (i.e. sick, vacation, or natural disaster).

11- Returned checks \$35.00 / a late fee of \$1.00 per minute will be charged if the child remains in the school after pick-up time.

12- Payments made for registration, tuition, events, and books are non-refundable

13- It is forbidden for anyone (parents, family members, friends, etc.) to utilize pictures or videos of any children other than your own and post them on any social media or for private use.

I, _____ have read and understood the above policies and procedures

Parent's Signature _____

Date: _____



State of Florida
Department of Children and Families

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: _____ Sex: _____ Date of Enrollment: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From: _____ To: _____

Days of the Week in Care: M T W Th F Sa Su

Family Information: Child's Lives With: _____

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

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Cell: _____ Work Phone: _____ Cell: _____

Custody: Mother Father Both Other (specify): _____

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: _____ Address: _____

Phone Number: _____

Doctor: _____ Address: _____

Phone Number: _____

Dentist: _____ Address: _____

Phone Number: _____

Hospital Preference: _____

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



Emergency Care Plan Instructions (if applicable):

Emergency 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 | Address | Work Phone | Home Phone |
|------|---------|------------|------------|
| | | | |
| | | | |
| | | | |
| | | | |

Helpful Information About Child:

- Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure entitled "Know Your Child Care Facility" (CF/PI 175-24) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=860>], or
- Section 8.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parent(s) receive a copy of the family day care home brochure entitled "Selecting A Family Day Care Home Provider" (CF/PI 175-28) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=841>].
- Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, or
- Section 2.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Parent/Guardian

Date



FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; rules 64D-3.046, 65C-20.011, Florida Administrative Code

| | | | |
|--------------------|------------------------|-----------------------------------|----------------|
| LAST NAME | FIRST NAME | MI | DOB (MO/DA/YR) |
| PARENT OR GUARDIAN | CHILD'S SS# (optional) | STATE IMMUNIZATION ID# (optional) | |

Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- See "Immunization Guidelines Florida Schools, Child Care Facilities and Family Day Care Homes" for information and instructions on form completion. Guidelines are available at: http://us/disease_ctrl/immune/schoolguide.pdf.

| VACCINE | DOE CODE | Dose 1 MO/DA/YR | Dose 2 MO/DA/YR | Dose 3 MO/DA/YR | Dose 4 MO/DA/YR | Dose 5 MO/DA/YR |
|------------------------------|----------|-------------------------|-------------------------|-----------------------|-----------------------|--------------------|
| DTaP/DTP | A | _____ | _____ | _____ | _____ | _____ |
| DT | B | _____ | _____ | _____ | _____ | _____ |
| Td/Tdap | C | _____ | _____ | _____ | _____ | _____ |
| Polio | D | _____ | _____ | _____ | _____ | _____ |
| Hib | E | _____ | _____ | _____ | _____ | _____ |
| MMR (Combined) (Separate) | F | _____ | _____ | _____ | _____ | _____ |
| | G, H, | <i>Measles (dose 1)</i> | <i>Measles (dose 2)</i> | <i>Mumps (dose 1)</i> | <i>Mumps (dose 2)</i> | _____ |
| | I | <i>Rubella (dose 1)</i> | <i>Rubella (dose 2)</i> | _____ | _____ | _____ |
| Hepatitis B | J | _____ | _____ | _____ | _____ | _____ |
| Varicella | K | _____ | _____ | _____ | _____ | _____ |
| Varicella Disease | L | _____ | _____ | _____ | _____ | _____ |
| | | Year | _____ | _____ | _____ | _____ |
| PneumoConju | | _____ | _____ | _____ | _____ | _____ |

**Select appropriate box(es)
Certificate of Immunization for K-12**

Part A-Complete

Part A (Immunizations are complete for school entry and attendance and meet requirements for kindergarten and/or 7th grade (and for grades kindergarten through 12.) I have reviewed the records available, and to the best of my knowledge, the above named child has adequately been immunized for school attendance as documented above.) DOE Code 1

Temporary Medical Exemption Expiration date: _____

Part B-Temporary

Part B (For children in day care, family day care homes, preschool and kindergarten grades through 12 who are incomplete for immunization in Part A) **Invalid without expiration date.** DOE Code 2

Permanent Medical Exemption

Part C-Permanent

Part C (For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.) DOE Code 3 _____

I certify the physical condition of this child is such that immunization(s) as indicated in Part C above is medically contraindicated.

Physician or Clinic Name

Physician or
Authorized Signature: _____
Issued By: _____
Date: _____



FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; rules 64D-3.046, 65C-22.011 Florida Administrative Code

| | | | |
|-----------------------------------|---------------------------------------|---------------------------------------|-------------------|
| <u>PATIENT</u> | <u>TEST</u> | | <u>01/01/2006</u> |
| Last Name | First Name | MI | DOB |
| <u>MOM PATIENT</u> | | <u>9900001032</u> | |
| <small>Parent or Guardian</small> | <small>Child's SS# (optional)</small> | <small>State Immunization ID#</small> | |

Directions:

* For additional information: See Immunization Guidelines for School and Child Care Facilities for information and instructions on form completion and immunization requirements. Guidelines are updated annually and are available from the local county health department.

| VACCINE | DOE CODE | Dose 1 MO/DA/YR | Dose 2 MO/DA/YR | Dose 3 MO/DA/YR | Dose 4 MO/DA/YR | Dose 5 MO/DA/YR |
|------------------------------|-------------|-------------------------|-------------------------|-----------------------|-----------------------|--------------------|
| DTaP/DTP | A | _____ | _____ | _____ | _____ | _____ |
| DT | B | _____ | _____ | _____ | _____ | _____ |
| Td/Tdap | C | _____ | _____ | _____ | <i>Booster</i> | _____ |
| Polio | D | _____ | _____ | _____ | _____ | _____ |
| HIB | E | _____ | _____ | _____ | _____ | _____ |
| MMR (Combined) (Separate) | F | _____ | _____ | _____ | _____ | _____ |
| | G,H | <i>Measles (dose 1)</i> | <i>Measles (dose 2)</i> | <i>Mumps (dose 1)</i> | <i>Mumps (dose 2)</i> | _____ |
| | I | <i>Rubella (dose 1)</i> | <i>Rubella (dose 2)</i> | _____ | _____ | _____ |
| Hepatitis B | J | _____ | _____ | _____ | _____ | _____ |
| Varicella | K | _____ | _____ | _____ | _____ | _____ |
| Varicella Disease | L | _____ | _____ | _____ | _____ | _____ |
| PneuConju | | <small>Year</small> | _____ | _____ | _____ | _____ |

Certificate of Immunization for K-12

PART A (Immunizations are complete for school entry and attendance for grades kindergarten through 12.) DOE Code 1
I have reviewed the records available, and to the best of my knowledge, the above named child has been adequately immunized for school attendance as documented above.

Physician or Clinic Name: BUREAU OF IMMUNIZATION
2585 MERCHANTS ROW BLVD
TALLAHASSEE, FL 32399

Physician or
 Authorized Signature: TEST DOCTOR
 Electronic Certification: MD4N6GWBLG9
 Date: 07/03/2007
 Issued By: TEST USER

What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Centers for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care.

Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.

How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.

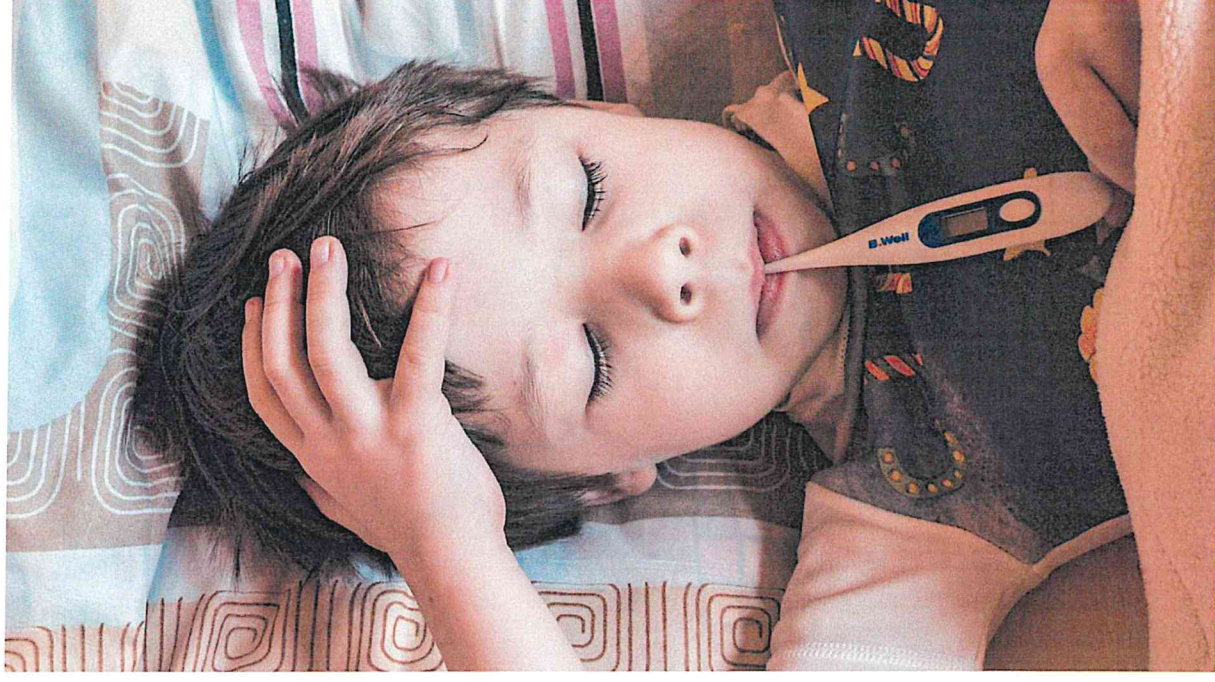


For additional information, please visit www.myflfamilies.com/childcare or contact your local licensing office.

This brochure was created by the Department of Children and Families in consultation with the Department of Health.

THE FLU

A Guide for Parents



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

Call or take your child to a doctor right away if your child:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.



What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions.

To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group settings until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.



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.



For additional helpful information about the dangers of the flu and how to protect your child, visit: www.cdc.gov/flu/ or www.immunizeflorida.org/

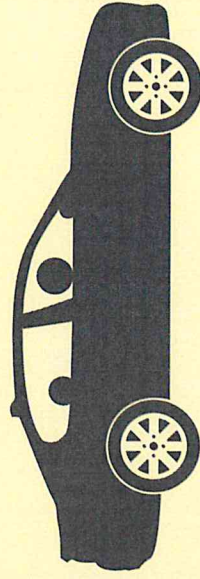
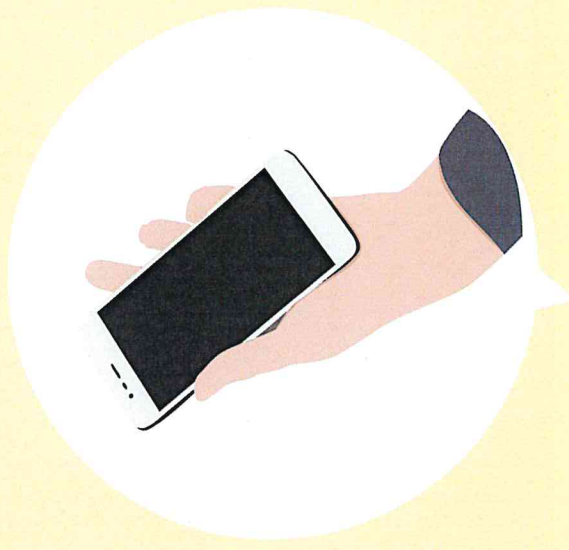
A change in daily routine,
lack of sleep, stress,
fatigue, cell phone use, and
simple distractions are some
things parents experience and
can be contributing factors as
to why children have been left
unknowingly in vehicles...



For additional information, please visit
www.myflfamilies.com/childcare or contact
your local licensing office.

This brochure was created by the
Department of Children and Families in
consultation with the Department of Health.

WHEN LIFE HAPPENS... DON'T BE A DISTRACTED ADULT





Distraction Prevention Tips:

- **Never** leave your child alone in a car and **call 911** if you see any child locked in a car!
- **Make a habit** of checking the front and back seat of the car before you walk away.
- **Be especially mindful** during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- **Create reminders** by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- **Keep a stuffed animal** in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- **Set a calendar reminder** on your electronic device to make sure you dropped your child off at child care.
- **Make it a routine** to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

During the 2018 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.

Facts About Heatstroke:

- ⚠ It only takes a car **10 minutes** to heat up 20 degrees and become deadly.
- ⚠ Even with a window cracked, the **temperature inside a vehicle** can cause heatstroke.
- ⚠ The body temperature of a child increases **3 to 5 times faster** than an adult's body.

