



# Winter Haven Montessori

305 Ave E SW, Winter Haven, FL 33880

Phone: (863) 268-8208

[www.WinterHavenMontessori.com](http://www.WinterHavenMontessori.com)

Proposed start date \_\_\_\_\_(month/year). At that time, my child will be \_\_\_\_\_ years & \_\_\_\_\_ months.

Student Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex M( ) F ( )  
Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Child Lives With \_\_\_\_\_  
Home E-mail Address \_\_\_\_\_

**Mother's or Guardian's Name** \_\_\_\_\_  
DL# \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

**Father's or Guardian's Name** \_\_\_\_\_  
DL# \_\_\_\_\_ Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

**Parents are:** Together ( ) Separated ( ) Divorced\* ( ) Mother remarried ( ) Father remarried ( )

Child lives with: Both Parents ( ) Mother ( ) Father ( ) Other ( ) specify \_\_\_\_\_

\*Divorce documentation must be on file. Primary custodial parent must inform school in writing every day the child should be released to the non-primary custodial parent. If parents are divorced or separated, to whom should school correspondence be sent? \_\_\_\_\_

## Siblings:

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ School \_\_\_\_\_  
Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ School \_\_\_\_\_  
Pregnancy Due Date \_\_\_\_\_  
Others living with family \_\_\_\_\_

**Maternal Grandparent's Name** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Paternal Grandparent's Name** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Office use only**

Date received: \_\_\_\_\_ Application Fee ck# \_\_\_\_\_ Sibling Y N Interview/Visit \_\_\_\_\_ Start Date \_\_\_\_\_

**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 \_\_\_\_\_

Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

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 \_\_\_\_\_ Address \_\_\_\_\_ Work# \_\_\_\_\_ Home# \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Work# \_\_\_\_\_ Home# \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Work# \_\_\_\_\_ Home# \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Work# \_\_\_\_\_ Home# \_\_\_\_\_

**Parent Questionnaire for students 2 through 6 years of age**

*The best way to meet a student's needs is through an individualized program. To assure that your child's unique and special needs are met, please fill out the questionnaire to help the admissions committee become better acquainted with your child.*

**School Environment:**

Please list child's current school \_\_\_\_\_

Was this experience negative? \_\_\_\_\_ If so, how? \_\_\_\_\_

Please list all previous school(s) and/or group experiences your child has had \_\_\_\_\_

Did your child experience separation anxiety? \_\_\_\_\_

If yes, how did you resolve this? \_\_\_\_\_

Has your child been dismissed or suspended from any school? If yes, please explain \_\_\_\_\_

Has testing ever been recommended for visual or auditory processing issues, sensory issues, learning concerns or behavior concerns? (Copies of tests need to be attached.) \_\_\_\_\_

Please list other schools to which your child is applying \_\_\_\_\_

**\*\*\*On the back of this application (or other sheet of paper), please discuss your family's educational philosophy and how you think Winter Haven Montessori would meet your child's needs. Explain what you know about Montessori along with any research you have conducted about this educational system. Let us know if you know any families at Winter Haven Montessori. Tell us about your future educational plans - how long you plan to stay with Winter Haven Montessori.**

**Child's Behavior/Parenting Style:**

Describe how your child interacts with peers and adults \_\_\_\_\_

Describe games, activities or special interests your child enjoys \_\_\_\_\_

What descriptive words or phrases describe your child's personality? \_\_\_\_\_

What do you consider his/her most desirable qualities? \_\_\_\_\_

What do you consider his/her area of greatest need? \_\_\_\_\_

What steps have you taken to address these concerns? \_\_\_\_\_

Does your child have a fear of or anxiety in any particular situations? \_\_\_\_\_

How do you handle behavior problems at Home? \_\_\_\_\_

How would you expect WH Montessori to handle behavior issues that arise at school? (WH Montessori does not use any form of corporal punishment.) \_\_\_\_\_

In what ways does your child express anger and frustration? \_\_\_\_\_

Would you describe your child as flexible or routine oriented? \_\_\_\_\_

Elementary students wear uniforms. How will your child handle the dress code? \_\_\_\_\_

**Physical Development:**

Did your child have a premature birth? \_\_\_\_\_ Gestational week of birth \_\_\_\_\_

Describe your child's eating habits \_\_\_\_\_

Please list any special medication(s) your child is taking. \_\_\_\_\_

Child's first language \_\_\_\_\_ Child's second language \_\_\_\_\_

Use of Hand:      Right      Left      Not yet determined

Describe your child's bedtime routine. \_\_\_\_\_

Falls asleep easily \_\_\_ Has difficulty sleeping through the night \_\_\_ Falls asleep with difficulty \_\_\_ Difficulty waking \_\_\_

**INFANT/TODDLER ONLY**

Does your child use language to express him/herself? \_\_\_\_\_

Is your child's speech easily understood by others? \_\_\_\_\_

If your child is under age 3, is he/she potty trained? No \_\_\_\_\_ Partially \_\_\_\_\_ OR Completely \_\_\_\_\_

Does your toddler nap after lunch? \_\_\_\_\_ for how long? \_\_\_\_\_

**Family History:**

Is your child cared for regularly by anyone other than parent/guardian? \_\_\_\_\_

Name and Relationship to child \_\_\_\_\_

Have there been any unusual occurrences in your child's life (death in the family, extended hospitalization, moving, divorce, etc.)? Nature and date \_\_\_\_\_

How is your child dealing with this? \_\_\_\_\_

Are you planning to move to a new house in the next year? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Additional information you would like for the staff to know about your child or other information that you feel may add to our understanding of your child and his/her needs (adoption, special family circumstances, etc.) \_\_\_\_\_

## **Nondiscrimination Admission Policy**

Winter Haven Montessori admits students regardless of race, color, or national origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. Winter Haven Montessori does not discriminate on the basis of race, color, or national and ethnic origin in the administration of its educational policies, admissions policies, and other school administered programs. Winter Haven Montessori is not obligated to admit any student and no student is guaranteed admission. The school seeks to balance qualified boys and girls at each level. The school accepts those qualified students who in the opinion of the school, will have successful experiences in the program and will contribute in the classroom communities for which they are applicants. The school reserves the right to place students in the age level which seems best for them. Winter Haven Montessori also considers the family of the applicant and whether they understand and support the Montessori philosophy and school policies. Preferential enrollment is given to siblings of currently enrolled students who a re-enrolled for the upcoming school year.

## **Disclosure Statement**

I certify that the information presented in this application is accurate, complete, and honestly presented. I also certify that, to the best of my knowledge, any information submitted on my behalf, including letters of recommendation, is authentic. I understand and agree that any intentionally inaccurate information or omission will, if discovered at a later date, be cause for rescinding an offer of admission. Has the student incurred serious or repeated disciplinary action or has he/she ever been dismissed, suspended or separated from school, placed on probation, or have you left voluntarily for an extended period of time? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to the above question is yes, please explain on a separate sheet and attach it to your application. Have your school counselor include a statement about your situation with your school records. If, after you have submitted this form, new circumstances alter your status at school, you must notify Winter Haven Montessori as soon as possible.

For value received and without further consideration, I hereby consent that all photography taken of my child at Winter Haven Montessori during school functions may be used in any manner by said school for purposes of illustration, advertising, or publication.

I acknowledge that we waive our right to access/read confidential information in our child's admission file, including without limitation, any teacher or Head of School evaluation. No information submitted to Winter Haven Montessori for admission purposes will be returned to the applicant.

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment. (ATTACHED)
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24). (ATTACHED)
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Name of parent/guardian \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

\*\*Tuition Fee Schedule (ATTACHED)

\*\*Please attach a snapshot of your family.

\*\*The Registration Fee, Materials Fee and First Month's Payment will be due upon acceptance to the school.

\*\*Please mail or email the complete application form to: Winter Haven Montessori or  
Courtney@winterhavenmontessori.com

## Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect.

When evaluating the quality of a child care setting, the following indicators should be considered:

### Quality Caregivers

- ✓ Are friendly and eager to care for children.
- ✓ Accept family cultural and ethnic differences.
- ✓ Are warm, understanding, encouraging, and responsive to each child's individual needs.
- ✓ Use a pleasant tone of voice and frequently hold, cuddle, and talk to the children.
- ✓ Help children manage their behavior in a positive, constructive, and non-threatening manner.
- ✓ Allow children to play alone or in small groups.
- ✓ Are attentive to and interact with the children.
- ✓ Provide stimulating, interesting, and educational activities.
- ✓ Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- ✓ Communicate with parents.

### Quality Environments

- ✓ Are clean, safe, inviting, comfortable, and child-friendly.
- ✓ Provide easy access to age-appropriate toys.
- ✓ Display children's activities and creations.
- ✓ Provide a safe and secure environment that fosters the growing independence of all children.

### Quality Activities

- ✓ Are children initiated and teacher facilitated.
- ✓ Include social interchanges with all children.
- ✓ Are expressive including play, painting, drawing, story telling, music, dancing, and other varied activities.
- ✓ Include exercise and coordination development.
- ✓ Include free play and organized activities.
- ✓ Include opportunities for all children to read, be creative, explore, and problem-solve.



To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

For additional information, please visit [www.myflorida.com/childcare](http://www.myflorida.com/childcare) or contact your local licensing office below:



# Know Your Child Care Facility

CF/PI 175-24, 10/2007

This brochure was created by the Department of Children and Families, Child Care Program Office pursuant to s. 402.3125(5), F.S.,



# Licensing Standards

This child care facility is licensed according to the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).

License Number: \_\_\_\_\_

License Issued on \_\_/\_\_/\_\_

License Expires on \_\_/\_\_/\_\_

For more information regarding the compliance history of this child care provider, please visit: [www.myflorida.com/childcare](http://www.myflorida.com/childcare).

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:

## General Requirements

- ✓ Valid license posted for parents to see.
- ✓ All staff appropriately screened.
- ✓ Maintain minimum staff-to-child ratios:
 

Under 1 yr. old	1:4
1 yr. old	1:6
2 yrs. old	1:11
3 yrs. old	1:15
4 yrs. old	1:20
5 yrs. old & older	1:25
- ✓ Maintain appropriate transportation vehicles *(if transportation is provided)*.

- ✓ Provide parents with written disciplinary practices used by the facility.
- ✓ Provide access to the facility during normal hours of operation.

## Physical Environment

- ✓ Maintain sufficient usable indoor floor space for playing, working, and napping.
- ✓ Provide space that is clean and free of litter and other hazards.
- ✓ Maintain sufficient lighting and inside temperatures.
- ✓ Equip with age and developmentally appropriate toys.
- ✓ Provide appropriate bathroom facilities and other furnishings.
- ✓ Provide isolation area for children who become ill.
- ✓ Practice proper hand washing, toileting, and diapering activities.

## Training Requirements

- ✓ 40-hour introductory child care training.
- ✓ 10-hour in-service training annually.
- ✓ 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- ✓ Director Credential for all facility directors.

## Health Related Requirements

- ✓ Emergency procedures that include:
  - Posting Florida Abuse Hotline number along with other emergency numbers.
  - Staff trained in first aid and Infant/Child CPR on the premises at all times.
  - Fully stocked first aid kit.
  - A working fire extinguisher and documented monthly fire drills with children and staff.
- ✓ Medication and hazardous materials are inaccessible and out of children's reach.

## Food and Nutrition

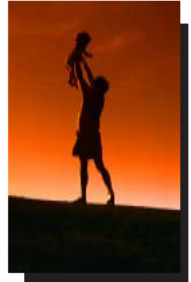
- ✓ Post a meal and snack menu that provides daily nutritional needs of the children *(if meals are provided)*.

## Record Keeping

- ✓ Maintain accurate records that include:
  - Children's health exam/immunization record.
  - Medication records.
  - Enrollment information.
  - Personnel records.
  - Daily attendance.
  - Accidents and incidents.
  - Parental permission for field trips and administration of medications.

# Parent's Role

The parent's role in quality child care is vital to its success. In partnering with the caregiver to achieve this goal, parents should:



- ✓ Familiarize themselves with the child care standards used to license the child care facility.
- ✓ Inquire about the qualifications and experience of child care staff, as well as staff longevity.
- ✓ Know the facility's policies and procedures.
- ✓ Communicate with the caregiver.
- ✓ Visit and observe the facility.
- ✓ Participate in special activities, meetings, and conferences.
- ✓ Talk to their child about their daily experiences in child care.
- ✓ Arrange alternate care for their child when they are sick.

To report non-compliance with state licensing standards, please contact your local licensing office.

**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.**

**My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:**

**Name:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

***Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.***

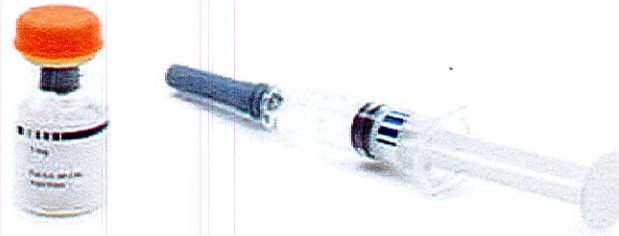


## **What should I do if my child gets sick?**

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 setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

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

## 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 Center 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?

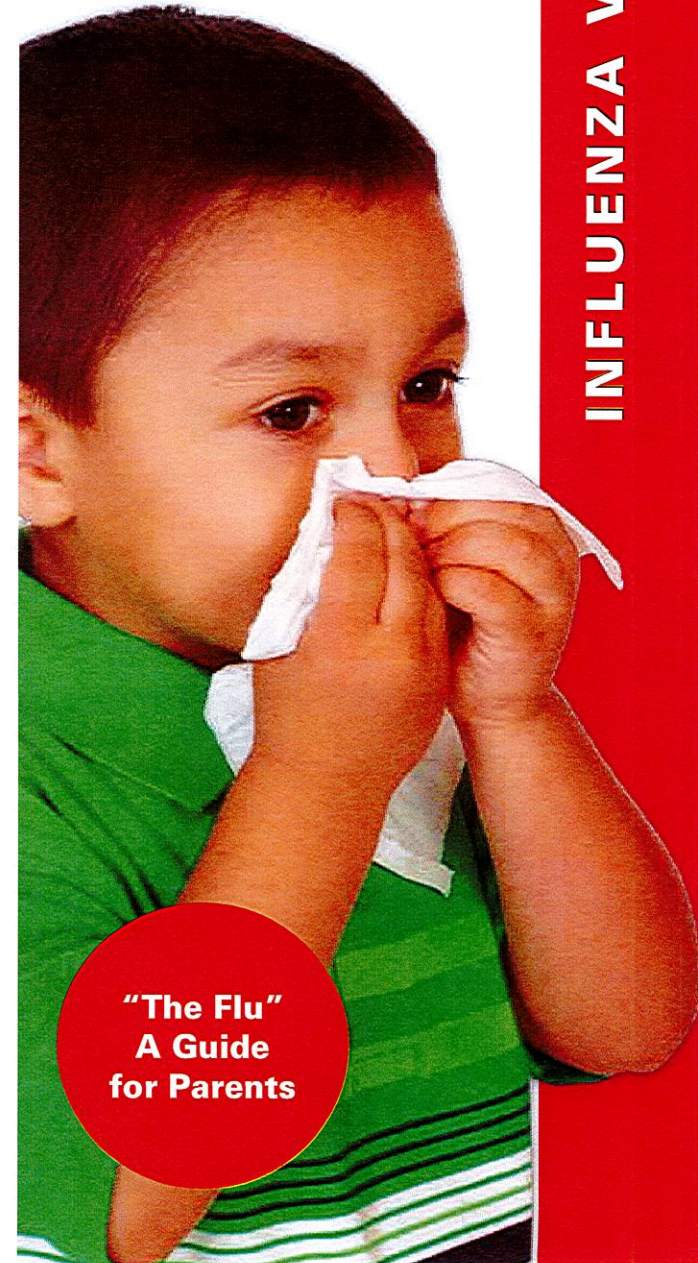
Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between 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.myflorida.com/childcare](http://www.myflorida.com/childcare) or contact your local licensing office below:

CF/PI 175-70, June 2009

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



**INFLUENZA VIRUS**

**"The Flu"  
A Guide  
for Parents**