

JUDY STEINBERG HEBREW ACADEMY OF PALM BEACH



- ENROLLMENT CHECKLIST -

For your convenience, the following is a checklist of the items required to complete the application process. Please be aware that all of the forms must be signed and returned before your child begins attending our program.

- ❑ **In-Person Interview** with Early Childhood Director
- ❑ **Application for Enrollment** – Attachment A
- ❑ **Good Health Form** (DH-H Form 3040) and **Immunization Form** (DH-H Form 680) – The state of Florida mandates specific health evaluations and immunizations for children attending Florida schools. Your medical provider supplies the state mandated forms that must be completed before your child enters our program. The medical forms must have been completed within 6 months prior to the start of the school year.
- ❑ **Medical Emergency Form** – Attachment B
- ❑ **Tuition Agreement** - Attachment C
- ❑ **Authorizations Form** – Attachment D
- ❑ **Discipline Policy** – Please keep for your records.
- ❑ **Pre-K Students** – Current Florida VPK Voucher
- ❑ **Parent Handbook** - Please read carefully. Sign acknowledgement form on last page and return to office.
- ❑ **“Know Your Child Care Facility” Pamphlet** - Please keep for your records.
- ❑ **School Calendar** - Please keep for your records and post in a prominent spot.
- ❑ **VPK Voucher** for Pre-K students

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MEDICAL EMERGENCY FORM 2010 - 2011

Student's Name: _____ Male Female

Birth Date: _____ Social Security # ____-____-_____

Names of Parents or Guardian: _____

Address: _____

Home Phone # _____ E-mail Address: _____

| | |
|--|--|
| Mother's Name _____ Mother's Work # _____ Mother's Cell # _____ | Father's Name _____ Father's Work # _____ Father's Cell # _____ |
|--|--|

- In the event of an emergency, if I am unable to be contacted, I hereby grant permission to the Hebrew Academy of Palm Beach to authorize any emergency action necessary to ensure the safety of my child.

Signature of parent _____ Date _____

ADDITIONAL EMERGENCY CONTACTS:

| Name | Relationship | Daytime Telephone # |
|------|--------------|---------------------|
| | | |
| | | |

PLEASE COMPLETE CAREFULLY:

1. Allergy to Medications (Please List) _____
2. Medications Being Taken (Please list) _____
3. Previous Fracture or joint Injuries _____

Pediatrician: _____ Phone: _____

- This grants permission to release information concerning the treatment of my child _____ to the representative of the Hebrew Academy of Palm Beach that is accompanying him/her. Signature _____

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TUITION AGREEMENT FORM 2010 - 2011

- Tuition is collected in ten monthly installments. No refunds or credits will be made due to absenteeism.
- Payment is made automatically via credit card on the first of every month. Cards are charged from September 1st, 2010 through June 1st, 2011.
- Tuition payment is determined by total tuition due, minus \$200 Registration Fee, divided by ten months.
- Fees for Before- and After-Care are charged automatically.

Monthly Tuition Rate: _____

| Credit Card Type | Card # | Exp Date | Name as it appears on card |
|------------------|--------|----------|----------------------------|
| | | | |

- I agree to have the Hebrew Academy of Palm Beach charge my above credit card on the 1st of each month.
- Credit card holder signature: _____ Date: _____

FOR OFFICE USE ONLY:

Reviewed By: _____

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AUTHORIZATIONS 2010 – 2011

PLEASE READ AND INITIAL THE FOLLOWING...

- _____ 1. The following is a list of all of the people who are authorized to remove my child from the facility of the Hebrew Academy.

| Name | Address | Phone | Relationship to child |
|------|---------|-------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

If the parent wishes for someone other than the abovementioned to pick up their child, they must notify the office in advance. The person picking up the child will be required to show personal identification.

- _____ 2. I give permission to the Hebrew Academy to use photographs of my child for promotional and archival purposes without compensation.
- _____ 3. I give permission for my name, telephone number, and address to be included in the class list that will be distributed.
- _____ 4. I agree to read the Parent’s Handbook and to abide by all the policies stated therein.
- _____ 5. I understand that it is my responsibility to apply sunscreen to my child on a daily basis. Notwithstanding the above, I give permission to the Hebrew Academy of Palm Beach to apply sunscreen and diaper ointment to my child if necessary.
- _____ 6. I have received a copy of the “Know Your Child Care Facility” pamphlet.
- _____ 7. I have received the written disciplinary practices of the Hebrew Academy of Palm Beach.
- _____ 8. I understand and approve the use of the “Alternate Nutrition Plan” which clarifies which party is responsible for the child’s nutritional intake.

| <i>Alternate Nutrition Plan</i> | | | | |
|--|-----------|----------------|---------|----------------|
| <i>MEAL</i> | Breakfast | A.M. Snack | Lunch | P.M. Snack |
| <i>Provider</i> | Parents | Hebrew Academy | Parents | Hebrew Academy |

Date: _____ **Signature of Parent / Guardian:** _____

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- DISCIPLINE POLICY -

SUMMARY:

Conflicts occur naturally as children try to relate to each other in a group setting. At the Hebrew Academy Early Childhood Center and Day School, discipline provides an opportunity for growth and learning. The techniques teachers use to assist children in resolving conflicts teach children problem solving skills and help children develop inner controls and an intrinsically motivated sense of right and wrong.

GUIDELINES:

The discipline techniques that teachers employ are constructive and positive. Under no circumstances are children physically punished or verbally berated. Confidentiality is strictly observed and children's feelings are respected. Parents are kept informed of any disruptive behavior and are involved in the process of creating discipline strategies to suit the needs of their child.

TECHNIQUES:

1. **Redirection:** When direct instruction is necessary, teachers use positive, instructive statements that inform the child of the behavior that is expected. Ex: Instead of saying, "Stop running in the class" a teacher will say, "In this classroom we use quiet walking feet."
2. **Passive Intervention:** Teachers give children time to work through their own problems, but are there to help if things escalate to destructive or aggressive behavior.
3. **Physical Intervention:** Children are physically separated if they begin to hurt each other.
4. **Modeling & Problem Solving:** Oftentimes children are not aware of appropriate solutions to conflicts that arise with peers. Teachers model considerate behaviors so that children can learn to empathize and demonstrate compassion. Children are encouraged to generate solutions to conflicts using tools such as negotiation, collaboration, and turn taking.
5. **Making Choices & Natural Consequences:** Children are presented with choices that are acceptable to the teacher. Ultimately, if the child opts not to take any of them, he is offered the choice to continue to be part of the class or to sit aside until he feels he is ready to rejoin the group. Teachers identify and reinforce natural consequences as they occur. Children see that their behavior generates particular results and they begin to modify their behavior accordingly.
6. **Consistency:** Limits and Expectations are clearly understood by the children and the teachers respond similarly to conflict situations