

Release Authorization

Individuals, Other than parent to whom Guardian Montessori Academy is authorized to, release your child.

Name _____ Phone Number _____

Address _____

Relationship _____ Driver's License No. _____

Name _____ Phone Number _____

Address _____

Relationship _____ Driver's License No. _____

Name _____ Phone Number _____

Address _____

Relationship _____ Driver's License No. _____

Signature of Parent or Guardian

Date

Infectious Disease / COVID-19 Health Policy

Our priority at Guardian Montessori Academy is to ensure the health and safety of the children and staff that come to our center every day. We will not be successful without your help. Our new health guidelines are based on recommendations set forth by Florida Department of Children and Families which were based on The Center for Disease Control. These practices are subject to change as needed.

As the risk in our area for COVID-19 increases, we are asking each of our families to acknowledge and agree to the following procedures. *This form must be returned before your child can start our program.*

Child's Name: _____ DOB: _____

I, _____
Parent / Guardian Relationship to Child (ren) listed above

If my child (ren) or any person within my household shows any of the following symptoms, I agree to keep them home for 72 hours fever free, without fever reducing medication.

- Fever over 99.6
- Excessive cough / dry cough
- Shortness of breath
- Lethargic, overly tired, unusually calm or quiet
- Mild respiratory illness / issues

If my child experiences any of the above symptoms during childcare, I understand that either myself, or a person I have designated as an emergency pick up, will arrive within one hour.

Guardian Montessori Academy may request a physician's note to return to care.

I agree to inform the program if my child, or any family member, has tested positive for COVID-19 so that the program can take the necessary mandated steps. Your child's identity remains confidential.

Out of respect for the other children, families and staff members, failure to abide by our policies or failure to disclose COVID-19 exposure or positive test of your child or family member may result in immediate termination from this program.

I certify and acknowledge that I have read and understand the COVID-19 Health Policy and agree to the terms listed above.

Signature: _____ Date: _____

Printed Name: _____

Director Signature: _____ Date: _____

Permission for Food-Related Activities and Special Occasion Food Consumption

Pursuant to 65C-22.005(1)(c)2. Licensed child care facilities must obtain written permission from parent/guardians regarding a child's participation in food related activities. These activities include such things as classroom cooking projects, gardening, school wide celebrations, and birthdays.

I, _____, give/decline permission for my child
(Parent or Guardian) (circle one)

_____ to participate in food related activities and special
(Child's Name)
occasions wherein food is consumed.

Please provide the following information:

My child DOES NOT have a food allergy or dietary restriction. He or she may participate in activities.

My child DOES NOT have a food allergy or dietary restriction. He or she MAY NOT participate in activities.

My child DOES have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items as listed below:

 My child DOES have a food allergy or dietary restriction. He or she MAY NOT participate in activities.

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of child's enrollment.

(Parent/Guardian Signature)

(Date)

Vacation Policy Arrival / Dismissal Policy

VACATION POLICY:

- 1) Monthly tuition will not be pro-rated during the school year [August to May] for any reason. Tuition will be paid in full amount each month, even though my child does not attend some days during the month and regardless of the number of days missed or the reason for absence. **It must be understood that to hold your child's space, payment must be paid whether your child attends or not. Payment is based on contract, not attendance.**
- 2) For parents who take extended vacations during the summer there are two options. One option is to withdraw your child from our center and pay a re-registration fee when they return, (\$150.00) This option, however, does not ensure their spot in the center if we were to become full, or have the same teacher when returning. The second option is to pay for the weeks you are away. This option ensures their spot and teacher in our program. Full time students have 2 weeks prorated in the summer for vacations.

ARRIVAL/DISMISSAL POLICY:

The school hours are 7:00 am to 6:00 pm.

Half Day is from 8:30 am to 12:00 pm.

School Day is from 8:30 am to 3:00 pm and

Full Day is from 7:00 am to 6:00 pm.

A late charge of \$3.00 per minute is charged if pick up or drop off takes place before/after your child's scheduled time.

For half day and school day if arrangements are made ahead of time the early/late fee is \$12.50 per hour.

Please acknowledge this policy by signing and returning this letter to the front desk.

Name of Parent

Signature of Parent

Name of Child

Date

Discipline and Guidance Policy

- ✦ Discipline must be:
 - (1) Individualized and consistent for each child.
 - (2) Appropriate to the child's level of understanding; and
 - (3) Directed toward teaching the child acceptable behavior and self-control.

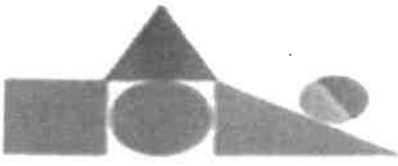
- ✦ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
 - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior.
 - (2) Reminding a child of behavior expectations daily by using clear, positive statements.
 - (3) Redirecting behavior using positive statements.

- ✦ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 - (1) Corporal punishment or threats of corporal punishment.
 - (2) Punishment associated with food, naps, or toilet training.
 - (3) Pinching, shaking, or biting a child.
 - (4) Hitting a child with a hand or instrument.
 - (5) Putting anything in or on a child's mouth.
 - (6) Humiliating, ridiculing, rejecting, or yelling at a child.
 - (7) Subjecting a child to harsh, abusive, or profane language.
 - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
 - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

My signature verifies I have read and received a copy of this discipline and guidance policy.

Parents Signature

Date



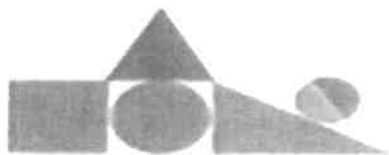
PARENT AGREEMENT

- I hereby request acceptance for my child, _____ in Guardian Montessori Academy's monthly school program and intend to complete the entire school year unless unforeseen.
- I understand that the Application fee and Supply fee are due upon acceptance and are non-refundable. The Supply Fee for the first semester is due in August along with the August tuition and the Supply Fee for the second semester is due in January along with the January tuition.
- A summer activity fee of \$75/- per month per child is to be added to the tuition for June and July; summer tuition can be pro-rated for a maximum of two weeks. Sibling discount of 10% will be applicable only on full month tuition during June and July.
- I agree to give a 30-day withdrawal notice for my child/children, and to pay in full for that month.
- Sibling rate is 10% off of the monthly tuition for each additional child enrolled concurrently from the same family.
- The re-application of \$100 per family is due each year to guarantee re-acceptance into our program. This fee confirms placement at CMA for the new school year.
- Monthly tuition will not be pro-rated for any reason including sickness, vacation and/or inclement weather (August through May). I agree to pay the full amount each month, even though my child does not attend some days during the month regardless of the number of days missed or the reason for absence.
- Guardian Montessori Academy reserves the right to terminate a student's acceptance at any time, if considered necessary for the well-being of the child and/or other children.
- A \$12.50 fee will be charged up to 15 minutes of regular closing/pick-up time and an additional fee of \$1.00 per minute thereafter.
- A \$25.00 fee will be charged for all returned checks.
- I agree to pay the monthly tuition by the 1st of every month & if not paid by the 7th a \$25 late fee will be charged. I have read and agree to honor the school's policies and fees.
- I give permission for my address and phone number to be published in the school directory (if any). ___ Yes ___ No
- I give permission for my child to be photographed during school hours and functions to be used in school website. ___ Yes ___ No
- I give permission to use my child's artwork on the school website. ___ Yes ___ No
- I give permission for school administration to send information via email. ___ Yes ___ No

I acknowledge the terms of this agreement.

Signature of Parent or Guardian

Date



GUARDIAN
Montessori Academy
— January 1st 2012 —

Acknowledgement receipt of Parent's Handbook

I _____ have read the
**Guardian Montessori Academy Parent Handbook and
agree to abide by all policies and procedures listed
within the handbook.**

Signature: _____

Date: _____



FARE
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs.

Asthma: Yes (higher risk for a severe reaction) No

PLACE
STUDENT'S
PICTURE
HERE

For a suspected or active food allergy reaction:

FOR ANY OF THE FOLLOWING SEVERE SYMPTOMS

1 If checked, give epinephrine immediately if the allergen was definitely eaten, even if there are no symptoms.



LUNG

Short of breath,
wheezing,
repetitive cough



HEART

Pale, blue, faint,
weak pulse, dizzy



THROAT

Tight, hoarse,
trouble breathing/
swallowing



MOUTH

Significant
swelling of the
tongue and/or lips



SKIN

Many hives over
body, w. widespread
redness



GUT

Repetitive
vomiting or
severe diarrhea



OTHER

Feeling
something bad is
about to happen,
anxiety, confusion

**OR A
COMBINATION
of mild
or severe
symptoms
from different
body areas.**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. Use Epinephrine.

1. INJECT EPINEPHRINE IMMEDIATELY.

- Call 911. Request ambulance with epinephrine.
 - Consider giving additional medications (alongside or with the epinephrine):
 - Antihistamine
 - Inhaler (bronchodilator) if asthma
- Lay the student flat and raise legs. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport student to ER even if symptoms resolve. Student should remain in ER for 4+ hours because symptoms may return.

NOTE: WHEN IN DOUBT, GIVE EPINEPHRINE.

MILD SYMPTOMS

1 If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.



NOSE

Itchy/runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea/discomfort



1. GIVE ANTIHISTAMINES, IF ORDERED BY PHYSICIAN

- Stay with student; alert emergency contacts.
- Watch student closely for changes. If symptoms worsen, GIVE EPINEPHRINE.

MEDICATIONS/DOSES

Epinephrine Brand: _____

Epinephrine Dose: 1 (0.15 mg IM) 2 (0.3 mg IM)

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., Inhaler/Bronchodilator if asthma): _____

PARTICIPANT SIGNATURE: _____ DATE: _____

PHYSICIAN/PROF. AUTHORIZED SIGNATURE: _____ DATE: _____

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (WORK FROM ALLERGYSTAT) (8/2013)