



Angels Reach Pre-School Academy
"Excellence in Preparatory Leadership Education"

12051 Okeechobee Road

Hialeah Gardens , FL 33018

Phone: (305) 828-5276

contact@angelsreach.org

Preschool Registration for the _____ School Year

Please place full face picture of your child in this space →



Name of Child: _____

Date of Birth: _____ Gender: M F

Social Security#: _____

Place of Birth: _____

Citizen of: _____

Address of Child: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Number: _____

I am enrolling my child in the following:

- Infant
- Toddler
- Preschool
- VPK
- Integrated Therapy and Academics Group Program

I am enrolling my child only for the teaching day (9:00 am - 1:00 pm/VPK 9:00 am – 12:00 pm)

I am enrolling my child for the extended care program

Half Day Care: 7:30 am – 3:00 pm

Full Day Care: 7:30 am – 5:30 pm

***Only for Toddler and Preschool**

My child will be napping at school: Yes No

Parent Information:

Father's Name: _____

Place of Business: _____

Business Phone: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Mother's name: _____

Place of Business: _____

Business Phone: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact Information:

(To be used if parents cannot be reached)

1) Name: _____ Relationship to child: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

2) Name: _____ Relationship to child: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Medical Information:

Physician's Name: _____

Phone #: _____

Hospital Preference: _____

Phone #: _____

List any Allergies: _____

List any Medical Problems: _____

List any surgeries your child has had: _____ Special Diet (describe): _____

Personal Information to Help the Teachers know More About your Child

Names of Brothers and Sisters

_____ Age: _____
_____ Age: _____
_____ Age: _____
_____ Age: _____

Name of other adults living adults in your home

_____ Relationship _____
_____ Relationship _____
_____ Relationship _____

Has your child attended school before? _____

If yes, what school did he/she attended? _____

Reasons for changing school _____

Is your child allergic to any food? _____

My child goes to bed at _____ pm and gets up at _____ am

My child takes a _____ hour nap each day. _____

My child is afraid of: _____

My child is jealous of: _____

My child is totally dependent on: _____

Does your child suck his/her thumb? _____ Bite nails? _____

Pacifier? _____

Does your child still take a bottle? _____

Does your child have an imaginary friend? _____

Is there any other information which would help us to know your child better and make him/her feel more comfortable the first day of school? _____

THE STATE OF FLORIDA REQUIRES THAT YOU READ AND SIGN EACH OF THE ITEMS ON THIS PAGE:

The Discipline Policy of Angels Reach Academy for Divergent learners

The staff of the Angels Reach Academy for Divergent Learners believes that children can learn to regulate their own behaviors so that they can maximize not only their own learning potentials but additionally support the learning environment of their peers. Angels manages children's discipline with love and respect. We expect the child to respect his/her teacher and classmates and to behave accordingly. If there is a discipline problem you, the parent, will be notified at dismissal time, or sooner, if needed, but will always receive support in shaping desired behavior in your child.

There are some areas of discipline which will remain in the classroom and will be handled by the classroom teacher. These include, but are not limited to: 1. Tardiness to class; 2. Talking and other minor disruptions; 4. Passing notes; 5. Minor horseplay; 6. Non-participation in classroom activities/assignments; and 7. Cheating.

The use of cellular phones, and other electronic communication devices, is not permitted on school grounds or in school buildings except for documented reasons. The use and possession of hand-held electronic games, video cameras, tape recorders, and similar devices is not permitted in school buildings without the permission of school administration.

We expect all parents to work with the staff in encouraging your child to behave according to our standards, which allows each child to learn self-respect as one who is loved and respected by adults in our school. The child's growing self-respect makes it possible for the student to respect others, their rights and their property. Discipline is a cooperative effort between the child, parents, and teachers.

In cases of extreme discipline problems (such as biting, hitting, kicking), where the child does not appear ready to participate without hurting another child, an Angels Reach Behavior Supervisor will be contacted to develop specific behavioral protocols for your child while on campus. These protocols will also be reviewed with you, and you may be asked to participate in training so as to best support your child's behavioral progress.

Special needs students are protected by legislatures and laws, e.g., Individuals with Disabilities Education Act (IDEA).

Pursuant to IDEA, when disciplining a child with a disability, one must take that disability into consideration to determine the appropriateness of the disciplinary actions. For example, if a child with Autism is sensitive to loud noises, and she runs out of a room filled with loud noises due to sensory overload, appropriate disciplinary measure for that behavior (running out of the room) must take into account the child's disability; such as avoiding punishments that involve loud noises. Moreover, an assessment should be made as to whether appropriate accommodations were in place to meet the needs of the child. According to the United States Department of Education, in cases of children with disabilities who have been suspended for 10 or more days for each school year (including partial days), the local education agency (LEA) must hold a manifestation determination hearing within 10 school days of any decision to change the placement of a child resulting from a violation of code of student conduct. The Stay Put law states that a child shall not be moved from his or her current placement or interim services into an alternative placement if the infraction was deemed to cause danger to other students. The LEA, the parent, and relevant members of the individualized education program (IEP) team (as determined by the parent and LEA) shall review all relevant information in the student's file, including the child's IEP, any teacher observations, and any relevant information provided by the parents to determine if the conduct in question was:

- Caused by, or had a direct and substantial relationship to, the child's disability; or
- The direct result of the LEA's failure to implement the IEP.

If the LEA, the parent, and relevant members of the IEP team make the determination that the conduct was a manifestation of the child's disability, the IEP team shall:

- Conduct a functional behavioral assessment and implement a behavioral intervention plan for such child, provided that the LEA had not conducted such assessment prior to such determination before the behavior that resulted in a change in placement described in Section 615(k)(1)(C) or (G);
- In the situation where a behavioral intervention plan has been developed, review the behavioral intervention plan if the child already has such a behavioral intervention plan, and modify it, as necessary, to address the behavior; and
- Except as provided in Section 615(k)(1)(G), return the child to the placement from which the child was removed, unless the parent and the LEA agree to a change of placement as part of the modification of the behavior intervention plan.^[20]

If it is determined that a student's behavior is a manifestation of his or her disability, then he or she may not be suspended or expelled. However, under IDEA 2004, if a student "brings a weapon to school or a school function; or knowingly possess, uses, or sells illegal drugs or controlled substances at school or a school function"; or causes "serious bodily injury upon another person," he or she may be placed in an interim alternate educational setting (IAES) for up to 45 school days.^[21] This allows the student to continue receiving educational services while the IEP team has time to determine the appropriate placement and the appropriate course of action including reviewing the FBA and the BIP.

I _____, parent or guardian of

have read the above Discipline Policy of Angels Reach Academy for Divergent Learners and agree to be part of the team helping my child to develop and maintain self-discipline.

Date:

Parent Signature:

Child Care Facility Brochure Statement

“Know Your Child’s Day Care Center”

On (date) I received a link to the Florida Department of Children and Families Child Care Facility Brochure (CF/PI 175-24) entitled, “Know Your Child’s Day Care Center” as part of the Registration Packet of Angels Reach Academy for Divergent Learners. Brochure Link: <http://www.dcf.state.fl.us/programs/childcare/docs/know%20your%20cc%20facility.pdf>

Name of Child:

Parent Signature:

Accident Liability

Angels Reach Foundation, Inc. and its agents, contractors, employees, and representatives (the “Angels Reach Foundation, Inc. Parties”) strive to provide quality care and supervision in the implementation of intervention and care for the children and families they each serve. However accidents and/or acts of God may occur. This is a legally-binding Release made by the undersigned for the benefit of, and to, Angels Reach Foundation, Inc. its agents, contractors, employees, and representatives. At all times it is the responsibility of the undersigned to select, monitor, and evaluate all procured services. Angels Reach Academy for Divergent Learners assumes **no liability** for injuries that occur during normal and expected play. A separate Release of Liability is to be provided to parents/guardians and must be signed It is recommended that you obtain medical Insurance for your Child.

Name of Child:

Parent Signature:

Transportation Policy of

Angels Reach Academy for Divergent Learners

I (we) understand that the transportation of our child(ren) is our own responsibility and Angels Reach Academy for Divergent Learners provides NO TRANSPORTATION. Angels Reach may recommend known child transportation services, but none are run directly by Angels Reach Academy for Divergent Learners.

Name of Child: _____ Parent Signature: _____

Child Pick-Up Authorization

(This form MUST be filled out even if the parents are the only ones who will be transporting your child. It is a Regulation of the Florida Department of Children and Families.)

I (We) authorized ONLY the following people to pick up and transport my (our) child(ren) to and from Angels Reach Academy for Divergent Learners. **Any Changes to This List MUST BE Conveyed to Angels Reach Academy for Divergent Learners in writing.**

Child's Name: _____

Mother's Name: _____

Father's Name: _____

Names of Other Authorized People	Relationship to Child
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

(Under no circumstances will any staff member of Angels Reach Academy for Divergent Learners transport any child, other than their own, to or from any Angels Reach Academy for Divergent Learners sanctioned event.)

We also understand that if we are late picking up our child, we will have to pay a late fee as outlined in the Parent's Handbook.

Father's Signature: _____

Date: _____

Mother's Signature: _____

Date: _____

On an additional sheet of paper, please attach a **picture of anyone (including parents) who will be picking up your child.** The pictures make it easier for us to recognize the authorized people. We request the pictures for the safety of your child. Please be sure to label each picture with the person's name and the name of your child.

HRS-CYF Form 5019
Alternate Nutrition Form
Child Day Care Licensing

Name of Facility: Angels Reach Academy for Divergent Learners

Name of Child: _____

Indicate **Special Dietary** Requirements: _____

Indicate **Allergies to Food or Beverage:** _____

_____ |
understand and approve the use of the Alternative Nutrition Plan. I agree to provide the following meals and snack to meet my child's nutritional and dietary needs:

- **BREAKFAST** – Will be fed to the child **BEFORE** coming to school.
- **MORNING SNACK** – Will be provided by the school.*
*only for toddlers and preschool
- **LUNCH** – Will be provided by the parent/guardian. Please be advised that by Law, Angels Reach Academy for Divergent Learners CANNOT change the temperature of any food on the premises until such a time as Licensing should permit.
- **AFTERNOON SNACK** – Will be provided by the school, unless your child has not finished lunch. Any remaining nutritional food from lunch will be given to the child for Afternoon Snack.
- **Dinner** – Will be provided by the parent.
- **EVENING TREAT** – Will be provided by the parent, if necessary.
- **FORMULA or BOTTLES** – (for two year old children) Will be provided by the parent if necessary.

Parental Signature: _____ Date: _____ |

agree to provide the parent with a suggested meal pattern as provided by the Health Department, if so requested, and to discuss any problems which might develop in the use of the Alternate Nutrition Plan.

Dorinda Luzardo, MS, Ed., MLIS
Angels Reach Academy for Divergent Learners

Medical Information
EMERGENCY Physicians, Surgeons, Dentists

Name of Child: _____

My child is **ALLERGIC** to the following MEDICATION(S): _____

My child is also **ALLERGIC** to: _____

My child's **PHYSICIAN** is: _____

My child has the following **MEDICAL PROBLEMS**: _____

TB TEST was done on _____ with a _____ result.

The last **TETANUS SHOT** was given on _____

My child has had the following **SURGICAL PROCEDURES** done: _____

Parent Information

Father's Name: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____

Mother's name: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact Information

(To be used if parents cannot be reached)

1) Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

2) Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Medical Insurance Information

Company: _____ Phone: _____

Policy#: _____ Group#: _____

Primary Policyholder's Name & Social Security #: _____

Parent/Guardian Signature: _____

Date: _____

Medical Release Form

This Form MUST be notarized

I (We), the undersigned, who live at _____ (address)

In the city of _____ and the state of Florida, are the parents or legal

guardians of _____ (child) born on _____ in the city of

_____ and the state of _____

I (We) authorize a member of the Staff of Angels Reach Academy for Divergent Learners, 12051 Okeechobee Road, Hialeah Gardens, FL 33018, to consent to any medical or dental examination, x-ray, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care to be rendered to the above named minor, under the general or special supervision and on the advice of any physician, surgeon or dentist licensed to practice in the State of Florida, if the parents or legal guardians cannot be reached and immediate medical care is deemed absolutely necessary. It is understood that this authorization is given in advance of any specific diagnosis, or treatment being rendered. I (We) will assume all financial responsibility for the physician, surgeon, dentist, hospital, and or ambulance service. I (We) hereby release Angels Reach Academy for Divergent Learners, its administrators, staff, and officers from any and all liability.

I (We) have read and agree to all the Medical Release Form stated above.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

NOTARY INFORMATION, SIGNATURE, AND NOTARY STAMP

State of Florida
County of Dade

Sworn to and subscribed before me this _____ day of _____, 20____

Signature of Notary Public _____
State of Florida

Notary Public Stamp