

Morning Meadow

PRESCHOOL & KINDERGARTEN

Registration Checklist

- Enrollment Form
- Tuition Plans
- DCF Child Care Application Form
- Health Questionnaire
- Disciplinary Plan
- Medical Release
- Contract
- DCF brochure: Know your childcare facility
- Influenza brochure

Please Include:

- Your child's completed annual physical
- Current Immunization Record or Immunization Exemption
- \$200 Non-Refundable Payment to hold your child's space

Enrollment Form

Morning Meadow Preschool

Date of enrollment

Child's full name

Name child would like to be called in school

Child's date of birth (Month, Day, Year)

Parent Information:

Parent A

Parent B

Name

Name

Address

Address

City, State, Zip

City, State, Zip

Work Phone

Work Phone

Cell Phone

Cell Phone

Email

Email

In the event of an emergency:

Hospital Preference

Physician

Phone

Emergency Contact (in addition to the above)

Name

Phone

The following people are authorized to pick up my child from school:

Name

Relation to child

Name

Relation to child

Important information we should know about your child:

Please circle your first choice of days you would like your child to attend:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Please circle your second choice of days you would your child to attend:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY



Morning Meadow
PRESCHOOL & KINDERGARTEN

A RECOGNIZED WALDORF EARLY CHILDHOOD PROGRAM
813 NW 6TH STREET, GAINESVILLE, FLORIDA

352-339-1417 WWW.MORNINGMEADOW.COM



Tuition Plans

Morning Meadow Preschool & Kindergarten

2020-2021

TUITION PLANS

TWO DAY PROGRAM	\$400.00 per month
THREE DAY PROGRAM	\$475.00 per month
FIVE DAY PROGRAM	\$575.00 per month

AFTERCARE

The standard school day runs from 8:30 a.m. to 1:30 p.m.

Aftercare is available from 1:45 to 3:00 p.m.

\$10.00/day -- 1:45 to 3:00 pm

\$15.00/ day -- 3:00 to 5:00 pm

MATERIALS FEE

A one time materials fee is charged for the school year.

This fee may be paid in two equal installments if necessary.

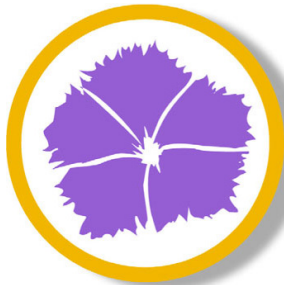
TWO DAY PROGRAM	\$200.00 per year
THREE DAY PROGRAM	\$275.00 per year
FIVE DAY PROGRAM	\$350.00 per year

SCHOOL CALENDAR

Morning Meadow operates according to the same schedule as the Alachua County School District, with the exception that Morning Meadow opens for the year after Labor Day. The end of the school year, holidays and breaks are otherwise concurrent with those of the School District. Tuition is payable by the month during the regular school year, regardless of holidays and breaks.

SUMMER CAMP

Morning Meadow Summer Camp is run as a separate program during the months of June and July.



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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

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

Family Information: Child 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

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#

Helpful Information About Child:

- 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.

- 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), **or**

Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).

- 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, **or**

Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).

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

Signature of Parent/Guardian

Date



Morning Meadow Preschool and Kindergarten

HEALTH AND PHYSICAL DEVELOPMENT

If you are an adoptive parent please indicate, and respond to pregnancy and childbirth questions to the best of your ability.

1. PREGNANCY & CHILDBIRTH

State of health during pregnancy

___ restless ___ stressful ___ complications (please explain)
___ tired ___ peaceful ___ energetic ___ ill (please explain)

Childbirth was:

___ home birth ___ induced ___ difficult ___ hospital birth
___ quick ___ late ___ early ___ long ___ easy
___ scheduled caesarean ___ drugs during labor ___ caesarean w/ prior labor

2. INFANCY

As an infant was your child: ___ fretful ___ colicky ___ sleepy

Was your child breastfed? _____ Until when? _____ Was
breastfeeding scheduled or "on demand"? _____ Were there any
complications with breastfeeding? _____

Age at first teeth? _____ When did your child crawl? _____

Age at first words? _____ When did your child walk? _____

Please list the immunizations your child has had and at what age each immunization was begun.

Immunization	Age of Child
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Did your child have a reaction to any immunization?

Please list childhood illness and treatment of illness.

Please indicate and explain any vulnerable areas in your child's health.

<input type="checkbox"/> lungs	<input type="checkbox"/> abdomen	<input type="checkbox"/> eyes	<input type="checkbox"/> throat
<input type="checkbox"/> constipation	<input type="checkbox"/> skin	<input type="checkbox"/> nose	<input type="checkbox"/> diarrhea
<input type="checkbox"/> high fevers			

3. EATING

Please indicate the following:

<input type="checkbox"/> good appetite	Likes: <input type="checkbox"/> sweet <input type="checkbox"/> sour <input type="checkbox"/> bitter <input type="checkbox"/> salty
<input type="checkbox"/> little interest in food	Likes: <input type="checkbox"/> hot food <input type="checkbox"/> cold food
<input type="checkbox"/> gets indigestion	Likes: <input type="checkbox"/> grains <input type="checkbox"/> vegetables <input type="checkbox"/> fruit <input type="checkbox"/> dairy <input type="checkbox"/> meat
<input type="checkbox"/> eats a full meal at mealtimes	<input type="checkbox"/> Prefers snacking to meals
<input type="checkbox"/> has difficult sitting through a complete meal time	

Most liked foods: _____

Least liked foods: _____

4. FAMILY/SOCIAL BACKGROUND

Child's birth-order in family _____

With whom does the child reside? If child live in two homes please not the schedule.

Please describe any blended family relationships: _____

Other significant persons in your child's life: _____

How much time does your child spend with this person(s)? _____

Is either parent or guardian away for significant lengths of time? Please explain _____

Does your family have a religious preference? Please comment _____

What activities does your child engage in at home? _____

Does your family lifestyle allow for a particular rhythm or ritual? If so, how do you accomplish this? (Example: Breakfast served at the same time every day. Clothes are picked out and ready to be put on, upon awaking. Bedtime prayer.) _____

Describe any pets in the family _____

5. MEDIA

How much time does your child partake in the following? Please indicate whether this is hours per day, per week, etc.

_____ TV	_____ Videos	_____ Story Tapes
_____ Movies	_____ Computer	_____ Music Tapes

Television, Video and Audio Tapes: It has been consistently found that watching TV and videos, regardless of their content, interferes significantly with the child's ability to experience their environment fully, rendering them less capable of healthy initiative, participation and attentiveness in group settings. We recognize that media is a significantly large part of our culture, and that not every parent is able to eliminate TV from their home. However, because of its strong effect on the quality of the classroom experience we ask that

you work on this with us. What is asked of the parents in working with us will vary, as the response to media varies greatly from child to child. Thank You!

Are you willing to curb or eliminate TV and video watching?

___ YES ___ NO ___ UNCERTIAN

6. PHYSICAL DEVELOPMENT

Are there any hearing or visual challenges? _____

Any gross or fine motor challenges? _____

Is your child potty trained? _____

What is your child's lateral dominance (left or right handed, footed, ect.)? _____

Any allergies or sensitivities (environmental, food or otherwise)? Please supply medical documentation, including treatment for allergies or strong sensitivities.

Please describe any mild allergies or food sensitivities. _____

Please list any current medical condition(s) your child has, and the treatment of this condition(s). _____

7. SLEEPING

Please indicate the following:

___ hours nightly	___ night terrors	___ age
___ falls asleep easily	___ nightmares	___ age
___ falls asleep slowly	___ sleep-walks	___ age
___ restless sleeper	___ sleep-talks	___ age
___ light sleeper	___ awakens slowly	

_____ dreams _____ awakens quickly
_____ snores _____ wets bed / if stopped, what age _____
_____ mouth breaths

What is your child's bedtime? _____

When does he/she awaken? _____

How many hours a night does your child actually sleep? _____

How often does your child wake in the night? _____

Describe your child's bedtime ritual: _____

Does your child nap? How often? For how long? _____

8. EMOTIONAL DEVELOPMENT

Please note whether your child tends towards the following qualities:

____ active ____ inward, quite ____ attached to parent ____ less active
____ artistic ____ outgoing ____ verbal ____ social
____ comfortable with large groups ____ competitive ____ independent
____ less comfortable with large groups

What do you consider your child's strongest aptitudes and traits of character?

What traits would you like to see strengthened?

Please explain important changes in your child's life. (death, divorce, moving, hospitalization)

What are your reasons for choosing Morning Meadow?

Please describe your child's previous group experiences.

Disciplinary Plan

Dear Parents:

Below please find information on our disciplinary practices. It is required by law that I inform you of our disciplinary guidelines, and that you sign the guidelines stating that you have both read and agree with our policies.

At Morning Meadow Preschool and Kindergarten we take into account the age of the child, the behavior displayed, and the situation when assessing what would be the best intervention when a situation that warrants discipline arises. If a child is exhibiting behavior that is not conducive to a harmonious environment, it is our policy to first attempt to redirect the play or introducing an alternative that removes or diminishes the source of conflict.

An example follows:

Suppose that two children are arguing over the use of the same toy. If the children cannot resolve the conflict a staff member introduces the same or a similar toy into play. Each child will now have a toy, this ending the cause of the original conflict.

If a child exhibits inappropriate behavior such as hitting, biting or using unkind words they will be removed from the activity and asked to "sit" with the teacher until ready to rejoin the group. We DO NOT remove the child from the group and isolate him or her alone in a time-out situation. Instead we believe in having children do something constructive with their hands will show children how much better it is to create and restore than to break. In this manner a child will learn that our hands are tools of creation and assistance, not for destruction.

If there are great disciplinary problems, the school will schedule a conference with the child's parents to discuss the situation and take steps to remedy it together.

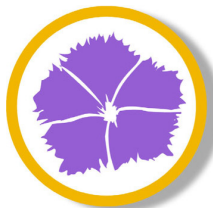
It is our belief that the adults are models of behavior for the young child, and thus in Morning Meadow we strive to provide a healthy and worthwhile behavior for the children to emulate.

Please take a moment to read the policy, sign and date where indicated.

I have read and agree with the Disciplinary Guidelines outlined above.

Parent signature

Date



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Medical Release

Child's Name _____

In case of emergency I can be reached at the following numbers:

In the event that I, or another authorized person cannot be reached, I give Morning Meadow permission to consult with my Child's physician.

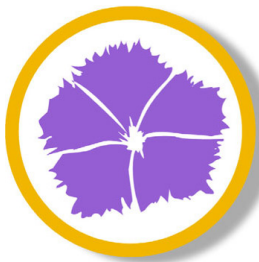
My Child's physician is:

_____ Telephone _____

If the physician can not be contacted I grant Morning Meadow permission to contact an appropriate resource.

Parent/Guardian Signature _____

Date: _____



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MORNING MEADOW PRESCHOOL AND KINDERGARTEN

Name: _____ Date: _____

I give permission for my child to participate in learning experiences which include food during his/her time at Morning Meadow. This includes eating food we cook at school on cooking day and to eat food provided during birthday/special celebrations. I give permission for my child to eat snacks provided by Morning Meadow. Be aware that my child has the following food allergies:

I give permission for my child’s photograph to be used on the Morning Meadow Preshool and Kindergarten website and social media pages.

Parent Signature: _____ Date: _____

On occasion Morning Meadow may have to apply topical solutions on your child, these may include:

- Antibiotic cream
- Sting stop
- Arnica
- Band aids
- Bug spray

I, _____, give Morning Meadow permission to apply the above products on my child.

I do not (please specify) give permission for the following: _____.
(please write in which of the above you decline).



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Tuition and Enrollment Contract and Withdrawal Procedure

I, _____, the undersigned, understand the tuition terms of the _____ academic school year for my child _____ that states that the enrollment fee is non-refundable if I withdraw my child or if my child is dismissed. I also understand that I am responsible for the remaining months of the school year through the end of May, and that June's tuition will be prorated for the half month session. If however, I choose to withdraw my child before the end of the school year I am responsible for the rest of tuition

Morning Meadow reserves the right to place my child in a class which matches his/her developmental needs. The school also considers boy/girl ratios and age balances within each class when assigning students into the class.

Late fees: I understand after the 7th of the month there will be a 10% finance charge on all unpaid balances.

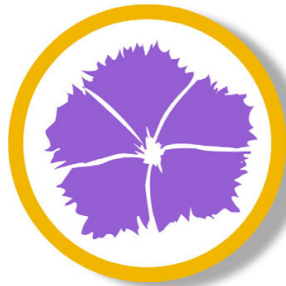
In the event it becomes necessary for Morning Meadow to retain an attorney for collection of any fees due under the terms of this contract, whether suit be brought or not, and including costs and fees for an appeal of a lower court decision. I agree to pay all attorney's fees and nay costs associated with the collection.

I acknowledge that I have received and read above contract terms of admission.

_____ and _____
Parent/Guardian Parent/Guardian

_____ Date
Notary Public

Commission Expiration Date



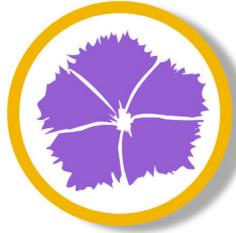
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Morning Meadow

PRESCHOOL & KINDERGARTEN

DCF Brochures

It is mandated by the State of Florida that all families familiarize themselves with the two brochures included in this packet.

Know Your Childcare Facility

Influenza Brochure

For New Families

Please print out, read, and return signed copies of each brochure

For Returning Families

Please sign below that you have reviewed the information in both brochures. You are not required to print out and sign a physical copy of the brochures.

Name of child _____

Name of Parent _____

Signed _____ Date _____

Parent's Role

A parent's role in quality child care is vital:

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



More information and free resources:

MyFLFamilies.com/ChildCare



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:
MyFLFamilies.com/childcare



OFFICE OF CHILD CARE REGULATION
AND BACKGROUND SCREENING
MYFLFAMILIES.COM

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

CF/PI 175-24, 03/2014

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



Know Your Child Care Facility

MyFLFamilies.com/ChildCare

General Requirements

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:

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

Age of Child	Child: Teacher Ratio
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

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.

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.

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.

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.
- Equipped 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.

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 Activities

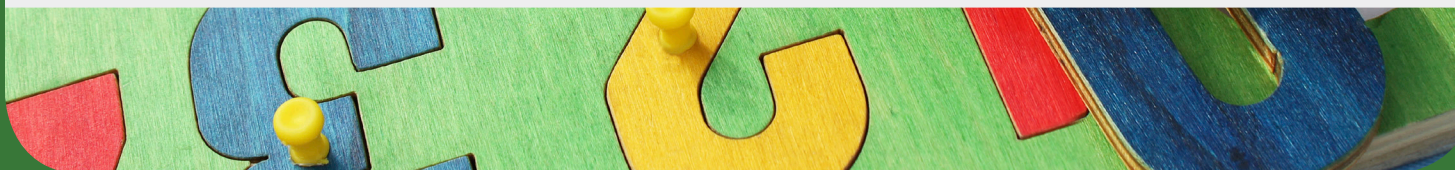
- Are children initiated and teacher facilitated.
- Include social interchanges with all children.
- Are expressive including play, painting, drawing, story telling, music, dancing, and other varied activities.
- Include exercise and coordination development.
- Include free play and organized activities.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

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, 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.



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 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.



**“The Flu”
A Guide
for Parents**

INFLUENZA VIRUS