

2019/2020 APPLICATION FOR ENROLLMENT

Child's Full Name _____ Nickname _____

Address _____

Date of Birth _____ Age as of September 1, 2019 _____

Telephone # _____ Religious Affiliation _____

School Attending _____ Sex _____

Mother's Name _____ Mother's Cell Phone Number _____

Mother's E-Mail Address _____

Home Address _____

Business Address _____ Business Phone _____

Father's Name _____ Father's Cell Phone _____

Father's E-Mail Address _____

Home Address _____

Business Address _____ Business Phone _____

Are parents Married _____ Divorced _____ Separated _____ Living Together _____

Other Family Members (names and ages): _____

Person to notify in Case of Illness (other than Parents):

Name _____ Relationship _____

Address _____ Home Phone _____

Business Address _____ Business Phone _____

Health Insurance coverage for child under family insurance policy or medical assistance if applicable:

Physician's Name _____ Phone Number _____

Any additional information or special needs of the child that may require special attention (re: allergies, unusual health considerations or child custody considerations) _____

office use only: rgfee _____ dep _____ med _____ database _____

EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME	Birthdate
Address	
MOTHER'S NAME/LEGAL GUARDIAN	Home Telephone
Address	Mother's Email
Cellular Phone	
Business Name	Bus. Telephone
Address	
FATHER'S NAME/LEGAL GUARDIAN	Home Telephone
Address	Father's Email
Cellular Phone	
Business Name	Bus. Telephone
Address	
Emergency Contact Person(s)	Telephone Number
Person's To Whom The Child May Be Released NAME AND ADDRESS REQUIRED!	Telephone Number
NAME:	ADDRESS:
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER	TELEPHONE NUMBER
Address	
Special Disabilities (If Any)	
Medical or Dietary Information Necessary In An Emergency	Allergies (Including Medication Reaction)
Additional Information On Special Needs Of Child	Medication, Special Conditions
Health Insurance Coverage For Child Or Medical Assistance Benefits	POLICY NUMBER (REQUIRED)
PARENT S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT	
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST-AID PROCEDURES
Walks And Trips	Swimming
Transportation By The Facility	Wading
Administration of THINK SPORT SPF 50/WATERBABIES SPF 50	PLEASE BE SURE YOU HAVE AFFIXED FULL SIGNATURES (NO INITIALS, PLEASE) <u>TO ALL SEVEN BOXES</u> AND ALSO TO THE SPACE PROVIDED BELOW

Signature Of Parent or Guardian _____ **Date** _____

Signature Of Parent or Guardian _____ **Date** _____

Windmill Day School Policy Sheet

TUITION:	SEE BELOW FOR WEEKLY PRICING:	5 DAY	4 DAY	3 DAY
• Young Toddlers	12 - 24 Months	\$295	\$275	\$245
• Older Toddlers	24 - 36 Months	\$290	\$265	\$235
• Pre-School / Kindergarten	3 Years & Older	\$280	\$255	\$230
• Per Diem Rate	12 Months -Kindergarten	\$75.00 Per Day		

If you are registering your child for a 3 or 4 day week, please select your days. (CHECK BOXES BELOW)

M	T	W	H	F
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

By choosing a PART TIME SCHEDULE (ie. 3 or 4 days/week), I understand that I may not have the ability to alter my student's schedule or add days for the remainder of the Academic year.

Signed	Date
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Tuition rates include cereal & milk available daily until 8:00 AM, morning snack, fully cooked lunch, afternoon snack, and all beverages. Supervision and child care services are provided at all times.

- There is a \$50.00 non-refundable registration fee required with all applications prior to June 1, 2019.
- As of June 1, 2019 there will be a \$100.00 non-refundable registration fee required with all applications for the 2019-2020 academic year.
- **The completed application, registration fee, first week's tuition plus a week for security deposit are required to secure a place in our enrollment.** These fees and deposits are all non-refundable. In the event that your child(ren) does not commence attendance, all monies remain non-refundable.
- Tuition, if paid on a weekly basis, is due the Friday before the actual week of attendance. If tuition is paid on a monthly basis, it is due no later than within the first five days of the month. (Please keep in mind that there are four and five week months. Please pay accordingly.)
- Late tuition payments will jeopardize your child's spot in our enrollment.
- There is a \$10.00 per week discount for every additional full-time sibling enrolled.
- There is late charge of \$2.00 per child per minute for any child picked up after our closing time of 6:00 PM.
- There is a \$20.00 charge for all returned checks.

CHILD'S NAME: _____

APPROXIMATE ARRIVAL / DEPARTURE TIME: _____ **AM/** _____ **PM**

ORIGINAL DATE OF ENROLLMENT/ADMISSION: _____

START DATE OF 2019-2020 ACADEMIC YEAR: _____

DATE OF CHILD'S WITHDRAWAL: _____

PERSON(S) TO WHOM YOUR CHILD MAY BE RELEASED: _____

Signature of person responsible for tuition

Date

Signature of Director/Administrator

Date

Windmill Day School Policy Sheet

ABSENCES AND VACATIONS:

Full tuition is due regardless of your child's actual attendance.

ALL STUDENTS- TO INCLUDE EVERYONE ENROLLED AT WINDMILL:

If you are enrolled for our Academic Year, you are financially responsible for all weeks from time of enrollment through June 12th, 2020 (our last day of school, after which summer pricing goes into effect for both campers/toddles).

After 6 months of attendance, you are eligible for 1 week of vacation credit during our academic year.*

TODDLE HOUSE STUDENTS: If you are enrolled Year-Round (for both our academic year and our summer months), you are responsible for fifty-two weekly payments for the year. However, you are entitled to TWO weeks of vacation time* (one week during our academic year, and one week during our summer program) . In order to be credited for vacation time, your child cannot be in attendance for that specific time period. If you are, however, enrolled for the academic year only, you are eligible for one week of vacation time after 6 months of attendance*.

SPACES IN OUR TODDLE PROGRAM ARE VERY LIMITED. If you withdrawal your toddler for the summer, you risk forfeiting your child's space and re-enrollment may not be available until the first day of our new school year.

***Vacation week is equal to the number of days your child is registered per week.**

Written notification must be given at least two weeks prior to a planned vacation. Full tuition is due for all scheduled holidays and weather/ emergency related days. **Windmill Day School will follow the Central Bucks School District for any weather/emergency related closings and/or delays.** There shall be no refunds or reductions in tuition (to include any deposits and registration fees) for reasons of weather/emergency related closings and/or delays, absence, withdrawal, illness or dismissal. Sorry, but we cannot allow "make-up days" and/or we cannot allow part-time students to switch their days for any reason. Adding days on a per diem basis is subject to availability and our per diem rate.

CHANGE FEE POLICY: Any changes made to your child's schedule after initial enrollment will incur a \$150 change fee. This change fee pertains to both the number of days per week and/or the specific days of the week scheduled. Any enrollment changes are subject to availability.

DISMISSAL POLICY:

Windmill Day School & Camp reserves the right to cancel any enrollment or dismiss a student whose conduct, influence or behavior is deemed unsatisfactory or inimical to the best interest of the school and/or camp, in which case the unused tuition will be refunded.

TERMINATION/WITHDRAWAL:

Withdrawal from enrollment at Windmill Day School shall require **4 weeks** written notice prior to your child(ren) withdrawing from the program. Payment in full is required for this four week notice period regardless of attendance during this period of time.

Signature of person responsible for tuition

Date

Policy Sheet (Continued)

ILLNESS:

It is our policy to ask all parents to keep at home any child who exhibits any of the following symptoms (accordingly, we reserve the right to contact a parent or emergency contact to have the child picked up if he/she exhibits any of the following symptoms): Diarrhea, Pinkeye / Conjunctivitis, Severe Coughing, Vomiting, Difficult or Rapid Breathing, Fever (if the child's ear/tympanic temperature is 101degrees or above), Yellowish Skin or Eyes, Head Lice (Windmill Maintains a 24 hour "No Nit" Policy), or Contagious or Unidentifiable Rashes. This is based upon the recommendation of the U.S. Department of Health and Human Service CDC. Windmill Day School & Camp also utilizes a "24 hour fever free policy." This policy mandates that any child sent home with a fever (see above) may not be readmitted to school within 24 hours of a fever WITHOUT medication. Students with vomiting and/ or diarrhea will be sent home or need to stay home for 24 hours until free of vomiting and/ or diarrhea for 24 hours WITHOUT medication.

Students with pink eye or conjunctivitis will not be readmitted until they are prescribed medication (drops) and have used them for a minimum of 24 hours, regardless of a physician's note asserting your child is not "contagious," or may return to school.

HEALTH POLICY:

All enrolled children are required to have a **current** age-appropriate health report on record at Windmill Day School & Camp a minimum of two business days prior to the start of enrollment. This health assessment shall be conducted according to the recommended schedule for routine health, and must remain current at all times in order to maintain your child's place in our enrollment.

MEDICATION POLICY:

I understand that it is the policy of Windmill Day School & Camp to only administer medications brought from home during lunch (12:00 PM – 1:00 PM). Medication will only be accepted if it is brought in the original container and with only the single dose to be administered (unless in liquid form). ORIGINAL PRESCRIPTION LABELS must accompany all prescribed medications (to include inhalers, Epi-pens, etc.) and will be kept at Windmill Day School and Camp with the medication. All medications/containers will be sent home daily.

RELATIONSHIPS:

Windmill Day School & Camp engages teachers and other staff to provide services at the school/camp during the school/camp day. The school/camp does not recommend, sponsor, encourage or condone any arrangements whereby teachers and/or other staff provide child tutoring, baby-sitting or other out-of-school/camp services to parents of children enrolled in the school/camp. Parent(s) hereby acknowledge that if any such out-of-school/camp relationship exists, or develops in the future, the school/camp is not responsible and any involved teacher or staff is not acting within the framework or scope of his/her employment with the school/camp.

PHOTO RELEASE:

I hereby authorize Windmill Day School and Camp to use any photograph or representation of my child in any advertisement, brochure, press release, social media post, email blast, and/or news story.

I (We) have read this policy sheet and have affixed our signatures thereto:

Signature of person responsible for tuition

Date

Signature of Director/Administrator

Date

Policy Sheet (Continued)

ALLERGEN POLICY:

Windmill Day School & Camp ("Windmill") recognizes that students may suffer from potentially life-threatening allergies or intolerances to certain foods. Windmill is committed to an approach to the care and management of those students. Windmill's policy is **not a guarantee** of a completely allergen free environment, rather is a policy to minimize the risk of exposure.

Windmill is an allergen aware facility. In order to best facilitate this policy, Windmill strives to prohibit all products containing any nuts, including peanuts and tree nuts. This applies to all manufactured food products and homemade food products. However, this is **not a guarantee** that any food prepared, served or purchased by Windmill or provided by staff, volunteers, or families does **not** include any allergens. If any non-compliant food item is discovered, it will be discarded immediately. Any foods that contain a label providing they "may" contain nuts, will be discarded if found on the premises. However, labels that provide a "product was manufactured in a facility that also processes food containing nuts", or similar wording, **are permissible**. Windmill has also been made aware of new food labels (2019) that contain the phrase "may contain allergens" and/or "may contain other allergens due to shared production areas", but do not identify any specific allergen. Food items containing this label, provided they do not contain nuts or tree nuts in the list of ingredients, **are permissible**.

Windmill also prohibits any fish, shellfish and eggs from being brought onto the premises. However, this does **not** include products that may contain these items as part of its ingredients (ie cake, icing, mayonnaise, salad dressing, etc). Eggs may be used as part of cooking/baking lessons. Windmill requires that **all** food items brought on to the premises contain a detailed ingredient list attached to the packaging (to include "home-made" foods). Parents of a child that has not yet been exposed to nut products, as well as a child that has a food allergy, are required to notify management prior to enrollment.

In the event your child has a food allergy, but you have made the decision that you want them to eat all snacks and lunches provided by Windmill, you are required to have your physician sign below acknowledging they have reviewed and approve this policy for your child.

PHYSICIAN'S NAME: _____ PHYSICIAN'S SIGNATURE/DATE _____

FOOD ALLERGY POLICY: If your child is not able to eat ALL of the food items that Windmill Day School & Camp serves daily due to food related allergies, we require that you pack ALL food items for your child each day. This will include morning and afternoon snack and a lunch. Items will be refrigerated and warmed as necessary. Any foods brought from home should be sent in a labeled, disposable bag each day. Please contact Lisa Silverstein to discuss the availability of a weekly tuition discount if your camper/student is required to pack due to allergies.

"TALKING BROCHURE"

At Windmill, we believe that prospective parents value most the opinions and comments made by people whose children are already enrolled at our school. Don't worry, we will not give out your telephone number without your permission. We will only offer you as a reference if you check the appropriate box below. If, down the road, you change your mind and no longer wish to be used as a reference, just let us know.

WINDMILL FAMILIES THAT REFER A NEW STUDENT/CAMPER TO US WILL RECEIVE \$50 TOWARD TUITION!

- Please use me as a personal reference for Windmill Day School and Camp. You have my permission to distribute my name and telephone number to prospective parents.

- Please do not use me as a reference for Windmill Day School & Camp at the present time.

SIGNATURE OF PERSON RESPONSIBLE FOR PAYMENT OF TUITION

DATE

SIGNATURE OF DIRECTOR / ADMINISTRATOR

DATE

WINDMILL DAY SCHOOL 2019-2020 SCHOOL CALENDAR

WEEK OF AUGUST 26-AUGUST 30	INTERIM WEEK OF CARE TO ALL STUDENTS/CAMPERS *LIMITED AVAILABILITY
MONDAY, SEPTEMBER 2	LABOR DAY - SCHOOL HOLIDAY
TUESDAY, SEPTEMBER 3	FIRST DAY OF SCHOOL FOR OUR 2019-20 ACADEMIC YEAR
MONDAY, SEPTEMBER 30	ROSH HASHANAH – SCHOOL HOLIDAY
WEDNESDAY, OCTOBER 9	YOM KIPPUR – SCHOOL HOLIDAY
TUESDAY, NOVEMBER 5	EARLY DISMISSAL – 1:00 PM FOR ALL STUDENTS PROFESSIONAL DEVELOPMENT
WEDNESDAY, NOVEMBER 27	EARLY DISMISSAL – 1:00 PM FOR ALL STUDENTS
THURSDAY, NOVEMBER 28	THANKSGIVING RECESS - SCHOOL HOLIDAY
FRIDAY, NOVEMBER 29	THANKSGIVING RECESS - SCHOOL HOLIDAY
WEDNESDAY, DECEMBER 4	EARLY DISMISSAL - 1:00 PM FOR ALL STUDENTS PROFESSIONAL DEVELOPMENT
FRIDAY, DECEMBER 13	EARLY DISMISSAL – 1:00 PM FOR ALL STUDENTS PROFESSIONAL DEVELOPMENT
TUESDAY, DECEMBER 24	EARLY DISMISSAL- 1:00 PM FOR ALL STUDENTS
WEDNESDAY, DECEMBER 25	WINTER RECESS - SCHOOL HOLIDAY
THURSDAY, DECEMBER 26	WINTER RECESS - SCHOOL HOLIDAY
TUESDAY, DECEMBER 31	WINTER RECESS - SCHOOL HOLIDAY
WEDNESDAY, JANUARY 1	WINTER RECESS - SCHOOL HOLIDAY
MONDAY, JANUARY 20	MARTIN LUTHER KING, JR DAY – SCHOOL HOLIDAY
FRIDAY, JANUARY 31	EARLY DISMISSAL - 1:00 PM FOR ALL STUDENTS PROFESSIONAL DEVELOPMENT
FRIDAY, FEBRUARY 14	SCHOOL CLOSED - PROFESSIONAL DEVELOPMENT
MONDAY, FEBRUARY 17	PRESIDENTS DAY - SCHOOL HOLIDAY
TUESDAY, MARCH 17	EARLY DISMISSAL - 1:00 PM FOR ALL STUDENTS PROFESSIONAL DEVELOPMENT
THURSDAY, APRIL 2	EARLY DISMISSAL - 1:00 PM FOR ALL STUDENTS PROFESSIONAL DEVELOPMENT
THURSDAY, APRIL 9	EARLY DISMISSAL - 1:00 PM FOR ALL STUDENTS PROFESSIONAL DEVELOPMENT
FRIDAY, APRIL 10	SCHOOL CLOSED - SPRING RECESS
MONDAY, APRIL 13	SCHOOL CLOSED - SPRING RECESS
MONDAY, MAY 25	MEMORIAL DAY – SCHOOL HOLIDAY
THURSDAY, JUNE 11	GRADUATION EXERCISES (11:00 AM)
FRIDAY, JUNE 12	LAST DAY OF 2019-2020 ACADEMIC YEAR
MONDAY, JUNE 15	FIRST DAY OF SUMMER CAMP 2020 WEEK (AVAILABLE TO ALL WDS STUDENTS)
FRIDAY, JULY 3	INDEPENDENCE DAY OBSERVED- SCHOOL/CAMP HOLIDAY

******I HAVE READ AND UNDERSTAND THE WINDMILL 2019-2020 SCHOOL CALENDAR******

SIGNATURE

DATE

PLEASE NOTE: FULL TUITION IS DUE FOR ALL DESIGNATED SCHOOL HOLIDAYS, EARLY DISMISSALS AND ANY WEATHER AND/OR EMERGENCY DAYS. BRUNCH WILL BE SERVED (IN LIEU OF MORNING SNACK & LUNCH) FOR ALL EARLY DISMISSAL AND LATE ARRIVAL SCHOOL DAYS .

WINDMILL DAY SCHOOL RESERVES THE RIGHT TO ALTER THIS CALENDAR.

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
VISION (subjective until age 3)							
HEARING (subjective until age 4)							
LEAD							

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.