

2026/2027 APPLICATION FOR ENROLLMENT

Child's Full Name _____ Nickname _____

Address _____

Date of Birth _____

Telephone # _____ Religious Affiliation _____

School Attending _____ Sex _____

Parent Name _____ Parent Cell Phone Number _____

Parent E-Mail Address _____

Home Address _____

Business Address _____ Business Phone _____

Parent Name _____ Parent Cell Phone _____

Parent 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:

PROVIDER: _____ **POLICY #(REQUIRED)** _____

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: reg fee _____ dep _____ med _____ database _____ emergency contact _____

EMERGENCY CONTACT / PARENTAL CONSENT FORM

CHILD'S NAME		Birthdate
Address		
PARENT NAME/LEGAL GUARDIAN		Home Telephone
Address		Parent Email
Cellular Phone		
Business Name		Bus. Telephone
Address		
PARENT NAME/LEGAL GUARDIAN		Home Telephone
Address		Parent Email
Cellular Phone		
Business Name		Bus. Telephone
Address		
Emergency Contact Person(s)	(Address Required)	Telephone Number
Person's To Whom The Child May Be Released		Telephone Number
NAME AND ADDRESS REQUIRED!		
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 (ACTUAL) SIGNATURE IS REQUIRED FOR EACH ITEM BELOW IN ORDER TO BE ENROLLED AT WINDMILL DAY SCHOOL!		
Obtaining emergency medical care	Administration of first aid procedures	
Walks And Trips	Swimming	
Transportation By The Facility	Wading	
Supervised Administration of Sunscreen 30 SPF OR HIGHER	DID YOU INCLUDE YOUR POLICY NUMBER??	
DID YOU SIGN ALL 7 BOXES ABOVE? SIGN AND DATE 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	\$410	N/A	N/A
• Older Toddlers	24 - 36 Months	\$395	N/A	N/A
• Pre-School & Pre K	3 Years & Older	\$385	\$325	\$275
• Kindergarten	5 Years & Older	\$385	N/A	N/A
• Per Diem Rate For Part Time Students		\$100.00 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

Sorry, but we cannot allow “make-up days” for any reason, and we cannot allow part-time students to switch their days for any reason. Per diem days may be added based on our availability.

- Tuition rates include both a morning snack, afternoon snack and beverages.
- Supervision and child care services are provided during all hours of operation, 8:00 am - 4:30 pm.
- Child Service Reports are completed twice during our academic year (once in the late fall, and again in the late spring). Copies will be provided to parents and also retained in each student's file.
- There is a \$100.00 non-refundable/non-transferable registration fee required with all applications for our 2026-2027 academic year.
- **This completed application, registration fee, first week's tuition plus a week for security deposit are required to secure a spot in our enrollment.** These fees and deposits are all non-refundable and non-transferable. In the event that your child(ren) does not commence attendance, all monies remain non-refundable and non-transferable.
- Monthly tuition is required no later than the first day of each 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 sibling enrolled.
- There is a late charge of \$3.00 per child per minute for any child picked up after our closing time of 4:30 PM.
- There is a \$20.00 charge for all returned checks.
- Full copies of **all** applicable Department of Human Service's child care regulations are available online and accessible electronically on the department's website at:
<https://www.dhs.pa.gov/providers/Child-Care/Pages/Child-Care-Regulations.aspx>.
- Any questions, concerns or comments, please contact our regional child care office at
Office of Child Development and Early Learning (c/o Department of Human Services)
SE Bureau of Certification 801 Market Street 6th Floor Philadelphia, Pa 19107 215-560-2541

CHILD'S NAME: _____

APPROXIMATE ARRIVAL / DEPARTURE TIME: _____ AM PM

ORIGINAL DATE OF ENROLLMENT/ADMISSION: _____

START DATE FOR THE 2026-2027 ACADEMIC YEAR: _____

DATE OF CHILD’S WITHDRAWAL*: _____

(*Toddler House Enrollment is based upon Year Round Attendance)

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

(PARENTS AS WELL AS ANY ADDITIONAL NAMES)

Signature of person responsible for tuition

Date

Signature of Director/Administrator

Date

Windmill Day School Policy Sheet

ABSENCES:

Full tuition is due regardless of your child's actual attendance. In the event of another state mandated closure of private schools (i.e. Windmill), tuition will be due for the full week in which the closure enacts. After that week, no additional tuition will be due until Windmill reopens.

VACATION POLICY:

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 use the Central Bucks School District as a guide for any weather/emergency related closings and/or delays. Any deviation from CB's plan will be announced in the form of an email blast. There shall be no refunds or reductions, or transfers of tuition (to include any deposits and registration fees) for reasons of weather/emergency related closings and/or delays, absence, withdrawal, illness or dismissal.

TERMINATION/WITHDRAWAL:

Withdrawal from enrollment at Windmill Day School shall require **30 days** written notice. Payment in full is required for this 30 day period regardless of attendance. Please be advised, if you withdraw your student for any length of time, you risk forfeiting your child's space and re-enrollment is not guaranteed.

ALL STUDENTS ENROLLED AT WINDMILL:

If you are enrolled for our Academic Year, you are financially responsible for all weeks from time of enrollment through **June 11, 2027**. After 6 months of attendance, you are eligible for 1 week of vacation credit during our academic year.

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.

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, Google classroom, and/or news story. I (We) have read this policy sheet and have affixed our signatures thereto:

Signature of person responsible for tuition

Date

Policy Sheet (Continued)

GENERAL ILLNESS: It is our policy that all parents are required 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 tympanic temperature is over 100.4 degrees), 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. In addition, if prescribed medication by a health provider for any reason, your child is required to be taking the medication for a period of 24 hours prior to returning to Windmill.

HEALTH POLICY:

All enrolled children are required to have a **current** Pennsylvania state age-appropriate health report on record at Windmill Day School & Camp a minimum of five 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. The appropriate form is included in this application.

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.

LUNCH POLICY:

Windmill Day School & Camp will provide both morning and afternoon snacks during the 2026-2027 Academic year. We require a packed, ready to eat, **NUT/FISH/EGG-FREE** lunch in a labeled box/bag for your student each day. Lunches will not be cooled/warmed by Windmill Staff to minimize handling and cross contamination; please pack for your child accordingly.

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 snacks, 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 food labels 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, **original** ingredient list attached to the packaging (to include "home-made" foods).

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

(If your child does not have any allergies **OR** has food allergies but will not be eating ANY of Windmill's food, then you **DO NOT** need a physician/allergist to sign this form)

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

ALL parents must sign this form acknowledging Windmill's Allergen Policy:

Signature of person responsible for tuition

Date

Signature of Director/Administrator

Date

WINDMILL DAY SCHOOL 2026-2027 SCHOOL CALENDAR

MONDAY, AUGUST 24	FIRST DAY OF SCHOOL FOR OUR 2026-2027 ACADEMIC YEAR
FRIDAY, SEPTEMBER 4	SCHOOL CLOSED
MONDAY, SEPTEMBER 7	LABOR DAY - SCHOOL CLOSED
MONDAY, SEPTEMBER 21	YOM KIPPUR – SCHOOL CLOSED
WEDNESDAY, SEPTEMBER 30	EARLY DISMISSAL- 1:00 PM PROFESSIONAL DEVELOPMENT
FRIDAY, OCTOBER 30	EARLY DISMISSAL- 1:00 PM PROFESSIONAL DEVELOPMENT
TUESDAY, NOVEMBER 3	ELECTION DAY-SCHOOL CLOSED PROFESSIONAL DEVELOPMENT
WEDNESDAY, NOVEMBER 25	EARLY DISMISSAL – 1:00 PM
THURSDAY, NOVEMBER 26	THANKSGIVING RECESS - SCHOOL CLOSED
FRIDAY, NOVEMBER 27	THANKSGIVING RECESS - SCHOOL CLOSED
TUESDAY, DECEMBER 1	EARLY DISMISSAL - 1:00 PM PROFESSIONAL DEVELOPMENT
WEDNESDAY, DECEMBER 23	EARLY DISMISSAL - 1:00 PM
THURSDAY, DECEMBER 24	WINTER RECESS - SCHOOL CLOSED
FRIDAY, DECEMBER 25	WINTER RECESS - SCHOOL CLOSED
THURSDAY, DECEMBER 31	WINTER RECESS - SCHOOL CLOSED
FRIDAY, JANUARY 1	WINTER RECESS - SCHOOL CLOSED
MONDAY, JANUARY 18	MARTIN LUTHER KING, JR DAY – SCHOOL CLOSED
FRIDAY, JANUARY 22	EARLY DISMISSAL - 1:00 PM PROFESSIONAL DEVELOPMENT
FRIDAY, FEBRUARY 12	SCHOOL CLOSED - PROFESSIONAL DEVELOPMENT
MONDAY, FEBRUARY 15	PRESIDENTS' DAY - SCHOOL CLOSED
WEDNESDAY, MARCH 10	EID AL-FITR - SCHOOL CLOSED
FRIDAY, MARCH 19	EARLY DISMISSAL- 1:00 PM PROFESSIONAL DEVELOPMENT/CONFERENCES
THURSDAY, MARCH 25	EARLY DISMISSAL- 1:00 PM
FRIDAY, MARCH 26	SPRING RECESS-SCHOOL CLOSED
MONDAY, MARCH 29	SPRING RECESS-SCHOOL CLOSED
TUESDAY, MAY 18	EARLY DISMISSAL- 1:00 PM PROFESSIONAL DEVELOPMENT
FRIDAY, MAY 28	SCHOOL CLOSED
MONDAY, MAY 31	MEMORIAL DAY – SCHOOL CLOSED
THURSDAY, JUNE 10	GRADUATION EXERCISES (11:00 AM)
FRIDAY, JUNE 11	EARLY DISMISSAL - 1:00 PM LAST DAY OF 2026-2027 ACADEMIC YEAR
MONDAY, JUNE 14	FIRST DAY OF SUMMER CAMP 2027
MONDAY, JULY 5	INDEPENDENCE DAY - SCHOOL/CAMP CLOSED

****I HAVE READ AND UNDERSTAND THE WINDMILL 2026-2027 SCHOOL CALENDAR***

SIGNATURE _____

DATE _____

PLEASE NOTE: FULL TUITION IS DUE FOR ALL DESIGNATED SCHOOL HOLIDAYS,
EARLY DISMISSALS AND ANY WEATHER AND/OR EMERGENCY 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)

YES 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.

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:

ADDRESS:

PHONE:

SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT

TITLE:

LICENSE NUMBER:

DATE FORM SIGNED:

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