



ARCHIMEDEAN SCHOOLS

# Pre-Kindergarten

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REGISTRATION FORMS

2022-2023



Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_  
M D Y**5 PARENT FORMS REQUIRED**

Please attach a scanned copy now, but the original will be requested at the start of the school year

Birth Certificate

Parents Driver's License

Student Health Examination – DH 3040 (Yellow Form)

Health examination performed within one year prior to enrollment. **Parents MUST complete the back checklist, sign & date.**

Florida Certificate of Immunization – DH 680 (Blue form)

**VPK Voucher \*\*** Box #18 Parent ORIGINAL Signature & Box # 19 Date MUST be completed or form is not valid. ELECTRONIC SIGNATURE WILL NOT BE ACCEPTED. We will complete the school information.

**FORMS PROVIDED NEED SIGNED & RETURNED**

DCF Child Care Application

Attendance Form (See Parent Handbook Arrival, Dismissal &amp; Absences page 6-8)

Discipline Policy

Media Release Form

Authorization of Release Form

Emergency Contact Card

Parent Survey

Home Language Survey

Credit Card Authorization Form

**SCHEDULE (Choose one)**

Full Day Enrollment – 8:15 am- 3:15 pm

VPK Hours Only – 12:15 – 3:15

The Archimedean Enrollment packet attached, DCF Application and 5 Parent forms requested must be emailed to [preK@archimedean.org](mailto:preK@archimedean.org) within the 48-hour time frame to secure your child's position.

**REGISTRATION & TUITION FEES****Tuition**

- **For full day enrollment students** the yearly tuition, is \$6,800.00 + VPK Voucher. Tuition will be paid in 10 equal installments of \$680.00 per month (August-May).
- **VPK Only** (half day enrollment) students will have to submit their VPK Voucher.

**Registration & other fees**

- **Full day students** are responsible for an annual registration fee of \$50.00 due at the time of registration.
- **All Students** are responsible for Annual Fees (craft, technology and School improvement) of \$350.00 due at the time of registration
- All fees are non-refundable/ non- transferable.

**Payment Options:** Complete the Credit Card Authorization form attached in the Enrollment packet and email it to Mrs. Baron at [cashier@archimedean.org](mailto:cashier@archimedean.org) Full Day tuition will not be charged until August.



State of Florida

Department of Children and Families

**CHILD CARE APPLICATION FOR ENROLLMENT**

**Student Information:** Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

Full Name: \_\_\_\_\_

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 \_\_\_\_\_

Doctor: \_\_\_\_\_ 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/P1175-28).
- 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.

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Signature of Parent/Guardian

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Date



## ARRIVAL, TARDY, DISMISSAL &amp; ABSENT POLICY

## Archimedean Pre-Kindergarten School Hours

Before School Care	7:00 a.m. – 8:00 a.m. (Pre-K)
Full Day Student Arrival	8:00 a.m. (Pre-K)
<b>FULL DAY CLASSES BEGIN</b>	8:15 a.m. (Pre-K) FULL DAY ENDS: 3:00 p.m.
Half Day Student Arrival	12:00 p.m.
<b>HALF DAY CLASS BEGINS</b>	12:15 p.m. HALF DAY SCHOOL ENDS: 3:15 p.m.
After School Program	3:15 p.m. – 6:30 p.m.



## IMPORTANT

- Students arriving before school hours **MUST** attend the Before School Program.
- **Students who arrive at school before school hours and are not registered with the Before School Program WILL be placed in the Before School Program and will be charged the daily fee.**
- Parents are responsible for paying these fees on the days service is rendered.
- **Failure to pay these fees on the day of service will result in \$20 monthly Late Fees. Eventually, failure to pay these fees will result in account sent to a collections agency.**

## ARRIVAL

- Parents are to obey all drop-off and pick-up procedures to ensure the safety and security of your child(ren). Students are dropped-off in the back of the building. Parents must park in the back parking lot, and walk their child to the back doors of the PLC by the cafeteria. Students will not enter through the front door for drop off.
- Students need to learn the importance of regular school attendance. It is the parents' responsibility to ensure that their child(ren) arrive to school on time.
- The Archimedean Full day Pre-Kindergarten classes begin promptly at 8:15 a.m. The school day ends at 3:15 p.m. Half day students arrive at 12:15 p.m. and are dismissed at 3:15 p.m.
- For students that arrive after 8:15 am.. parents are expected to park in the back and sign in student at the Main Office. Students arriving after 8:15 (8:16) are considered late for Pre-Kindergarten.



### EARLY ARRIVALS

**Children Who Arrive Prior To 8:00 a.m.** In Pre-Kindergarten the students will report to the cafeteria and will be placed in the Before School Program, and **Charged The Daily Rate Of \$4.50** breakfast is included. **Payments Not Received Within 5 Business Days Will Be Charged A Late Fee Of \$20.00.**

### TARDY POLICY

- Our classes must begin promptly. Tardies count against the school attendance record, as well as end-of-the-year attendance recognition. Parents are responsible for making sure that their child(ren) are on time to school every day. Being late affects the learning and tone of your child's entire school day.
  - a. Should continued tardies be noted, the parent will be contacted by the School administration.
  - b. A student will not be awarded perfect attendance if they have more than 3 tardies.
  - c. Students must report directly to the main office after 8:15 a.m. for a late pass, or they will not be permitted in class.

### DISMISSAL POLICY

#### Early Dismissals

- If you plan to pick up your child early, you must stop at the front desk. Your child(ren) will be paged in their classroom by an office staff member. In order for your child(ren) to be excused early, he/she must be signed out by the adult picking them up in the Log for Early Pick-Up, and must be on the emergency card as authorized to do so.
- **There will be no early dismissals after 2:45 p.m.**
- **If A Student Has Not Been Picked Up By The End Of Dismissal, Then The Student Will Be Escorted To The After School Program And Will Be Charged Accordingly.**
  - 1. **Late Pick-Up Fee: \$1/Minute And Not To Exceed \$12.50/Day**
  - 2. **Late Pick-Up Fee After 6:30 Pm: \$1/Minute**

The ACC has several after school programs available for parents that are not able to make Dismissal Pick-Up arrangements for their child(ren). For programs and rates information please visit the school's website: [archimedeas.org](http://archimedeas.org) or send an email to [acc@archimedeas.org](mailto:acc@archimedeas.org)

- Exceptions will be made for doctor appointments, with an appointment card shown by the parent to staff in the main office.
- **Only those persons listed on the EMERGENCY CARD are authorized to pick up students. Parents and guardians will be required to bring a photo ID for pick up.**
- Students who are not picked up by an authorized person (as specified in the child's emergency card) will not be released. Those persons must report to the Main Office for assistance.
- **Children May Not Return To The Building, Campus, Or Play Areas After Dismissal To Wait For Friends Or Siblings, Nor Visit Other Classrooms. (No Playground At Dismissal.)**
- At the time of pick-up, authorized person will be required to sign off with the dismissal teacher. Please be patient and wait your turn, as disorder compromises the safety of the students





### ABSENCES

Please call, or email your child's homeroom teacher, and inform the school if your child will be absent. The school will call each student who does not arrive to school, so if we know in advance we can note that to avoid calling if we know he/she is sick.

#### **The following are considered excused absences:**

- Student illness (medical evidence may be required by the Director for absences exceeding three (3) consecutive days). The written statement must include all days the student has been absent from school. If a student is continually sick and repeatedly absent from school due to a specific medical condition, s/he must be under the supervision of a health care provider in order to receive excused absences from school.
- Absences due to a medical appointment require a written statement from a health care provider indicating the date and time of the appointment and submitted to the Director.
- Court appearance of the student, subpoena by law enforcement agency or mandatory court appearance
- Attendance at a center under Department of Children and Families Supervision
- Death in the immediate family
- Observance of a religious holiday or service when it is mandated for all members of a faith that such a holiday or service be observed
- All notes of absences must be directed to Mrs. Brooks, the Director of the Pre-Kindergarten.

**If a child does not comply with the attendance, and has excessive school absenteeism, the child may get dismissed from Archimedean Pre-Kindergarten program.**

#### **The parent is expected to:**

- Provide the school with a written explanation for any absence/tardiness (email or note).
- Report and explain an absence to the school and all Doctors notes should be directed to the homeroom teacher/Director
- Be responsible for his/her child's school attendance as required by law
- Be aware that tardiness places his/her child's learning in jeopardy and interrupts the learning of other students
- Stress the importance of regular and punctual school attendance with his/her child
- Personally contact the school after his/her child's third consecutive absence (a doctor's note is required.)

A student accumulating (10) or more unexcused class absences in a school year (or 5 within a semester) will be subject to an administrative/parent meeting to review all absences. Failure to attend school and/or to meet the requirements for the school year could also result in dismissal in the program or retention.



### PARENT AGREEMENT

I \_\_\_\_\_ read and understand Archimedean Pre Kindergarten Attendance procedures. I will comply with the school rules, and I understand that failure to do so can result in my child being dismissed from the program.

Print Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Child's Name \_\_\_\_\_

Date \_\_\_\_\_  
M D Y



**Dear Parents,**

We are required by Children and Families to provide parents with a written discipline policy. Please sign and return it to our office. Our program will insure that age-appropriate, constructive disciplinary practices are used for your child. We will encourage children to choose alternatives to improper behavior. To insure a safe a successful program, discipline is a MUST.

**The following steps will be used for behavior modifications:**

- 1st- Children will be corrected and asked to change their behavior.
- 2nd Children will be re-directed from the situation. Teachers will have a conversation with the child about how they can “fix” it.
- 3rd Children may have their clip moved on the behavior chart, to reflect a “Quite Time” is needed. Parents will be informed when this occurs.
- 4th Parents will be contacted for meeting.
- 5th Child shall not be subjected to discipline, which is severe, humiliating, or frightening.
- 6th Discipline shall not be associated with food, rest or toileting.
- 7th Spanking or any other form of physical punishment is prohibited.
- 8th Children may not be denied active play as a consequence of misbehavior.

Please sign the form below and this will stay on file with Archimedean Pre-Kindergarten. If at any time you have questions regarding the Discipline Plan, please contact the Director.

Thank you,

**Mrs. Brooks** | Pre-Kindergarten Director

**Student Name** \_\_\_\_\_

**Parent Name** \_\_\_\_\_

*Please Print*

**Parent Signature X** \_\_\_\_\_

**Date** \_\_\_\_ \_\_\_\_ \_\_\_\_  
M D Y

*Required*

Dear Parent:

Please be advised that during the year your child may be photographed, videotaped, or interviewed at various school-sponsored events. With your consent, the photograph, video or interview may be reproduced and released for use in the media, i.e., newspapers, brochures, videos, television, the Internet and Archimedean Schools' websites and social media platforms such as Facebook, Twitter, etc.

**Please indicate your preference below**

**Student's Name** \_\_\_\_\_

**Student's Grade** \_\_\_\_\_

Yes. My child's photograph/video/interview may be reproduced and released for use in the media.

No. My child's photograph/video/interview may not be reproduced and released for use in the media.

**Parent / Guardian's Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_  
M D Y

*Return this signed form via email to: [reception@archimedean.org](mailto:reception@archimedean.org)*



## AUTHORIZATION FOR RELEASE OF STUDENT FROM SCHOOL

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Guardian 1 Name \_\_\_\_\_ Phone \_\_\_\_\_

Guardian 2 Name \_\_\_\_\_ Phone \_\_\_\_\_

Please type/print the names of other people/family members authorized to take your child from school during the day

Name	Relationship	Phone Number
1.		
2.		
3.		
4.		
5.		
6.		

Parent Signature X \_\_\_\_\_

Date \_\_\_\_  
M D Y



## EMERGENCY CONTACT CARD

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_  
M D Y

Please Type Or Print Neatly

Mother's First & Last Name	
Mother's Cell Phone Number	
Mother's Email	
Mother's Home Address	
Mother's Work/House Phone Number	
Mother's Place of Work	
Father's First & Last Name	
Father's Cell Phone Number	
Father's Email	
Father's Home Address	
Father's Work/House Phone Number	
Father's Place of Work	

## Emergency Contacts REQUIRED (aside from parents)

Name	
Cell Phone	
Email	
Relationship to Child	
Name	
Cell Phone	
Email	
Relationship to Child	



## PARENT SURVEY

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent completing this form \_\_\_\_\_

Survey School Year 20 \_\_\_\_ 20 \_\_\_\_

Please complete the following questions/answers by circling the correct answer, and listing any response if applicable.



1

Does your child have allergies?

No

Yes \_\_\_\_\_

*If Yes, please list allergies or foods that may cause a reaction*



2

Does your child have an Epi-Pen?

No

Yes \_\_\_\_\_

*If Yes, explain what the Epi Pen is for*



3

Is your child on any medication?

No

Yes \_\_\_\_\_

*If Yes, please list the medication*



4

Has your child been screened for any educational evaluations?

No

Yes \_\_\_\_\_

*(For example: Speech/Language, Occupational Therapy OT, Physical Therapy PT, Mental Delay) If Yes, please explain:*



5

Does your child have an IEP? | (Individualized Education Plan)

No

Yes *If Yes, please provide Mrs. Brooks with a copy of that upon Enrollment.*



6

Is your child potty trained?

No

Yes



7

Has your child-attended school/daycare before?

No

Yes



8

Does your child have a sibling at Archimedean?

No

Yes \_\_\_\_\_

*If Yes, please list their siblings name & grade*



## HOME LANGUAGE SURVEY

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Survey School Year 20\_\_ 20\_\_

**What is  
your child's race?**

1

White (Non-Hispanic)  
Black (Non-Hispanic)  
Hispanic  
Asian/Pacific Islander  
American Indian/Alaskan  
Native  
Multiracial  
Unknown



**What is your child's primary  
home language?**

2

English  
Spanish  
Greek  
Haitian-Creole  
Other



**What language do family members use  
when speaking to the child at home?**

3

Only English  
Mostly English, but some home language  
Both equally  
Mostly home language, but some English  
Only home language (not English)



**What language does the child use when  
speaking to family members at home?**

4

Only English  
Mostly English, but some home language  
Both equally  
Mostly home language, but some English  
Only home language (not English)



*Required*

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_



I hereby authorize the "Archimedean Academy Inc." to charge my credit card monthly in the amounts stated and specified in the Registration Form(s) that I have submitted to Archimedean Schools or for one time charge for the item(s) described below.

- I understand that my credit card will be processed approximately between the 1st and 10th of each month.
- I understand that a sufficient balance and/or credit line must be maintained in my account to fulfill my monthly obligation.
- I understand that insufficient funds and/or denial of payment to Archimedean Schools will result in a \$25 service charge for each case of insufficient funds and/or denial of payment to Archimedean Schools, which will be deducted from my credit card.
- I understand that this authorization will remain in full force and effect until I notify Archimedean Schools in writing that I wish to revoke this authorization.
- I understand that Archimedean Schools requires 30 days prior notice in order to cancel this authorization.
- I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card Company, as long as the transactions correspond to the terms indicated in this authorization form.
- I understand that payments to Archimedean Schools are applied to the oldest charges of the selected registration(s) first.

**OPTION1: RECURRING PAYMENTS**

Please charge my Credit Card MONTHLY, in the amount stated and specified in the registration form(s) submitted to Archimedean Schools for School Year 20\_\_\_\_ - 20\_\_\_\_ as Follows:

ACC LUNCH PRE-K ATHLETICS

*You may select multiple registrations***OPTION 2: ONE TIME PAYMENT**

One time charge for the items described here below.

Amount \$ \_\_\_\_\_

*Fill amount only for one time charge*

Item description \_\_\_\_\_

*Describe the purpose of this on time payment*

Please Submit ONE Signed Credit Card Authorization Per Student via email to: [cashier@archimedean.org](mailto:cashier@archimedean.org)

Type of Card VISA MASTERCARD AMEX DISCOVER

Name on Card \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Billing Zip Code \_\_\_\_\_ CVV# \_\_\_\_\_  
MM DD YYYY

Phone Number \_\_\_\_\_

Credit Card Holder Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY



# ARCHIMEDEAN SCHOOLS

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