



Preschool Enrollment Form
 German – American – School of Ft. Lauderdale
 4200 N 65th Ave. Davie 33024
 954-391-9847 / germanschoolfl@aol.com / www.germanschoolfl.com

Date of Birth _____ Sex _____
 Date of Enrollment _____

Child Name: _____
 First Middle Last Nickname

Address: _____

Mother Name _____
 Address _____

Father Name _____
 Address _____

Home Phone _____
 Employer _____
 Work Phone _____
 Cellular Phone _____
 Social Security # _____

Home Phone _____
 Employer _____
 Work Phone _____
 Cellular Phone _____
 Social Security # _____

Email _____

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 Email _____

Best way to contact: ___ Email ___ Call, or Text ___.

Medical Information:

I hereby grant permission for the staff of the German – American School, to contact the following medical personnel to obtain emergency medical care if warranted.

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 #	Cellular#
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name _____	Address _____	Work# _____	Home# _____	Cellular# _____
Custody:	Mother _____	Father _____	Both _____	Other _____

SECURITY PASSWORD: _____

By signing below, you verify that all information on this enrollment form is complete and accurate.

Signature of parent/guardian / Date

ADMISSION AGREEMENT

I have read, understand, and agree to comply with all procedures, policies, and conditions set forth in the parent handbook presented by the German-American School of Ft. Lauderdale

Parent's Signature _____ Date _____

Director's Signature _____ Date _____

DISCIPLINARY APPROVAL

We, the parents of (child's name) _____ have read, understand, and approve of the disciplinary procedures implemented at the German-American School of Ft. Lauderdale

Parent's Signature _____ Date _____

Director's Signature _____ Date _____

ALTERNATE NUTRITION PLAN AGREEMENT

I understand and approve the use of the alternate nutrition plan. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs.

Breakfast Snack / Lunch/ PM snack

Parent's Signature _____ Date _____

EMERGENCY MEDICAL CARE AND FIRST AID

I hereby authorize the director and staff representing the German-American School of Ft. Lauderdale to give consent for any and all necessary emergency medical treatment/first-aid for my child (child's name) _____ While said child is in the center's custody.

Parent's Signature _____ Date _____

INFLUENZA VIRUS, THE FLU BROCHURE

My signature below verifies receipt of the brochure on Influenza, the flu, a guide to parents.

Parent's Signature _____ Date _____

PHYSICAL ACTIVITY PARTICIPATION

The German-American School of Ft. Lauderdale provides a positive environment in which physical activity and skill development are an integral part of a daily preschool routine both indoors and outdoors. If weather permits children will be participating in outdoor activities in the morning and afternoon for approximately 25-35 minutes. Outdoor physical activity will consist of unstructured movement activities (free play) which include dancing, running, jumping, leaping, hopping, catching/throwing etc. Children need to wear comfortable appropriate attire to school. Please only sneakers or close shoes must be worn daily. No open toe shoes or sandals will be permitted at school.

Parent's Signature _____ Date _____

KNOW YOUR CHILD CARE CENTER BROCHURE

Section 402.3125 requires that parents receive a copy of the 'KNOW YOUR CHILD CARE FACILITY' brochure..

Parent's Signature _____ Date _____

PHOTOGRAPHY CONSENT

We the parents of (child's name)_____give permission for my child to be photographed and /or videotaped by teachers and staff of the German-American School of Ft. Lauderdale. I also agree to any local news organization approved by and accompanied by the director for purpose of public Relations or family enrichment.

Parent's Signature _____ Date _____

ASSESSMENT CONSENT

We the parents of (child's name)_____give permission to the German-American School of Ft. Lauderdale and its staff/ representatives for my child to be assessed. The assessment results will be used to implement learning activities to support your child's development. Based on the screening results, you may also have an opportunity to receive a referral for additional services.

Parent's Signature _____ Date _____

FINANCIAL AGREEMENT

We the parents of (child's Name)_____understand and agree to abide by the following financial terms and procedures:

1. Payment is to be made by the 10th of each month at the latest. Tuition is required in advance each month and is non-refundable. A late charge fee will be added to tuition received after the 10th of the

month. Please make checks payable to German –American School of Ft. Lauderdale. A returned check fee will be charged in the event of insufficient funds.

2. The yearly registration fee is non-refundable. It is our policy not to make up, or refund class days missed due to illness, vacations, natural disasters etc. If you wish to have additional attendance days on a temporary basis, they may be available as space permits, for an hourly fee.

3. Tuition paid for the preschool is pro-rated as well and includes all holidays. Tuition between September and May is due in full on a monthly basis. We do not prorate, or discount any absences due to illness or personal reasons or vacations.

4. All Delinquent accounts or returned uncollected checks will be submitted to the credit bureau and collection agency.

5. We need to be notified before the 1st of the month, if your child will be withdrawn or transferred from the program. Failure to do so will cause a financial obligation for the whole month.

6. Tuition between June and August can get paid on a daily, weekly or monthly basis. Each student's attendance days must be disclosed by the 1st of each month for the invoice to be written up.

7. Admission to school may be denied if you become 30 days past due and no previous arrangements have been made.

Parent's Signature _____

Social Security# _____
Social Security # _____

Director's Signature _____



'German –American School of Ft. Lauderdale'

'Lernen mit Kopf, Herz und Hand'

Child Questionnaire:

Child's name: _____ Nickname: _____ Sex _____

Date of birth: _____

Father's Name: _____

Mother's Name _____

Siblings and their ages: _____

Emergency Contact: _____ Relationship to child: _____

Person allowed removing child from school: _____

Primary language spoken at home: _____

Other languages spoken at home: _____

Are there any health problems or allergies that we should be aware of? _____

Does your child take medication regularly? _____ What? _____

Do you have any concerns regarding your child's development (i.e. speech, vision, hearing, motor development etc.)?

Do you restrict your child's diet in any way? _____

Has your child gone to preschool or day care before? _____ Please describe previous experiences. _____

Has your child had prior Montessori experience? _____

Does your child have any hobbies, special interests, unusual capabilities or talents?

What are your educational goals for your child? In what areas do you hope to see the most progress (academically, socially, and emotionally). If you have any concerns what are they?
