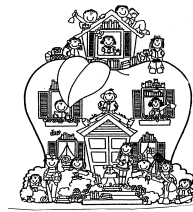


GRANADA DAY SCHOOL



PreSchool and Kindergarten

900 University Drive, Coral Gables, Florida 33134

Office: (305) 4442028 Fax: (305) 4443193 Church: (305) 4448435

Email: dayschool@granadapca.org Website: www.granadadayschool.com

DCF Certification #: C11MD0226

Maximum Licensed Capacity: 183

REGISTRATION FORM 2012-2013 School Year

Fee Schedule

- * **Due upon Registration: \$350.00 (yearly charge)**
 \$275.00 Non Refundable/Non Transferable Registration Fee
 \$35.00 Non Refundable/Non Transferable Activities Fee
 \$40.00 Non Refundable/Non Transferable Insurance Fee
- * **Due May 1st, 2012: \$385.00 (yearly charge)**
 \$85.00 Non Refundable/Non Transferable Media Fee
 \$300.00 Non Refundable/Non Transferable Supply Fee
- * **Due June 1st, 2012: \$450.00 (yearly charge)**
 \$300.00 Non Refundable/Non Transferable Improvement Fee
 \$150.00 Non Refundable/Non Transferable Security Fee

Tuition Installment

Ten monthly installments due the first of each month. Starting July 1st, 2012, ending April 1st, 2013)

Infants, 1's, 2's ~ Non Refundable/Non Transferable, 8:45-1:00 pm	\$535.00
3's (Potty Trained) ~ Non Refundable/Non Transferable, 8:45-1:00 pm	\$530.00
Voluntary Pre-Kindergarten (VPK), "Wrap Around" , 8:45-2:00pm,	\$315.00

VPK Only Fee and Tuition Schedule (8:45-12 Noon)

- * **Due upon Registration: \$120.00 (yearly charge)**
 \$35.00 Non Refundable/Non Transferable Activities Fee
 \$85.00 Non Refundable/Non Transferable Media Fee
- Free Voluntary Pre-Kindergarten (VPK) "only"**, 8:45-12:00pm, Free
- Free VPK, Extended care available from 12-2pm** \$10.00 hourly
- After Care available from 2-6pm** \$3.50 an hour

If you decide to register, it will be necessary for you to complete other forms required
for your child's enrollment before school begins.

Granada Day School welcomes applications of any race, color, and national or ethnic origin.

Tuition Policy

1. The Tuition for the 2012-2013 academic year is **paid the 1st of every month** to ensure a place in a class, regardless of illness, surgery, vacation, weather related or natural disasters. A **late fee** will be assessed if tuition is not received by the **5th of each month**.
2. Students whose accounts are more than 30 days past due are subject to suspension until tuition is paid in full.
3. **Registration, supply, insurance, and improvement fees plus July and August installments are not refundable/transferable.**
4. The school cannot accept a child without means of access to the parents. Phone numbers of available emergency back up persons must also be provided.
5. Parents of students, who are withdrawn, once classes have begun for a semester, are responsible to pay the full tuition for that semester if the School Office is not notified one month in advance.
6. No reductions will be made for vacations or school holidays, or weather-related absences.

Before School Care:

Before School Care is provided from 7:00-8:40 a.m. at \$3.00 a day.

After School Care:

- *After School Care is provided at \$3.50 per hour from 1:00 p.m. to 6:00 p.m. for infants – 3 year olds and from 2:00pm to 6:00pm for 4 year olds.*
- *An extra change of clothes (labeled with child's name) and an afternoon snack for After School Care are to be provided by the parents.*
- *A late pick up charge fee of \$1.00 per minute past 6:00 p.m. will be assessed. Repeated lateness in picking up your child past 6:00 p.m. will result in non-availability of After School Care.*

I, _____, hereby agree to abide by the above fee schedule and conditions set forth by Granada Day School.

Signature of Parent / Guardian _____ Date: ____/____/____.

If you decide to register, it will be necessary for you to complete other forms required for your child's enrollment before school begins.

Granada Day School welcomes applications of any race, color, and national or ethnic origin.

REGISTRATION FORM 2012-2013 School Year

CHILD'S NAME: _____
FIRST
MIDDLE
LAST

PLEASE CHECK OFF ONE OF THE FOLLOWING:

<input type="checkbox"/>	<u>INFANTS' TUITION</u> <i>Not Potty Trained</i> 8:45 a.m. – 1:00 p.m.	5 DAYS \$535.00
<input type="checkbox"/>	<u>ONE-YEAR-OLDS' TUITION</u> <i>Not Potty Trained</i> 8:45 a.m. – 1:00 p.m.	5 DAYS \$535.00
<input type="checkbox"/>	<u>TWOYEAROLDS' TUITION</u> <i>Potty or not Trained</i> 8:45 a.m. 1:00 p.m.	5 DAYS \$535.00
<input type="checkbox"/>	<u>THREEYEAROLDS' TUITION</u> <i>Potty Trained only</i> 8:45 a.m. - 1:00 p.m.	5 DAYS \$530.00
<input type="checkbox"/>	<u>NON-VPK FOURYEAROLDS' TUITION</u> 8:45 a.m. 2:00 p.m.	5 DAYS \$545.00
<input type="checkbox"/>	<u>Voluntary Pre-Kindergarten (VPK), "Wrap Around".</u> 8:45 a.m.- 2:00 p.m.,	5 DAYS \$315.00
<input type="checkbox"/>	Free Voluntary Pre-Kindergarten (VPK) "only", 8:45-12:00pm, Extended care 12-2PM available	Free \$10.00 hourly

If you decide to register, it will be necessary for you to complete other forms required for your child's enrollment before school begins.
Granada Day School welcomes applications of any race, color, and national or ethnic origin.

Office use only:	Starting Date: _____	Room #: _____
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GRANADA DAY SCHOOL ~ ENROLLMENT FORMS

PLEASE FILL OUT ALL INFORMATION BELOW AND ENCLOSE ENTIRE DOCUMENT ALONG WITH YOUR REGISTRATION FEE OF \$350.00.

CHILD'S NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____

CITY: _____ ZIP CODE: _____ HOME # _____

BIRTH DATE: ____/____/____ SEX: _____ RELIGION: _____

ETHNIC ORIGIN: Black White Asian Pacific Islander Hispanic

American Indian

CHILD'S PHYSICIAN: _____ PHONE #: _____

MAY THE SCHOOL CALL ANOTHER PHYSICIAN IF UNABLE TO CONTACT THE DOCTOR ABOVE?
YES _____ NO _____

Allergies (Food, etc.): Yes _____ No _____ List allergies: _____

MOTHER'S NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____ HOME # _____

BEEPER: _____ CELLULAR: _____ WORK: _____

E-MAIL ADDRESS: _____

SINGLE MARRIED REMARRIED SEPARATED DIVORCED WIDOWED

FATHER'S NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____ HOME # _____

BEEPER: _____ CELLULAR: _____ WORK: _____

E-MAIL ADDRESS: _____

SINGLE MARRIED REMARRIED SEPARATED DIVORCED WIDOWED

EMERGENCY / FIELD TRIP RELEASE FORM

"Authorization for Medical Treatment"

Child's Full Name: _____ Date of Birth: _____

The child resides with me at the following address: _____

List names of medications child is presently taking: _____

My child is covered (if applicable) under the following group medical plan:

Employer: _____

Insurance Carrier: _____

Policy/Plan Number: _____

In case of an emergency, and I am unable to be reached, please contact the following persons.

Persons authorized to pick-up my child from school.

PERSONS TO BE CONTACTED IN CASE OF ILLNESS, ACCIDENT, OR EMERGENCY IF FOR SOME REASON THE PARENTS OR GUARDIANS CANNOT BE REACHED, AND ARE ALSO AUTHORIZED TO PICK UP THE CHILD FROM GRANADA DAY SCHOOL.

NAME:	RELATIONSHIP	HOME PHONE #	WORK PHONE #

Provided the medical care and treatment of my child is on the advice of a licensed physician, I authorize and request all physicians, hospitals or other providers of medical services to follow the instructions of the official of Granada Day School if I, as the parent or legal guardian, cannot be contacted within a reasonable period of time and medical attention is urgently needed.

(Circle one): I am the (father) (mother) (legal guardian) of the minor listed below.

Date: _____ Signature: _____ Print Name: _____

This authorization of medical treatment was prepared by the probate and guardianship committee of the Dade County Bar Association and approved by the Dade County Bar Association and the South Florida Society for hospital risk management. This authorization is a public service of the Dade County Bar Association.

CHILD'S MEDICAL HISTORY

ANY EVIDENCE OF:	YES	NO	OPERATIONS?	YES	NO
Hearing loss or difficulties?					
Vision difficulties?					
Speech Disabilities?					
Any concerns about learning disabilities / illnesses, describe:					
Would you like your child to be evaluated?					

FAMILY SITUATION

Is child adopted? YES NO

At what age? _____ Death of one parent? (which) _____ Any Comments: _____

WHAT PROBLEM DOES YOUR CHILD HAVE THAT CONCERNS YOU MOST? _____

WHAT ARE SOME OF THE WAYS YOUR CHILD PLAYS AT HOME? _____

FAVORITE TOYS? _____

FAVORITE FOODS? _____

DOES YOUR CHILD PLAY WELL WITH OTHER CHILDREN? _____

HOW DOES YOUR CHILD REACT WHEN HE/SHE DOES NOT GET HIS/HER WAY? _____

HOW OFTEN DO YOU READ TO YOUR CHILD? _____

LIST METHODS OF DISCIPLINE USED WITH YOUR CHILD _____

NAME OF LAST SCHOOL ATTENDED if Applicable: _____

RELIGIOUS AFFILIATION

CHURCH YOU ATTEND: _____

IF NO MEMBERSHIP, PLEASE GIVE CHURCH PREFERENCE: _____

SECTION 10M12.008(2)F.A.C. REQUIRES THAT PARENTS MUST RECEIVE **A COPY OF THE CHILD CARE FACILITY BROCHURE, KNOW YOUR CHILD'S DAY CARE CENTER.** THE PARENTS' OR LEGAL GUARDIAN'S SIGNATURE VERIFIES RECEIPT OF THE CHILD CARE BROCHURE. PLEASE COMPLETE THE FOLLOWING:

I HAVE RECEIVED A COPY OF THE CHILD CARE FACILITY BROCHURE;

KNOW YOUR CHILD'S DAY CARE CENTER.

Date

SIGNATURE OF PARENT OR GUARDIAN

I AGREE TO PROVIDE THE FOLLOWING MEALS AND/OR SNACKS TO MEET MY CHILD'S NUTRITIONAL AND DIETARY NEEDS:

BREAKFAST: _____ Parent _____

A.M. SNACK: _____ School _____

NOON MEAL: _____ Parent _____

P.M. SNACK: _____ Parent _____

DATE

SIGNATURE OF PARENT OR GUARDIAN

Day School Parental Agreement

Child's Name: _____ Classroom # _____

WITHDRAWAL NOTICE

I agree that should I choose to withdraw my child, whether before the school year begins or during the year, I will make an appointment with a school official and sign the formal withdrawal form. I understand that if I withdraw my child after the first month, I will remain responsible for the complete Semester's tuition.

DISCIPLINE

Teachers are responsible for establishing rules for classroom management according to the educational philosophy of the school. We believe consistent, positive and constructive reinforcement motivates the child to behave appropriately. As advocates for the child, teachers develop routines and procedures which promote learning and socialization to benefit the child and ensure success in class. A caring manner builds understanding and self discipline. We teach that as God's children, God is glorified when we are obedient.

GDS ensures that age appropriate, constructive disciplinary practices are used for children in our care:

1. CHILDREN SHALL NOT BE SUBJECTED TO DISCIPLINE WHICH IS SEVERE, HUMILIATING OR FRIGHTENING.
2. DISCIPLINE SHALL NOT BE ASSOCIATED WITH FOOD, REST, OR BATHROOM PROCEDURES.
3. SPANKING, OR ANY OTHER FORM OF PHYSICAL PUNISHMENT, IS PROHIBITED.

Inappropriate or difficult behavior will be handled in the following manner:

1. Objective evaluation of the behavior.
2. Restructuring the child's environment to remove source of conflict or uncooperative behavior.
3. Positive interaction offering options and/or diversion, as well as setting limits.
4. Removing child from group activity to solitary area for a short time, calling it "Time Out."
5. Planning conference with the parents, approaching the problem on a united front.
6. Teachers and parents are resources for each other in evaluating and planning strategies for handling difficult behavior.
7. Fostering attitudes of caring and dedication to the child's progress toward self discipline.
8. Parents and child counseling with Director if problem persists.

SECTION 10M12.013 REQUIRES THAT PARENTS ARE NOTIFIED IN WRITING OF THE DISCIPLINARY PRACTICES USED BY THE CHILD CARE FACILITY. THE PARENTS' OR LEGAL GUARDIAN'S SIGNATURE VERIFIES THAT THE PARENTS OR GUARDIANS HAVE BEEN NOTIFIED IN WRITING OF THE DISCIPLINARY PRACTICES OF THE CHILD CARE FACILITY. PLEASE COMPLETE THE FOLLOWING:

I HAVE RECEIVED IN WRITING THE DISCIPLINARY PRACTICES USED BY THE CHILD CARE FACILITY.

SIGNATURE OF PARENT OR GUARDIAN

TRANSPORTATION PERMISSION

If I am unable to participate, I hereby give permission for Granada Day School and its parents to transport my child on field trips, provided that the driver has liability insurance in force, has a valid Florida driver's license and there is a current Florida inspection sticker on the vehicle. I relieve Granada Day School and any representative or agent thereof from all responsibility in case of accident or injury.

OBSERVATION CONSENT

I hereby give permission for my child to be observed and evaluated by volunteers and/or students from Florida International University, Miami Dade Community College and University of Miami.

LIABILITY

I further agree to hold Granada Day School and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against Granada Day School or any agent thereof because of any injury or alleged injury to my child. Should legal action for any reason be taken against Granada Day School or any employee or agent thereof on my child's behalf and Granada Day School or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages, or other costs that Granada Day School or its agent should incur to defend itself against such action.

This Parental Agreement statement will be in effect for as long as my child (listed on previous page or others to be enrolled) attends Granada Day School. I understand that Granada Day School is an extension of me, the parent, and I pledge my prayerful support to the school administration and faculty. I will make every effort to work with the school personnel to insure the best possible learning experience for my child.

I have read and do understand the above information and request that my child be accepted to attend Granada Day School.

Mother's or Guardian's Signature

Date

Father's or Guardian's Signature

Date

Statement of Faith

1. We believe the Bible to be the inspired, infallible, Word of God, final in content and complete in revelation.
(II Timothy 3:16)
2. We believe that there is one God eternally existent in the persons of the Father, Son, and Holy Spirit.
(I John 5:46)
3. We believe in the deity of our Lord Jesus Christ who took on human flesh, lived a sinless life, was crucified, buried and rose again, who ascended back to heaven to make intercession for us, and who will return in power and glory.
(I Corinthians 15:3; I Peter 2:2124; and John 3:16)
4. We believe all men are sinful by nature and are in need of God's salvation.
(Romans 3:2130; Galatians 47)
5. We believe man is saved by grace through faith in what Christ has done for us on the cross, not by anything we can do ~ it is a gift of God.
6. We believe that the child of God has been given a new nature at the time of salvation and is enabled to live a Godly life only by the power of the indwelling Holy Spirit.

I have read and understand the Statement of Faith and realize this is the foundation of all teaching my child will receive.

Mother's or Guardian's Signature

Date

Father's or Guardian's Signature

Date