



THE
MADELAINE HALMOS
ACADEMY at Jack & Jill

Enrollment Application

2020-21

100 SW. 9th Avenue
Fort Lauderdale, FL 33312
954-712-2472

A Message from Our Head of School

Dear Parent,

I am excited that you are considering enrolling your child(ren) at Madelaine Halmos Academy! Madelaine Halmos Academy is a private, elementary school, currently serving Kindergarten to 4th grade students. Our teachers, staff and volunteers work together to create a safe, academically sound, socially supportive environment for all students. Our unique program seeks to nurture the whole child by combining academic, social-emotional, and wellness elements to ensure a highly-effective educational experience. Our program elements include:

- Project-based curriculum
- Technological integrations
- Wellness activities
- Social-emotional, assessment, learning and play
- Engaging extracurricular activities including: soccer, basketball, piano, ballet, computer science and art
- STEAM activities
- On-site counseling and therapeutic services
- Field trips

Our robust programming is supported by a deep network of volunteers from diverse business and service industries, who give of their time and talent to facilitate real-world connections to learning for all students. Together, we develop lifelong learners, launching them into bright, prosperous futures. Our Early Education Center, Jack & Jill Children's Center, has been a part of the community for over 75 years, and we are looking forward to the continuous growth and development of Madelaine Halmos Academy in the coming years. We are honored to begin the process of partnership with your family!

Please note the following documents which must be received to begin processing your admissions application:

- *completed admissions application form (including all required documents)
- *recent photo
- *original birth certificate
- *school reference
- *scholarship award letter (if applicable)
- *request for records

In order to expedite your application and secure placement for your student, you are encouraged to submit all required documents as soon as possible. Feel free to contact our office at (954) 712-2472, if you have any questions. We appreciate your patience as we strive to make your admissions experience as smooth as possible.

Sincerely,

Rachel C. Scott, *Head of School*

Family Strengthening Program

Dear Jack & Jill Parent(s) or Guardian,

Jack & Jill's Family Program is here to help you. The program consists of:

- **Emergency Assistance Fund which can help you and your family with any unexpected challenges or crises**
- **The J&J Boutique food and clothing pantry**
- **Budget guidance**
- **Resume writing and job search assistance**
- **Community referrals, case management, and counseling**
- **Parent Education, including Parent Series with different topics like Financial Literacy, First Time Home Buyer, Healthy Cooking Nutrition, and our 10-week Nurturing Parenting Series**

We would like to give you the opportunity to be eligible for everything we have to offer our families.

To be eligible for emergency assistance, you must participate in a parent series per school year.

The Nurturing Parenting Series has topics that include:

- How to Nurture Yourself as a Parent
- Ways to Handle Stress
- Listening and Communication
- Positive Discipline and Ways to Handle Challenging Behavior
- Basic Child Development

In addition, the friendships made in the group with other parents can last a lifetime. You will also receive up to **\$40 in gift cards** if you attend 8 or more classes.

Don't let this unique opportunity to help you and your family pass you by.

Sincerely,

Your Family Support Team

Please fill out, tear off & turn in bottom portion of this sheet if you are interested in participating in the Nurturing Parenting Series.

Child's Name: _____

Parent's Name: _____

Phone Number: _____

EXHIBIT B

Informed Consent Process Authorizing Release of The School Board of Broward County Data

CSC-funded [Jack & Jill Children's Center](#) shall provide all parents/guardians or youth 18 years of age or older enrolled in their program with the following written statement that must be signed, retained by the Provider, and verified in CSC'S Services Activities Management Information System (SAMIS):

The program operated by [Jack and Jill Children's Center](#) that your child participates in is funded by the Children's Services Council of Broward County (CSC). The CSC uses data from The School Board of Broward County (SBBC) to research and evaluate the success of the [Jack & Jill Children's Center](#) at serving your child. To use SBBC data, the SBBC requires parents/guardians or students 18 years of age or older to read and sign the information below.

The School Board of Broward County Informed Consent

The SBBC shares data with the CSC, for the purposes of: **(1)** enrolling students into CSC programs; **(2)** researching and evaluating the effectiveness of CSC programs at improving student's school performance, behavior, attendance, graduation rates, and their transition to career pathways; and, **(3)** care coordination purposes. The shared education records include: **students' first and last names; student SBBC identification number; race; gender; disability; home language; country of origin; eligibility for free and reduced lunch; English proficiency; Florida student identification number; home address; attendance; schedule; grades; test scores; promotion status; risk assessment data; Career Technical Education credential attainment; suspensions and/or expulsions.**

The education records listed above will be disclosed by SBBC to the CSC and to [Jack & Jill Children's Center](#) by CSC so [Jack & Jill Children's Center](#) can effectively provide case coordination services to help students improve: school performance; behavior; attendance; graduation rates; and their transition to post-secondary opportunities.

By signing below, the parent/guardian or student 18 years of age or older provides their expressed written consent for SBBC to disclose their education records pursuant in the paragraphs above.

Print Child's Name

Child's Student ID Number

Print Child's Name

Child's Student ID Number

Print Child's Name

Child's Student ID Number

Parent Signature

Date

Enrollment Agreement - Please read and initial each section listed below, then sign and date at the bottom of the page.

Section 1:

_____ **Tuition:** I understand that tuition payments are due on Friday for the upcoming week. Fees are due regardless of attendance. This includes, but is not limited to, illness and vacations. **I understand that tuition will continue to be billed until I terminate my child's enrollment in writing.** Payments are due in the form of cash and/or money order made payable to Jack & Jill Children's Center.

_____ **Drop Off/Pick up:** I understand the School is open Monday through Friday, 6:30 am to 6:00pm. It is my obligation to arrange for pick-up and drop off during these hours. Late fees will be assessed at a flat \$10.00 fee for every 10-minute increment starting at 6:01.

_____ **Attire:** I understand that the following items are not permitted at Elementary School: open-toe shoes (crops, sandals, flip flops), shells, barrettes, bobby pins, bows hanging from the hair, etc., backpacks, overalls, or clothing with difficult closures and jewelry of any kind. The only exclusion is single post, modest earrings. I understand that my child will not be permitted into the Center if any of the above mentioned items are present.

_____ **Meals:** I understand that breakfast is served between 7:00 – 7:45 am. Breakfast ends promptly at 7:45am. I understand that no outside food is permitted in the Elementary School without permission in writing from School Administration.

_____ **Attendance:** I understand that I am responsible to abide by all attendance policies documented in the Jack & Jill and/or Madelaine Halmos Academy Family Handbook. Regarding tardiness, I understand that if my child arrives after 9:00 am, without a suitable written excuse, the attendance will be noted as ABSENT. Acceptable forms of written excuses include the following:

- Doctor/dentist note or appt slip (provider info must be visible and verifiable)
- Travel receipts
- Service provider appt slip or receipts (provider info must be visible and verifiable)
- Court appearance documentation
- Handwritten or emailed note from parent detailing reason for student's late attendance.

_____ **Updated Contact Information:** I understand that I must maintain updated contact information at all times. Failure to do so can result in care being terminated.

_____ **Changes to Authorized Pick Up:** I understand that any change to the list of Emergency Contact and Release Person can only be done by person(s) that registered the child and must be done **in person**. If the person being removed from the contact list is a parent/guardian, the person must be notified of their removal in the presence of a Jack & Jill staff member. **The removed person will not be allowed on Jack & Jill property for any reason. Once this person is removed, I will not be able to add this person back on to the account again.**

_____ **Disruptive Behavior:** Should a parent or Emergency Contact/Release Person become disruptive or violent, use abusive or vulgar language, carry a weapon, or threaten any staff member, **that person will no longer be admitted on School property. Depending on the offense, which is at the discretion of the School, care may be terminated.**

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Enrollment Agreement - Please read and initial each section listed below, then sign and date at the bottom of the page.

Section 1: Continued

_____ **Health Concern:** I understand if my child becomes ill during the day (fever, vomiting and/or diarrhea) my child must be picked up within **one hour** of the School contacting me. Depending on the type of illness, my child may be required to stay home for 24-48 hours and/or return to school with a doctor's note. I understand that *Madelaine Halmos Academy* staff members are not permitted to administer medication to students. May the School consult the student's physician if parent/guardian cannot be reached? Yes No

_____ **Discipline Policy:** I understand that all children are treated with respect and handled in a positive, constructive and non-threatening manner. Food, rest or bathroom facilities are NEVER withheld as a form of punishment. I understand that staff will use the following discipline policy: 1) constructive one on one 2) assisting child with "using their words" about feelings and emotions and finding appropriate ways to express themselves 3) removal of child from discipline situations and assisting child in another activity 4) positive redirection when children are not exhibiting desired behaviors 5) partnership with families through visits, conferences to develop plans for home and school.

_____ **Volunteer Hours:** Parents are required to have 12 volunteer hours per year, per family. I understand if there are outstanding hours on July 31st I will be charged \$5 per hour. Parents may volunteer to attend field trips, read in the classroom, assist teachers, attend parent classes, and/or coordinate special events.

_____ **School Celebrations: Birthdays-** Birthday celebrations take place during times deemed appropriate by classroom teacher and School Administration, upon parent request. These are typically reserved for the end of the school day or after care hours. Approval must be received in advance, to allow food items and/or decorations on campus for celebrations. The school will refer to permissions supplied at the time of enrollment for participation in celebrations. Parents are allowed to take pictures of children for whom media consents have been supplied. Social media sharing of photos is prohibited. **Food and serving utensils must be store-bought.**

Other School Celebrations: Parents will be notified by school communication (newsletter, school messaging apps, email, etc.) when the school is having celebrations. The school team will adhere to any directives regarding food allergies, medical or religious observations, prohibiting student participation in scheduled school celebrations.

_____ **J&J Services:** I understand I must participate in the Parent Enrichment Program to qualify for access to the Food/Clothing Bank and/or Emergency Assistance Fund. I also understand that I must complete a Family Assessment to maintain my child's enrollment in the Center.

_____ **Sunscreen:** I understand that Rocky Mountain sunscreen will be applied to all children over six months old. This will be done 20-30 minutes prior to outdoor activities while in school.

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Section 2:

_____ **Media Release:** I grant permission do not grant permission for Jack & Jill Elementary School to mention, feature or describe me/my child in printed publications, news stories and/or features about the Center and its activities. To use me/my child's image in printed publications, video, Facebook and other social media, press releases and/or the Jack & Jill website without further consideration. I acknowledge Jack & Jill's right to crop or treat photographs at its discretion, and understand that Jack & Jill and/or outside agencies may choose not to use the photo at this time, but may do so at its own discretion at a later date. Please note if you choose not to permit the publication of photographs, your child **will not** be included in their classroom photograph on picture day.

_____ **Developmental Screening:** I understand that Jack & Jill Children's Center will provide developmental screening in the fall, spring and any other necessary time. I will receive the results of the screening and be informed of any recommendation at the time of parent/teacher conference and/or any other needed time.

_____ **Testing & Assessments:** I understand that as a student at Madelaine Halmos Academy, my child is required to participate in standardized testing, which takes place several pre-scheduled times throughout the year. The school will provide the testing schedule to families, as needed.

_____ **Permission to Serve Child:** I authorize my child to participate in counseling/behavioral teaching conducted by Jack & Jill Children's Center or any of the Center's affiliates. All services will be conducted at the Center. Confidentiality will be maintained by all Jack & Jill Children's Center employees and the Center's affiliates.

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)

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Enrollment Information

Child Information

First Date of Attendance _____

Child Name _____ Preferred Name _____

Address _____

Sex: Female / Male Date of Birth _____ Social Security Number _____

List Any Known Allergies _____

Child's Primary Language _____

List Child's Special Needs _____

Child's Physician _____ Phone _____

Physician Address _____

Parent/Guardian Information

Person permitted to remove child: Mother Father

Parent/Guardian Marital Status: Single Married Divorced Widowed

Primary Residence of Child: Mother Father Both Guardian

Parent/Guardian #1 _____ Relationship to Child _____

Date of Birth _____ Social Security Number _____

Home Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Employer _____ Work Phone _____

Employer Address _____

Parent/Guardian #2 _____ Relationship to Child _____

Home Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Employer _____ Work Phone _____

Employer Address _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Emergency Contact and Release Persons - All authorized release persons must provide a government issued photo identification at the time of pick-up. All persons below must be 18 or older unless he/she is the parent of the child. If a person listed is below the age of 18, please indicate their birthdate. The persons designated in this section will be contacted and/or authorized to pick up the child if there is a medical or other emergency and the parent/guardian cannot be reached and may be granted permission to obtain the child's health records and or information if necessary.

Password: All accounts must have a 4 to 6-digit passcode _____

Name _____ Relationship to Child _____

Home Phone _____ Cell Phone _____ Work Phone _____

Birthdate (if under 18) _____

Name _____ Relationship to Child _____

Home Phone _____ Cell Phone _____ Work Phone _____

Birthdate (if under 18) _____

Name _____ Relationship to Child _____

Home Phone _____ Cell Phone _____ Work Phone _____

Birthdate (if under 18) _____

Name _____ Relationship to Child _____

Home Phone _____ Cell Phone _____ Work Phone _____

Birthdate (if under 18) _____

Name _____ Relationship to Child _____

Home Phone _____ Cell Phone _____ Work Phone _____

Birthdate (if under 18) _____

Name _____ Relationship to Child _____

Home Phone _____ Cell Phone _____ Work Phone _____

Birthdate (if under 18) _____

Name _____ Relationship to Child _____

Home Phone _____ Cell Phone _____ Work Phone _____

Birthdate (if under 18) _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Authorization for Emergency Treatment

Date: _____

To Whom It May Concern:

I hereby give my consent to **Broward Health Medical Center** to administer necessary treatment to my child _____ in the event of an emergency of which time I cannot be reached. I give consent to transport by ambulance if the situation warrants it.

Name of Physician: _____ Phone: _____

Allergies of Child: _____

Date of Last DPT or Tetanus: _____

Insurance Company Coving Child: _____

Policy Number: _____ Expiration Date: _____

Signature of Parent or Legal Guardian

Date

Sworn to and subscribed before me this _____ day of _____, 20____

By _____

Name of Person Acknowledged

My Commission Expires:

Print or type Name of Notary as Commissioned

Personally Known

Produced Identification

Type: _____

#: _____

Therapy Services

Please answer the following questions that apply to the child you are enrolling. Please know that this information will only be used by administrative staff to better accommodate your child.

Is your child receiving services such as speech, occupational, physical therapy, counseling, etc.? If yes, which services is your child receiving?

Does the child have any adaptive equipment (i.e.: helmet weighted vest, etc.)?

Is there a behavior plan in place for this child?

Is there an open case with Child Net, DCF, Children's Home Society, etc involving your child? ____ Yes
____ No

If so, please list the caseworker's name and contact information.

What is the nature of the case?

What is the involvement of the birth parent(s)?

Please provide any additional information that would help your child transition successfully into our program. _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Therapy Services

If your child currently receives therapy services such as speech or physical therapy, or must be seen for observation while at our Center you must have the therapist/observer contact Family Strengthening Program Team prior to coming to the center.

Child's Name: _____

Therapist's Name: _____

Company: _____

Reason for Visit: _____

Visiting Schedule: _____

Please contact Family Strengthening Program Team prior to coming to the elementary school to provide services.

Child's Name: _____

Family and Child Demographics

Our program receives requests from businesses and organizations that may offer assistance for our families. In the event that we do get requests, we have found we need a little information on you and your immediate family in order to direct this assistance.

Parent/Guardian's Name: _____

Relation to Child: _____ Date of Birth: _____

Primary Residence of Child: Mother Father Both Guardian

How many children live at home: _____ How many adults live at home: _____

Head of the household: _____

Annual Household Income: _____

Other Guardian(s)

Name: _____ Relation to Child: _____

Name: _____ Relation to Child: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Child's Race: _____ Child's Ethnicity: _____

Family's Primary Language: _____

Referred By: _____

Do you or your children have any allergies or health concerns? _____

If yes, please list: _____

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School Reference Form

NOTE: TO BE COMPLETED BY THE PROSPECTIVE STUDENT'S CURRENT TEACHER.

Student Name: _____

The student named above is seeking admission to the Madelaine Halmos Academy. Please provide a character and academic reference for this student by responding to each of the items listed below. You may rate the student on a scale of 1 to 4 based on your interactions with the student.

1- Never

2- Sometimes

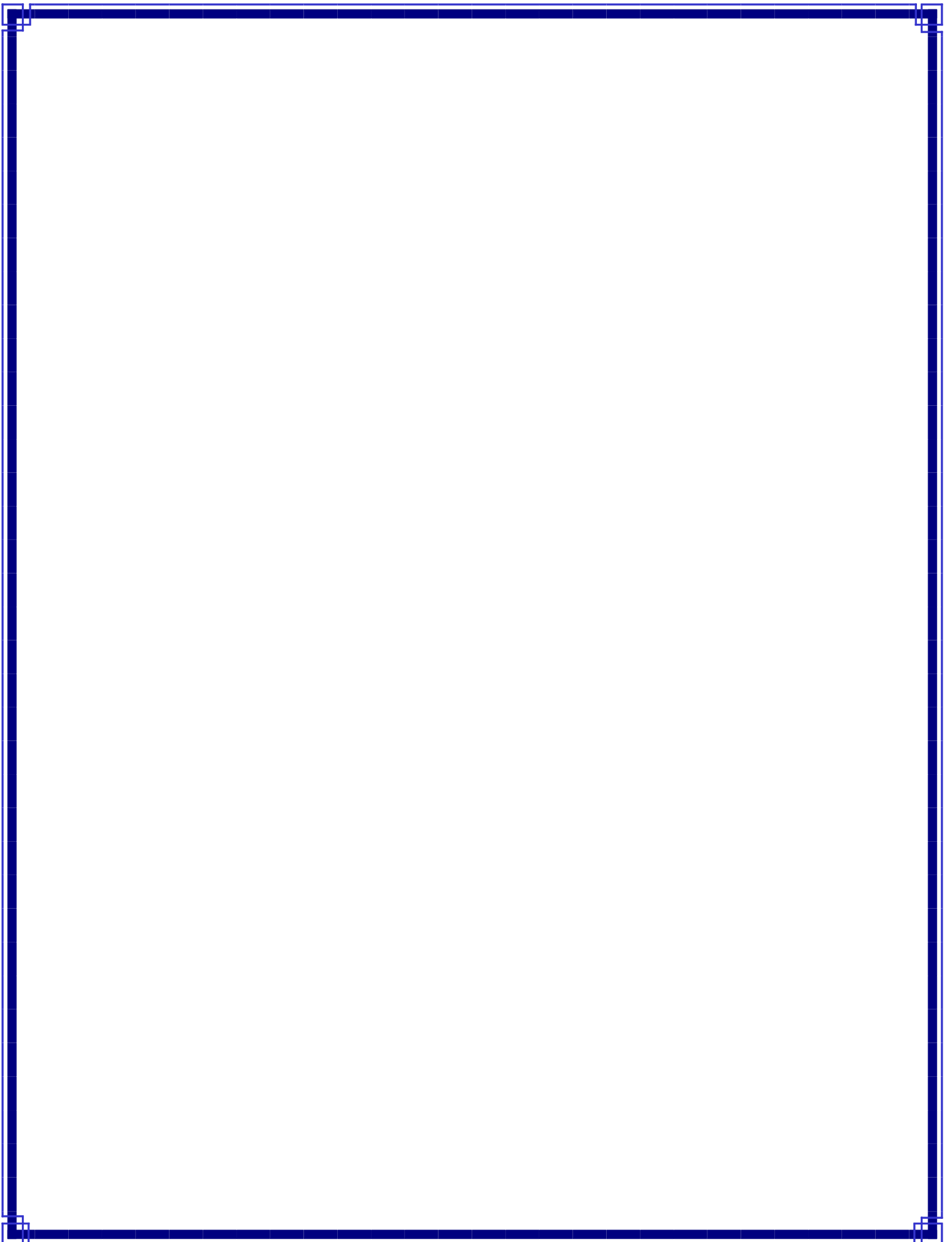
3- Usually

4- Never

STUDENT REFERENCE	RATING
CHARACTER & BEHAVIOR REFERENCE	
The student demonstrates respect in actions and words toward adults.	
The student demonstrates respect in actions and words toward classmates.	
The student interacts appropriately with classmates.	
ACADEMIC REFERENCE	
Student enjoys learning.	
Student asks questions to seek understanding.	
Student demonstrated appropriate academic progress for his/her age and grade level in the most recent academic reporting period.	
Student was able to successfully participate in various forms of testing/assessment administered by the school in the most recent reporting period.	

Please return this form to the Madelaine Halmos Academy directly.

Email	Fax	Mail
MHAadmissions@jackandjillcenter.org <i>(please enter the student's first and last name in the email subject line)</i>	ATTN: Enrollment (954) 374-7376	Madelaine Halmos Academy at Jack & Jill ATTN: Enrollment 1315 W. Broward Blvd Ft. Lauderdale, FL 33312



Child Interest Profile

Please share with us more about your child:

Child's Name: _____

Child Nickname at home (if any): _____

Date of Birth: ____/____/____ Shoe Size: _____ Clothing Size: _____

Parent's/guardian's name: _____

Siblings: # of brothers: _____ Age(s): _____

of sisters: _____ Age(s): _____

Interests:

Favorite activity: _____

Favorite Show: _____

Favorite Book: _____

Favorite Toy: _____

Favorite Food: _____

How do you calm your child when he/she is upset or sad? _____

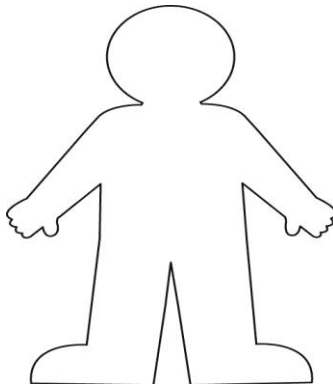
Has your child ever been in school before? _____

If yes, when _____ If yes, how long _____

What do you wish for your child to gain at Jack and Jill? _____

Do you have any concerns about your child? _____

Does your child have any birthmarks and/or distinctive marks on their body? If yes, please show below and specify front or back of body.



Right Side of Body

Left Side of Body

Classroom Emergency Information List

Child's Name: _____

Parent/Guardian's Name: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Work Phone: (____) _____

Emergency Information: (birth marks, food allergies, illnesses, scars etc.)

Emergency Contact Information (other than parent/guardian)

Name: _____ Relationship to Child: _____

Phone: (____) _____

Name: _____ Relationship to Child: _____

Phone: (____) _____

Name: _____ Relationship to Child: _____

Phone: (____) _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____