

**2021 NEW  
Elementary Camper**



***Summit-Questa  
Montessori School***

Dear Parents:

Please provide your child with healthy snacks and lunch daily. Have your camper bring a backpack with a change of clothes, a towel, bathing suit, sunscreen, water shoes and bug spray. Please be sure that every item is clearly labeled with your child's name. For other questions and concerns please contact your child's teacher.

Thank you for your cooperation.

Elementary Summer Camp Team

# **Summit-Questa Montessori School**

## **Summer Camp 2021**

### **ELEMENTARY ENROLLMENT CHECKLIST**

#### **DUE WITH REGISTRATION:**

- \_\_\_\_\_ 1. Child Enrollment Information - Password
- \_\_\_\_\_ 2. Pickup Authorization
- \_\_\_\_\_ 3. Emergency Medical & Authorization Information
- \_\_\_\_\_ 4. Medical Information
- \_\_\_\_\_ 5. Prescription & Non-Prescription Authorization
- \_\_\_\_\_ 6. Field Trip Program Policy
- \_\_\_\_\_ 7. Swim Waiver & Media Release
- \_\_\_\_\_ 8. Transportation Consent & Release
- \_\_\_\_\_ 9. Swim Central Form
- \_\_\_\_\_ 10. Camp Policies
- \_\_\_\_\_ 11. Nutritional & Health Policy
- \_\_\_\_\_ 12. Code of Conduct
- \_\_\_\_\_ 13. Discipline Policy
- \_\_\_\_\_ 14. Disciplinary Action
- \_\_\_\_\_ 15. Food Allergy Letter from Ms. Judy
- \_\_\_\_\_ 16. Current HRS Good Health Form #3040
- \_\_\_\_\_ 17. Current HRS Immunization Form #680

**Student Name (Print):**

*Attach recent photo  
of  
your student.*

***BEFORE YOUR CAMPER CAN ATTEND SUMMER CAMP ALL ENROLLMENT PAPERS AND  
CAMP FEES MUST BE SUBMITTED TO THE ADMINISTRATION AND HEALTH FORMS DH680  
AND DH3040 MUST BE CURRENT.  
THANK YOU FOR YOUR COOPERATION!***

# SUMMER 2021

## SUMMIT-QUESTA MONTESSORI SCHOOL

### CHILD ENROLLMENT INFORMATION



***(Replaces Broward County Bureau of Children's Services/Child Care Licensing & Enforcement #1 Form)***

#### Child's Information

*Instructions: Please print or write clearly. Fill in all blanks. If not applicable enter N/A.*

Full Name			Date of Enrollment: <span style="float: right;">⬆ Female ⬆ Male</span>	
Preferred Name	Birth Date	Place of Birth	Current Age ____	Age as of 6/1/2020 ____
		Birth Place		
Address		City & State	Zip	Email Address
Telephone (    )		Allergies (severe/EpiPen)	Special Problems/Information	
Child resides with?		What language is spoken at home?		
Parents marital status?		Who has legal custody?		
Who will receive report cards?		Who will receive billing statements?		

#### Mother's Information

Name		Home Telephone (    )		
Address (if different)		City	State	Zip
Mobile Cell	E-mail address		Drivers License (copy must be on file)	
Place of Employment		Work Telephone (    )		Ext.

#### Father's Information

Name		Home Telephone (    )		
Address (if different)		City	State	Zip
Mobile/Cell	E-mail address		Drivers License (copy must be on file)	
Place of Employment		Work Telephone (    )		Ext.

#### Legal Guardian's Information

Name		Home Telephone (    ) Cell (    )		
Address (if different)		City	State	Zip

#### Child's Physician

Name		Health Insurance Plan
Address	Telephone No.	May we contact another physician if unable to contact the doctor noted above?

#### Other Persons to be Notified in Case of Illness or Accident (if parents cannot be reached)

Name	Address	Home Telephone _____ Cell _____ Work _____
Name	Address	Home Telephone _____ Cell _____
	Work _____	

In case of emergency, the school has permission to take my child to the nearest hospital   ☐ Yes   ☐ No

**Persons Permitted to Remove Child (Copy of Driver's License Must be on File) Driver's License must be presented on pickup.**

Mother <input type="checkbox"/> Yes <input type="checkbox"/> No	Father <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	Address/Phone No.	Relationship
Name	Address/Phone No.	Relationship
Name	Address/Phone No.	Relationship

**Names of Siblings Attending or Graduated from Summit-Questa Montessori School**

Name	Grade	Teacher/Classroom
Name	Grade	Teacher/Classroom
Name	Grade	Teacher/Classroom

***BEFORE A NEW CAMPER CAN BE OFFICIALLY ADMITTED, ENROLLMENT PAPERS, CAMP FEES ALONG WITH THE PROPER IMMUNIZATION AND HEALTH RECORDS MUST BE SUBMITTED TO THE ADMINISTRATION. THANK YOU FOR YOUR COOPERATION!***

**Parent/Legal Guardian:** My signature below indicates that the information given herein is truthful and accurate to the best of my knowledge.

Check one. <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian	<b>Signature</b>	Date
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**Office Use Only**

Previous School Records Received	Date of Child's Visitation	Enrollment packet received (date)
Health Records received (date)	Summer School Required _____	Tutoring Required _____
Registration/tuition deposit received \$ _____	Date Paid _____	Other Fees Paid \$ _____ Description \$ _____
Grade enrolled for _____	Classroom assigned to _____	Other Comments: _____

# SQMS PASSWORD

*The password is used for the protection of your child.*

Circumstances may occur when you will need someone that is not listed on our enrollment form to take your child from this facility. When these circumstances arise, you will need to call and inform us of your intention and you will be asked for your password. Informing us of your password will enable us to carry out your instructions. If you do not provide or remember your password, we may not be able to carry out your request over the telephone. The password for your child should not be given to any other individual. The password provides a code between staff and parents only to enable us to follow your instructions from over the phone.

PASSWORD:

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Parent or Guardian (Print)

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Parent or Guardian (Signature)

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Name of Child/children

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Date

---

Director

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***Summit-Questa  
Montessori School  
Pick Up Authorization***

Child's Name	Class/Teacher		
Parent/Legal Guardian Name			Cell No.

Persons authorized to pick up child: (Driver's license must be on file in the office and presented for identification.)

Name	Address & Cell Phone No.
Name	Address & Cell Phone No.

Emergency Information: (In case of illness or emergency, if parents cannot be reached, notify:)

Name		Relationship	
Address		Telephone (include cell phone number)	
Name		Relationship	
Address		Telephone (include cell phone number)	
Child's Physicians		Telephone	
Address	City	State	Zip
In case of illness or accident, describe special instructions.			

\*Pick up codes will be supplied to each adult authorized to pick up a student. Please memorize your code.\*

Parent Signature/Date: \_\_\_\_\_

## **Summit-Questa Montessori School**

### **EMERGENCY MEDICAL INFORMATION & AUTHORIZATION**

*Please print all information legibly. This emergency form is our direct line of communication to you when you are needed in an emergency. It is your responsibility to notify the office in writing of any changes to this form (phone numbers, emergency contact information, health conditions). **Please print information clearly.***

Child's Full Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_ Home Phone No \_\_\_\_\_

Dad's Cell #: \_\_\_\_\_

Father's Name \_\_\_\_\_ Dad's Work #: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mom's Cell #: \_\_\_\_\_

Email Address \_\_\_\_\_ Mom's Work #: \_\_\_\_\_

*Alternative Contact (if parent cannot be reached) – driver's license must be on file and presented at time of pickup.*

(1) Name \_\_\_\_\_ Relation \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Home# \_\_\_\_\_

(2) Name \_\_\_\_\_ Relation \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Home# \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

Child's Primary Source of Health Care \_\_\_\_\_ Ins. Co. Phone # \_\_\_\_\_ Policy # \_\_\_\_\_

Child's Drug Allergies: \_\_\_\_\_ Date of Last Tetanus/diphtheria booster (Tdap): \_\_\_\_\_

Current Prescribed Medication: \_\_\_\_\_ EpiPen: \_\_\_\_ Contact Lens: \_\_\_\_ Glasses: \_\_\_\_

Child's special medical needs and conditions (i.e. diabetic, asthmatic, allergies) \_\_\_\_\_

### **EMERGENCY MEDICAL AUTHORIZATION**

*I authorize first aid treatment using basic first aid supplies (soap, water, bandages) to be provided to my child as needed. In the event that a parent or emergency contact cannot be reached, I give permission for the School to arrange for necessary medical care. I understand and agree that I will be financially responsible for all aspects of such emergency medical care and I indemnify and hold the School harmless for all damages, claims, and amounts paid or due in connection with such emergency medical care. We release the School from any liability resulting from said medical attention and/or incorrect medical information record transfer for this purpose due to incomplete or erroneous data provided by the parent.*

Parent Signature/Date \_\_\_\_\_

Parent Signature/Date \_\_\_\_\_

*It is the parent's responsibility to notify the School of any change in their child's medical status or medication and to provide the School with up-to-date State of Florida Certification of Immunization record (Form 680) and a current State of Florida Student Health Examination (Form 3040). Students with Religious Exemptions, who are not immunized, are attending school. Religious Exemption Form DH 681 must be kept on file but does not need to be renewed.*

*Prescribed medication must be in original pharmaceutical containers. All medications to be dispensed or administered at the School must be supported by an **Authorization for Administration of Prescription and Non-Prescription Medication Form (available in office)**, signed by both the student's physician and parents. Students are not generally allowed to carry prescription medication while at school. The only exceptions are for Epi-Pens, inhalers, and insulin pens, if supported by a physician order and parental consent and the student is mature enough to be responsible for the appropriate administration. Parents who believe self-administration is appropriate for their child must contact Ms. Judy.*

# Summit-Questa Montessori School

5451 SW 64<sup>th</sup> Avenue (Davie Road) ♦ Davie, FL 33314 ♦ (954) 584-3466 Fax (954) 584-7816

## Medical Information

### Child's Information

Instructions: Please print or write clearly. Fill in all blanks. If not applicable enter N/A.

Full Name	Sex ( <input type="checkbox"/> one.)	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Nickname	Birth Date	Current Age ____	Age as of 6/1/2020 ____

### Physical Handicaps: (Specify missing or injured bodily parts, weaknesses, etc.)

Bones & Joints:	Organs:
Muscles:	Weight Problems:

### Psychological Handicaps: (Specify problem areas such as fears, hyperactivity, hypersensitivity, etc.)

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### Chronic Ailments: (Indicate for each – yes or no)

Asthma or other respiratory problems:	Crohn's Disease
Circulatory or congenital heart problems:	Headaches
Diabetes, etc:	Epilepsy:
Hemophilia or other bleeding problems:	Date of Last Tetanus/diphtheria booster (Tdap):

### Vision, Hearing, Sensory: (Indicate for each-- yes or no)

Visual Aides:	Hearing Impairments:
Sensory Impairment:	If yes, what area?

### Allergies: (Please be specific)

Food Allergies:	Medication for Food Allergies:
Dietary Restrictions:      Milk      Wheat/Gluten      Egg      Nuts      MSG	
Drug Allergies:	Other
Environmental Allergies:	Medication for Environmental Allergies:
Immediate Medical Attention if Needed:	
Is EpiPen Needed:	EpiPen on Campus:      If yes, where
Please indicate the trigger?	

### The School has permission to administer the following treatments to my student as needed: (Specify yes or no)

Saline Eye Wash for sand/dirt/dust or if needed, after swim? (If your child is of swim age & their eyes are sensitive to chlorine, we recommend you send in swim goggles.)	Deet Free Insect Repellant for mosquitoes? Insect Repellent with Deet? (to be supplied by parent & the child's name clearly marked on it)
Neosporin, Triple Antibiotic or first aid antibiotic ointment for cuts/scrapes/abrasions?	Sunscreen? (to be supplied by parent & the child's name clearly marked on it)
Apis Mellifica (homeopathic) for bee stings & insect bites?	Comments:

Print name of parent or legal guardian that completed this form: \_\_\_\_\_

Signature of parent or legal guardian \_\_\_\_\_ Date Completed \_\_\_\_\_

It is the parent/legal guardian's responsibility to inform the office in writing immediately of any changes that need to be made to this document regarding your child.



To be completed for  
prescriptions, Tylenol,  
Motrin, Cough  
Medicine, and other  
over the counter  
medications.

## AUTHORIZATION FOR ADMINISTRATION OF PRESCRIPTION AND NON-PRESCRIPTION MEDICATION

This form is void  
if altered in  
any way.

Instructions: Each of the three sections must be completed by the appropriate person as follows:

Parts I and III by Parent /Guardian; Part II by Physician. **Please print clearly.**

### Part I: Student Information (to be completed by Parent/Guardian).

Child's Full Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Grade: \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone #: \_\_\_\_\_

### Part II: Action Plan (to be completed by Physician). Please complete all spaces.

This request is to be effective for Summer Camp 20\_\_ or earlier stop date: \_\_\_\_\_

1. Prescription Medication: \_\_\_\_\_ Generic Name (if used): \_\_\_\_\_

Dosage amount: \_\_\_\_\_ Time(s) to be administered at School: \_\_\_\_\_

Condition for which drug is given: \_\_\_\_\_ Note any untoward side effects: \_\_\_\_\_

Inhalant Prescriptions: This student is both capable and responsible for self-administering this medication.

\_\_\_\_\_ No \_\_\_\_\_ Yes, if supervised \_\_\_\_\_ Yes, unsupervised

2. Non-prescription Medication: \_\_\_\_\_ Generic Name (if used): \_\_\_\_\_

Dosage amount: \_\_\_\_\_ Please administer according to manufacturer's label for recommended time  
schedule when needed at school for the following conditions or symptoms: \_\_\_\_\_

3. Non-prescription Medication: \_\_\_\_\_ Generic Name (if used): \_\_\_\_\_

Dosage amount: \_\_\_\_\_ Please administer according to manufacturer's label for recommended time  
schedule when needed at school for the following conditions or symptoms: \_\_\_\_\_

PRINT PHYSICIAN'S NAME \_\_\_\_\_ PHYSICIAN'S SIGNATURE \_\_\_\_\_

PHYSICIAN'S ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

### Part III: Parental Permission (to be completed by Parent/Guardian). Form is void if not completed.

I request the designated school personnel or its agents to assist my child in the administration of the above named prescription and non-prescription medications. I give permission for my child to take this medication while in school or while participating in school activities away from the school site. I understand that (1) there is no liability on the part of the school, its personnel, or agents, and hereby release and waive any claims or actions against such persons or entity as the result of the administration of this medication to my child when the person administering the medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances; (2) this medication must be brought to the school only by a responsible adult; (3) this medication must be in its original labeled container; (4) this medication will be destroyed if it is not picked up within one week following the above stop date or one week after the close of the current school year, or when the medication prescription expires, whichever occurs first. I hereby authorize the exchange of medical information regarding my child's treatment plan between the physician and school personnel.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medication orders must be renewed by the attending physician and release signed by the parent/guardian annually. Each medication or any change in medication requires a new form. The parent/guardian will be responsible for ensuring that medicines provided for the school have not expired or been recalled.**



***Summit-Questa Montessori School***  
***Field Trip Policy***

***“Building Independence through Field Trips”***

I/we understand the importance of field trips in the Summit-Questa camp program and do agree to fully support this program and pay for all trips (most trips are included in the camp tuition cost).

I/we give permission for my child to (a) participate in field trips and be transported away from the school with the understanding that all trips are planned and supervised. I/we hereby waive and release, indemnify, hold harmless and forever discharge, Summit-Questa Montessori School (JEDCO, Inc. and Questa Middle School) and its employees, officers, and agents, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind of nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my child's participation in these field trips.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Swim Lesson Policies***

Although we will try to accommodate all campers/students, some classes will fill up quickly. Registrations will be processed on a first come first serve basis. If a camper/student has been enrolled into a skill level that is inappropriate to maximize their potential for learning and fun, they will be reassigned to a new level and you will be notified.

Please note: Classes may be canceled if minimum enrollment is not met or due to inclement weather.

# ***Summit-Questa Montessori School***

## ***Swim Waiver and Release from Liability Form***

### ***Parent Consent Form***

Child's Name: _____	Age: _____	Sex: _____
<p>I hereby assert that my child _____ is physically able to participate in Summit-Questa's swim program including swim lessons, swim team and any other swim activity.</p> <p>I, _____ (parent's name), HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge, Summit-Questa Montessori School (JEDCO, Inc. and Questa Middle School) and its employees, officers, and agents, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind of nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my child's participation in any of the events or activities conducted by or on the premises of, or for the benefit of the Summit-Questa Montessori School.</p>		
<p><b>Parent /Guardian (print name):</b> _____</p> <p><b>Parent Signature:</b> _____ <b>Date:</b> _____</p> <p><b>Witnessed By:</b> _____ <b>Date:</b> _____</p>		
<h3><b><u>Media Release</u></b></h3>		
<p><i>Child's Name</i> _____ <i>DOB</i> _____</p>		
<p><i>Address:</i> _____ <i>City:</i> _____ <i>State:</i> _____ <i>Zip Code:</i> _____</p>		
<p><b><i>NATURE OF PHOTOGRAPH:</i></b> I consent for all purposes to the use, and/or reproduction of all photographs/videos of my child taken by the photographer or by any nominee of the photographer associated with the school, in whole or in part, in all forms and media editorial, art and exhibition.</p> <p>In giving this consent, I release the photographer and his nominees from liability for any violation of any personal or proprietary right I have in connection with any reproduction or use of the photographs. I certify that I am over 21 years of age.</p> <p>All photographs/videos are for educational purposes and/or advertising for Summit-Questa Montessori School and Questa Middle School.</p>		
<p><b>Parent /Guardian (print name):</b> _____</p> <p><b>Parent Signature:</b> _____ <b>Date:</b> _____</p> <p><b>Witnessed By:</b> _____ <b>Date:</b> _____</p> <p><b><i>IT IS YOUR RESPONSIBILITY TO NOTIFY THE OFFICE IN WRITING OF ANY CHANGES TO THIS FORM.</i></b></p>		

***Summit-Questa Montessori School***  
***and***  
***Questa Middle School***  
***Release, Waiver and Indemnification***

In consideration of \_\_\_\_\_'s ("Student) attendance at Summit-Questa Montessori or Questa Middle School, as applicable, Parents, jointly and severally, and intending to legally bind ourselves, our child, and all of our respective guardians, heirs, executors, personal and legal representatives, estates, beneficiaries, administrators, successors and assigns (collectively the "Releasors"), hereby waive, release and discharge, and covenant not to sue, JEDCO, Inc. d/b/a Summit-Questa Montessori School, Questa Middle School, and their predecessors, successors, and assigns, as well as all of their respective representatives, agents, owners, officers, directors, shareholders, managers, partners, employees, staff, volunteers, and supervisors, past and present (collectively the "Releasees") from any and all liability and/or claims, suits, damages, injury, disability, death, costs and expenses, in any way related to the Student's attendance at Summit-Questa Montessori School and/or Questa Middle School, as applicable, including any acts or omissions by any person, whether caused by the sole or joint negligence or tortious act or omission of the Releasees or any third party (collectively the "Claims"). Notwithstanding anything herein to the contrary, the willful misconduct of the Releasees is expressly excluded from the scope and application of this Waiver and Release. The Releasors hereby knowingly and voluntarily waive, to the fullest extent permitted by law, the benefits of any statute, law, rule, or common law which may limit the scope of this Waiver and Release.

The Releasors shall also indemnify and hold the Releasees harmless from any liability, loss, or expense, including legal fees, in connection with any claim, demand, or cause of action asserted against the Releasee(s) because of any injury to or death of any person or persons, or for loss or damage to any property, when such injury, death, loss, loss of use, or damage arises out of or is attributed to the act, omission, negligence or willful misconduct of Student or Parent.

In the event that this Waiver and Release is found to be invalid, unenforceable, or void, in whole or in part, for any reason, the Releasors acknowledge and agree that in no event, including without limitation, the negligence or gross negligence of the Releasees, or any of them, shall the Releasees' aggregate liability to the Releasors or any other person exceed any applicable insurance limits, and in no event shall Releasees, or any of them be liable to any person for special, incidental, consequential, or punitive damages or for any indirect damages such as but not limited to, exemplary damages or lost earnings, lost revenues or loss of consortium, or companionship (even if the Releasees have been advised of the possibility of such damages) whether based upon statute, contract, tort, negligence, strict liability, or otherwise.

IN WITNESS WHEREOF, the undersigned, intending to be legally bound, have executed this Release and Waiver this \_\_\_\_\_ day of \_\_\_\_\_ 2020.

Parent/Guardian (print name) \_\_\_\_\_

Parent/Guardian (signature) \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_

# ***Summit-Questa Montessori School***

## ***Summer Camp***

### ***Transportation Consent and Release***

I/We, \_\_\_\_\_, am/are the parent and legal guardian of \_\_\_\_\_ ("Student"). Student is enrolled in Summit-Questa Montessori School or Questa Middle School for the 2020 summer camp. By signing this waiver, I/we do so understanding the inherent risks and liabilities involved in the transportation of students. I/We hereby consent and give permission for Student to ride the bus or van owned and operated by Questa Middle School and JEDCO, Inc. d/b/a Summit-Questa Montessori School to and from the following locations (check all that apply):

\_\_\_\_\_ I/We give permission for Student to ride our Bus/Van to and from sports activities.

\_\_\_\_\_ I/We give permission for Student to ride our Bus/Van to and from extracurricular activities.

\_\_\_\_\_ I/We give permission for Student to ride our Bus/Van to a neighboring property due to an emergency, crisis or natural disaster.

\_\_\_\_\_ I/We give permission for Student to ride our Bus/Van for field trips. (In many cases, the school will rent buses for field trips and we not be using our own.)

\_\_\_\_\_ I/We give permission for Student to ride on a leased bus to attend a field trip.

In exchange for the School permitting my/our Student to ride the Bus/Van, I/we hereby agree to release and hold JEDCO, Inc. d/b/a Summit-Questa Montessori School and Questa Middle School, and their predecessors, successors, and assigns, as well as all of their respective representatives, agents, owners, officers, directors, shareholders, managers, partners, employees, staff, volunteers, and supervisors, past and present, harmless from and indemnify them against all claims, demands, suits, charges, fees, attorneys' fees, costs, damages, liens, liabilities, and actions of any kind whatsoever arising out of the transportation of Student. The types of claims I/we hereby release include contract claims, statutory claims, torts of any kind, negligence, intentional acts, economic and non-economic damages, expenses, costs, insurance claims, attorneys' fees, or any other type of claim.

I/We have signed this document knowingly, willingly, and after having an opportunity to consider its implications. I/We understand that I/we do not have to sign this document.

Parent/Guardian (print name) \_\_\_\_\_

Parent/Guardian (signature) \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_

# Summit-Questa Montessori

## Camp Policies

**ARRIVAL:** When dropping your child off in the morning please be sure to **sign in** and touch base with a staff member before leaving. **DO NOT LEAVE YOUR CHILD UNLESS YOU SEE A STAFF MEMBER ON DUTY.** It is exceedingly important for your child to arrive at school on time. The way we start our day is important, as it sets the tone for the day ahead and models your values to your child. As such, we hope that each child arrives well rested and has had a nutritious breakfast. Arriving on time teaches children good habits, provides continuity and allows them to transition more naturally into the classroom with their peers.

**DISMISSAL TIME:** Please be prompt in picking your child up at the appropriate time. You are given a 15 minutes grace period once your child's day ends and emergencies are acknowledged. However, beyond this, **A Late Pick-up Charge Is Assessed.** First 15 minutes \$25; 6:16-6:30 is \$50; 6:31-6:45 is \$75.00. We staff according to our after-care enrollees and as such, we may not be in accordance with adult to child ratios when children are left late. This is an unsafe situation for staff as well as your child.

**School Shoes** – Deck, oxford, sneakers and other soft-soled, lace shoes are the acceptable choices. Boots of any kind, flip-flops, sandals or open-toe shoes may not be worn to school.

**Jewelry - Please do not allow your child to wear jewelry for safety reasons.** It can be very upsetting when an item is lost or broken and more importantly, jewelry can get caught in playground equipment and this may be a safety issue

**COMMUNICATION:** Communication between teachers and parents is necessary for the coordination of the child's home and school lives. Teachers and parents can schedule time for discussions as needed. Please keep the school informed of any changes in the home, which might affect your child's behavior. **Phone numbers, home address, and email addresses must be kept current. Please inform the front office to change your child's parental consent form.**

**It is necessary for you to be connected to our school email and text alert system. Please check your emails and text messages for school/camp updates and other correspondence, including medical alerts in the event of a communicable illness in the classroom.**

**PICKUP:** When picking up your child, whether it be at the end of regular school/camp dismissal or from our after-care program, please be sure to sign out. As well, check your mailbox or child's backpack daily for announcements, memos, etc. For safety reasons, please do not allow your child to run around the campus after pickup.

The sight of a parent returning to school after a long day apart can be an emotionally charged experience for some children. Pickup is smoothest when children know the day has ended and the parent is now in charge. Giving your child a few minutes to gather their things and transition calmly helps to make it clear it is time to go home. When someone other than yourself will be picking up your child, you must let the office know. **We need written information a minimum of 24 hours in advance. That person will need to show I.D. We will not release your child to anyone not listed on your parental consent form or without your permission. Nor are children allowed to make their own plans with friends at school. These plans should be made through their parents.**

of authority can be difficult for all involved. When in the building, help your child follow our rules, which include the following:

- ✓ Use "inside" voices (quiet, soft and calm).
- ✓ Never run or "roughhouse" in the building or anywhere on our school grounds.
- ✓ Please leave things as neat and tidy as you find them.

In addition, please do not let your child out of your sight before or after class. When picking up or dropping off your child, **please do not engage teachers or staff members in conversation when they are on duty.** This may be a serious situation if their attention is diverted from the children they are supposed to be watching. **By distracting a staff member and/or teacher, you are potentially putting our children in danger.** Teacher's and/or staff member's eyes and ears must be on the children at all times. **If you need to talk to a teacher, please call the office to set up a conference or ask for the teacher to call you when she/he is free.** We appreciate your help.

**REQUIRED STUDENT HEALTH FORMS:** Our school policy requires that HRS Good Health Form #3040 be updated every two years and that HRS Immunization Form #680 must be kept current. All immunizations must be up-to-date. This includes any changes that may incur regarding new vaccines that may be needed between Kindergarten and 7<sup>th</sup> grade. These medical forms must be current in order for your year. Students with Religious Exemptions, who are not immunized, are attending school. Religious Exemption Form DH 681 must be kept on file but does not need to be renewed.

**ILLNESS/MEDICATION:** If your child becomes ill while at Summit-Questa Montessori School, you will be contacted immediately. Your child will wait in the office for your arrival. If you are unable to come promptly you must make arrangements to send someone immediately. Any child with a fever, vomiting, diarrhea, rash, nasal discharge (anything other than clear, such as green or brown in color), pink eye, head lice, will be sent home and may not return to school until symptom-free for 24 hours or with a doctors consent. Please report any communicable disease to the office immediately so that other parents may be notified.

If you bring prescription medication to be dispensed at school, it must be in the original container with the following information: name of doctor, name of child, directions for administering. You must request and fill out a #5 form which is kept on file, signed by a staff member specifying dosage, time and date given. Over the counter medication will not be dispensed at school. You may administer it to your child before or after school if you wish.

**FAMILY INFORMATION:** The information we request from our families, including but not limited to, addresses, phone numbers, email addresses, school records and financial information, is used only by SQMS for school purpose. Parents are issued school email accounts for the purpose of school communication. We expect our parents to honor our parent's privacy and **request that our families not utilize the school email addresses, street addresses or phone numbers to solicit non-Summit Questa business or for other personal purposes.** We appreciate your cooperation.

*I, have read, fully understand, and agree to follow all school policies for as long as my child is enrolled at Summit-Questa Montessori School.*

*Student Name (print):* \_\_\_\_\_

*Parent's Signature/Date:* \_\_\_\_\_

*Parent's Signature/Date:* \_\_\_\_\_

## **Lockdown Procedures**

A “lockdown” is instituted in response to an incident that could potentially result in an unsafe environment for students and staff. When a “lockdown” order is issued by the local police department, all school outside activities are stopped, with staff and students immediately reporting to their classrooms or other protected areas. Once everyone is in a secure environment, room doors are locked and will remain locked until the situation has been safely resolved. The front gates are also locked and no one is allowed to enter or leave the campus. No students may be released to their parents until an “all clear” signal is given. The lockdown will remain in effect until the local police inform the school that it is safe to resume all normal activities. The school is required to follow “The Safe Passage Act of 2001.”

\*\*\***PARENT ALERT** – We have contracted with a company called RenWeb to notify parents through their Parent Alert Program in the event of an emergency.

## **Emergency Closing**

In the event of extreme weather conditions, we will close whenever the Broward County School District announces its classes are cancelled. If a hurricane is approaching our area, staff members are required to help secure their classrooms and the property as needed.



## *Summit-Questa Montessori School*

### *Nutritional Policy*

Healthy eating habits in children and adolescence promote optimal childhood health, growth and intellectual development. Please send a **healthy lunch**. Read labels. So many of the "handy, quickie" lunch items are loaded with salt, sugar and preservatives. We encourage including fresh fruit, vegetables, protein and whole grain items in your student's lunch and snacks. Soda, candy and high sugar snacks are not permitted at school at any time. **Do not send metal pull top can containers such as fruit cups, pudding, etc. or glass containers. Microwave or heat-up lunches are only permitted in 8<sup>th</sup> grade.** Lunch boxes may not have any symbols of violence (e.g. transformers, guns, any weapons, etc.)

Childcare Licensing states student lunches need to include:

- Meat/Fish/Poultry or cheese, eggs, peanut butter or dried beans
- Fruits and/or vegetables
- Bread/butter
- Milk

*I/we have read, fully understand, and agree to follow all school policies as long as my child is enrolled at Summit-Questa Montessori School.*

Student Name & Grade (please print): \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

By Summit-Questa Montessori School Administrator \_\_\_\_\_



## HEALTH POLICY

In an effort to limit the spread of viruses and other contagious illnesses on our campus, we request our families follow the simple rules listed below.

- **Fever** -- Fever is a common symptom of viral infections. Students may not come to school when they have a fever (over 100 degrees Fahrenheit). Your child should be fever free (without being medicated) for 24 hours before returning to school.
- **Vomiting** – Your child may return to school after he/she has not thrown up for 24 hours and is back on a regular diet.
- **Diarrhea** – Your child may return to school after he/she has been diarrhea-free for over 24 hours.
- **Sore Throats/Strep Throat/Scarlet Fever** – Not all sore throats will result in strep throat. If your child has difficulty swallowing, headache, upset stomach, fever and/or white patches in their throat, they probably have strep throat and should be taken to the doctor. He/she can return to school 24 hours after antibiotic treatment begins and with a doctor's note stating your child may return to school.
- **Cough** – If your child's cough is frequent or severe, they will not be able to concentrate sufficiently to be in school. A severe and/or frequent cough may also prevent other students from concentrating. For these reasons, students may not come to school with a serious cough and should probably be seen by a doctor to make sure they do not have bronchitis or even pneumonia. He/she would benefit from more rest at home. Please do not send your student to school until his/her cough has been treated by a doctor and the cough is under control.
- **Common Cold/Flu** – Students should not come to school within the first 24 to 48 hours of a cold/flu. Colds are most infectious at this point.
- **Conjunctivitis (Pink Eye)** – Pink Eye is highly contagious. Students must be evaluated by a doctor and generally may come back to school after 24 hours of antibiotic treatment. (Doctor's note required to return)
- **Ear/Sinus/Other Noncontagious Secondary Infection** – Students may come to school after they have been evaluated and appropriately treated by their doctor.
- **Rash** – Children with a skin rash should be seen by a doctor, as this could be one of various infectious diseases. Some of these infections require antibiotic treatment. (Doctor's note required to return)
- **Head Lice** – Your child may return to school when they have been treated for lice and are nit free. (Doctor note required to return)

- ☐ Following these simple rules will help us prevent the spreading of viruses or other contagious diseases.
- ☐ Please use your common sense when evaluating your child's health and do not send them to school if they are feeling poorly, have low energy, are contagious or are feverish.
- ☐ If a student becomes ill while they are at school, the parent or guardian will be called to pick up their child.
- ☐ How to help prevent the spread of infection
  - o By washing hands regularly
  - o By not sharing drinks or food
  - o Immunizations are up to date
  - o Don't send your child to school when they are contagious
  - o Complete any antibiotic your child has been prescribed

**Thank you for your cooperation!**

We (the parents or guardians) of \_\_\_\_\_ agree to abide by the school's guidelines noted above.

# **STUDENT CODE OF CONDUCT**

## ***RESPECT FOR COMMUNITY***

- Listen patiently
- Be patient when you are asking for help, wait your turn
- Look at the person who is speaking to you and answer respectfully
- Please do not use inappropriate language
- Use good manners at all times
- Help others when they need it
- Raise your hand to talk, do not interrupt others
- Treat others the way you want to be treated

## **RESPECT FOR ENVIRONMENT**

- Treat all materials and beings with respect – living and non-living
- Help to care for the environment by keeping it clean
- Clean up your personal work space
- Please take care when using school equipment and lessons
- Push in chairs
- Walk and act carefully – do not step on plants, break off branches or hurt any forms of nature
- Respect and care for all forms of life

## **RESPECT FOR SELF**

- Make smart choices
- Focus and concentrate on your tasks and work hard to finish them
- Do not cheat yourself; use your own words when writing; do not plagiarize
- Take pride in your work and do your best at all times
- Don't be afraid to ask for help
- Don't be hard on yourself, you will succeed
- Be honest; we all make mistakes
- Care for your personal items
- Don't be afraid to say what you think but be respectful
- Ask others to treat you the same way they want to be treated

*Remember that we are all different but everyone of us has their own special gift to offer each other.*

*By signing this document, I agree to respect myself, respect others, and respect our environment.*

Student Name (Print) \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

If your student is too young to sign, please read this to them and sign below:

Parent/Guardian: \_\_\_\_\_



## ***Summit-Questa Montessori School Discipline Policy***

At Summit-Questa Montessori School, we believe that discipline is a necessary component for learning. In order to assure your child a quality education, it is important to have a written discipline policy that is understood by the parent as well as the child. In each classroom there are established ground rules which serve as guidelines for the well-being, safety, and respect of all. We also have a school wide discipline policy that your child is expected to follow which includes the following:

- ✓ Control aggression toward others.
- ✓ Handle school property and materials with care.
- ✓ Respect the property and rights of other children, the staff, and school in general.
- ✓ Be polite and use good manners at all times.
- ✓ Follow directions within a reasonable amount of time; given the needed adult guidance.
- ✓ Behave appropriately at all times which includes: during classroom learning time, as well as outdoors and in other areas of the building, on field trips, in before care, after care, extracurricular activities, and while being transported to and from school while engaged in school activities and programs.

If your child chooses to break a school rule, the consequences are as follows in this order:

1. Warning
2. Time out with written notice to parents
3. Parents called
4. Parents called in for conference
5. Probation and possible suspension
6. Student expelled

In instances where aggression is provoked, please inform your child of these steps to take:

1. Verbally express their displeasure.
2. Walk away from the situation
3. Ask for intervention from a teacher.

Entering into a fight, even if provoked, is unacceptable behavior.

The age of a child will be taken into consideration when dealing with discipline problems.

**In addition, any unsafe or disruptive behavior exhibited by children or parents, as well as any parents who do not adhere to and support our discipline policy, and/or are uncooperative in supporting the decisions of the school, may also be subject to immediate dismissal of their child.**

*There will be no refund of tuition if your child is dismissed and any unpaid balance of your student's annual tuition, after care/before care, tutoring, field trip fees, and extracurricular activities must still be paid in full.*

At Summit-Questa Montessori School we believe that a child in an environment of love, trust and respect, will gain self-discipline and the desire to learn and succeed in a positive way. Thank you for your cooperation.

In addition, we request that parents be proactive partners in their child's school experience. ***If you hear through your child of any behavior that is inappropriate, we ask that you inform teachers and administration immediately.***

\_\_\_\_\_  
Student Name (please print)

***I/We have read and understand this Discipline Policy and accept and agree to abide by the conditions stated herein for as long as my child is enrolled in Summit-Questa Montessori School.***

\_\_\_\_\_  
Parent's Signature/Date

\_\_\_\_\_  
Parent's Signature/Date

# **DISCIPLINE**

Summit-Questa Montessori School operates on the assumption that everyone in the school, including staff members, will treat everyone else with care and respect. The children are allowed to move freely and explore the environment using the rules and procedures that are consistent throughout all our environments.

There are four basic behaviors that are forbidden:

- No child or adult will hurt another child or adult in any way.
- No child or adult may disturb the work of another in any way.
- No child or adult may mistreat the property of the school in any way.
- Corporal punishment or legally questionable practices are not allowed

\*\*The above rules pertain to any student, teacher, parent or visitor in the school.

In the Montessori environment a child is considered to be in control when working constructively with the school materials and showing respect for his/her own work, as well as the work of others. If the child loses control, the teacher will intervene. The teacher will take the child aside and will talk to him/her privately about the situation. The child will be given a chance to regain control. The staff at Summit-Questa will use positive language and always talk to the child at eye level. If the child still has not gained control, the teacher will take control. The child will be asked to choose a place and sit and think about what he or she has done. When the child is ready, he or she may rejoin the group. All unusual or behavioral situations must be documented.

If the child has a problem, the following procedures will be followed:

1. The school administrator and teacher involved will conduct a meeting to discuss the problem.
2. The parents will be contacted for a conference to discuss the problem. The conference will serve the purpose of exchanging ideas to help the child. A date for a second conference will be set.
3. The second conference will serve the purpose of evaluating the child's progress. If no improvement is shown, a decision will be made at this time regarding what steps should be taken to best meet the needs of the child, while taking into consideration the well-being of the school environment.

Summit-Questa Montessori School believes that a child in an environment of love, trust and respect, will gain self-discipline and the desire to learn and succeed in a positive way.

# DISCIPLINARY ACTION

Any unsafe or disruptive behavior exhibited by children or parents, as well as any parents who do not adhere to and support our discipline policy, and/or are uncooperative in supporting the decisions of the school, may also be subject to immediate dismissal of their child. There will be no refund of tuition if your child is dismissed and any unpaid balance of your student's summer camp tuition, after care/before care, tutoring, field trip fees, and extracurricular activities must still be paid in full.

**GROUND FORS SUSPENSION AND/OR DISMISSAL:** Your school services may be terminated immediately for the following reasons:

1. Failure to pay tuition and fees.
2. Failure to bring in up-to-date health forms.
3. Checks returned more than two times.
4. Disciplinary problems and/or lack of parental cooperation.
5. Unsafe or inappropriate behavior exhibited by a child or parent.
6. Refusal to follow school policies or support school decisions on the part of a student or parent.
7. If the school determines that any action taken by a parent or child interferes with the school's ability to accomplish its educational purposes and summer camp program, or damages the school's reputation.

I/We have read and understand this Discipline Policy and accept and agree to abide by the conditions stated herein for as long as my child is enrolled in Summit-Questa Montessori School.

\_\_\_\_\_  
Parent's Signature/Date

\_\_\_\_\_  
Parent's Signature/Date

## SUMMIT-QUESTA MONTESSORI SCHOOL FOOD ALLERGY GUIDELINES & POLICY

Dear Parents,

Summit-Questa defines a child with a serious food allergy as one whose doctor has prescribed an Epi-Pen to be on hand at all times. The school is aware of the special needs of these children. While we cannot guarantee that a child will be protected against exposure to an allergen, by working together, we feel that we can minimize the risk and create a safe learning environment.

The philosophy behind the attached *guidelines* is "*simplest is safest*". With education and with clear and frequent communication, parents and educators will be able to keep your child as safe as possible while at school.

Summit-Questa Montessori considered food bans in the past, however besides it being discriminatory; it also promotes complacency and resentment.

The principal tenet of our "simplest is safest" philosophy is that a food allergic child should not eat any food that did not come from his or her home. It is an easier policy for parent, teacher, and child to observe, whether it is at lunch, on field trips, or at school sponsored events.

By signing this cover letter and each of the attached pages, the parents and children agree to adhere to these principles and guidelines. The parents agree to hold the school and teachers harmless in case of accidental exposure to an allergen. The school will make reasonable efforts to assist with your child's food allergy.

Summit-Questa teachers and administrators are always available to discuss your concerns. We have students on campus whose parents are actively involved in food allergy issues, and they will be happy to help you throughout the school year.

Sincerely,

Judy Dempsey, Principal

By signing below, we (along with our student) agree to adhere to the school principles and guidelines. We agree to hold the school and teachers harmless in case of an accidental exposure to an allergen.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Print Child's Name: \_\_\_\_\_

## Parent and /or Legal Custodian Responsibilities

### **FOOD/CROSS-CONTAMINATION**

- The child's lunch will be packed at home every day and will include a clean place mat and napkin.
- Parents will also provide a safe snack each day for their child.
- Parent will store "safe" treats and special snacks at school for birthday celebrations, food lessons, and other events at which food is served. Freezer space is available.
- Summit-Questa cannot take responsibility for outside vendors. Children with food allergies may not order school lunch.

### **FIELD TRIPS**

- Parent will accompany the allergic child on all field trips. The parent who is accompanying the child cannot be used as a chaperone in our class count for safety reasons. Therefore, the parent is financially responsible for any fees this might incur.
- All food for the allergic student must be packed and brought from home.
- If the child is going on an overnight trip or the field trip itinerary calls for eating in a restaurant, the parent will make contact ahead of time, to assure that there are safe choices on the menu, and advise in writing what choices the child can make.

### **COMMUNICATION**

- Parents will provide the office with ALL emergency phone numbers and medications.
- The food allergic child will wear a Medic Alert bracelet and parents will educate the child on the importance of wearing it.
- Parents will sign all appropriate waivers and forms with regard to the administration of medications. If a current waiver is not on file, the school may administer the medication in the event of an emergency. Working with the child's teacher, the parent will help educate classmates, staff, and parents.
- In a Montessori environment, students have many teachers. It is the parents' responsibility to ascertain if the child's designated teacher is present each day. There will be a back-up teacher available, but it is the parents' responsibility to assign the back-up teacher the day's responsibilities regarding the food allergic child.
- In co-ordination with other parents of food allergic children, parents will train and educate teachers and support staff. They will also make their best effort to keep one another informed of school or PTO events that might have food issues.
- Parents will keep the school updated with educational materials pertaining to their child's allergy.

Print Student's Name: \_\_\_\_\_

Classroom: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Teacher/Administrator Responsibilities**

### **FOOD/CROSS-CONTAMINATION**

- Keeping with our belief that "simplest is safest", the school will make reasonable efforts to assist the parent and child with their food allergy safety plan.
- The teacher's role in the classroom is that of the educator. Food labels should be read by parents each time because companies change their manufacturing processes making the risk of cross contamination too great. It is not the teacher's responsibility to read each and every food label. The teacher has to rely on the fact that the food an allergic child brought from home is safe, and that the child will not eat food that is not brought from home.
- Summit-Questa will make reasonable efforts to provide an allergy free table at lunch, and will make reasonable efforts to have a food allergy aware trained adult at that table. A food allergic child will not be made to sit alone.
- If eating inside because of weather, reasonable efforts will be made to wash the tables.
- We will make reasonable efforts to be certain that all students wash their hands after lunch and snack.
- Provide time for the student to retrieve their special snack.
- Teachers and administrators will make reasonable efforts to avoid conducting educational lessons that include the use of food as a teaching tool, reward, or incentive. If necessary, an allergic child's parent will be given as much notice as possible so that a suitable substitute can be found. This will greatly reduce their feelings of isolation.
- Reasonable efforts will be made so that class pet's food will not include the use of a food allergen.

### **FIELD TRIPS**

- As much notice as possible about field trips will be given to parents. Teachers and administrators will make reasonable efforts to co-ordinate with parents to resolve any food issues or requirements.
- Teachers will make reasonable efforts to help educate other parents attending field trips on the special needs of the allergic child, if requested in writing by the parent.
- The food allergic child will be identified to all adult chaperones on a field trip. Reasonable efforts will be made so that the adult chaperones will be briefed in writing by the parent on the food allergic child's special needs with emphasis placed on the rule that the child will eat no food that was not brought from home.

Print Student's Name: \_\_\_\_\_

Classroom: \_\_\_\_\_

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

Date \_\_\_\_\_

***Parent will make sure the school has all emergency contact phone numbers. Parent will always carry a cell phone/emergency number on them.***



## **COMMUNICATION**

- Summit-Questa will make reasonable efforts to educate classmates and parents with regard to food allergy issues in co-ordination with food allergy parents.
- The school will make reasonable efforts to give as much notice as possible with regard to special events at school that might involve food i.e. Upper Elementary' s reports on countries.
- Summit-Questa will make reasonable efforts to give as much notice as possible that a food allergic child's teacher is going to be absent on a given day. It is the parent's responsibility to notify the backup teacher as defined above.
- Teachers and administrators will make reasonable effort to notify parents of any new personnel or parent helper in the classroom so that they can be educated and trained about food allergies by the food allergic child's parent and or legal guardian.

## **TRAINING**

- Teachers and administrators will make reasonable effort to attend one training session prior to the beginning of the school year and one refresher mid-year to be conducted by the parents of the food allergic children.

## **PTO/SPECIAL EVENTS**

- Teachers and administrators will make reasonable efforts to stress to the PTO that they be as inclusive of food allergic students in all events.

## **Allergic Child Responsibilities**

- The food allergic child will be aware, on an age appropriate level, of the details of the allergy (causes, symptoms, avoidance, rules) and the dangers/consequences of not following instructions to manage the allergy. The child needs to be proactive in the care of and management of his or her allergy and reactions.
- The child will notify an adult immediately of any allergic symptoms or if ingestion of an allergen is suspected.
- The child will inform a teacher promptly of any taunts, dares, threats, or harassment due to their allergy.
- The child will wear a Medic Alert bracelet or necklace daily and will not permit anyone to remove it under any circumstances.

Print Student's Name: \_\_\_\_\_

Classroom \_\_\_\_\_

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

Date: \_\_\_\_\_



# **SWIM Central Water Safety Education Questionnaire**

**Parents:** *Do you know that drowning is the leading cause of death among children?  
Complete this form to receive information to protect your child from drowning.*

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Email (optional)** \_\_\_\_\_

*Information is for the use of the Broward County Swim Central program only.*

1. How would you rate your own swimming ability?
  - ☐ Unable to swim
  - ☐ Can swim a little, but NOT comfortable in deep water
  - ☐ Able to swim for an extended period of time in deep water
  
2. Has your child ever received formal swimming lessons?
  - ☐ Yes
  - ☐ No, check all the reasons below that apply:
    - ☐ Do not know how to find information about swim lessons
    - ☐ Transportation problems
    - ☐ Swim lessons are not important
    - ☐ Lessons are too expensive
    - ☐ Schedule of lessons not convenient
    - ☐ Equipment such as swim suit, towel, goggles too expensive
  
3. Do you or a family member know how to perform CPR with rescue breaths?
  - ☐ Yes
  - ☐ No
  
4. Has your child's doctor talked to you about drowning prevention and water safety?
  - ☐ Yes
  - ☐ No
  
5. Would you redeem a \$40 coupon to apply to the cost of swim lessons for your child?
  - ☐ Yes, visit <http://www.watersmartbroward.org/swim-instruction/> for details.
  - ☐ No

**FOR OFFICE USE ONLY:**

Broward Ordinance 2004, Section 7-8 requires parents to complete SWIM Central questionnaire and for **Child Care Facilities** to mail or fax a copy to SWIM Central. Also required is a copy of this form to be placed each child's file to be monitored by the staff of the local licensing agency.

**Facility Name:** Summit-Questa Montessori School **Facility License #:** 46082

**Documentation of the original form via fax or mail is required, indicate below:**

**Date form faxed:** \_\_\_\_\_ **or, date mailed:** \_\_\_\_\_

Fax: 954.357.8077  
 SWIM Central  
 3700 NW 11<sup>th</sup> Place  
 Lauderhill, FL 33311

**Form and educational handout for parent distribution can be downloaded:**

<http://www.watersmartbroward.org/resources/brochures-handouts/>

