



New Student / Parent Orientation Procedures

- Greet the Parent. (Saludo a los padres.)
- Tour of school. (Recorrido por la escuela.)
- Show the parent the classroom their child will be in. (Mostrar al padre el aula donde estará su niño.)
- Introduce the parent to their child's future teacher. (Introducir al padre la maestra de su niño.)
- Sit in the office with the parents and inform them about our program.
(Sentarse en la oficina con los padres e informarles acerca de nuestro programa.)
- Enrollment Packet (Paquete de Inscripción)
 - Enrollment Application (Aplicación de inscripción)
 - Registration Form (Forma de registraci3n)
 - Parental Consent for Emergency Plan (Consentimiento de los padres para el Plan de emergencia)
 - Enrollment Requirements (Requisitos De Admisi3n)
 - Before/After Care Enrollment Requirements (Cuidado Antes y Despu3s de la Escuela)
 - Discipline & Guidance Policy Form (P3liza de Disciplina y Orientaci3n)
 - Photograph Authorization (Autorizaci3n para Fotografia)
 - Birthday Party Requirements (Requisitos para Fiesta de Cumpleaños)
 - Assessment Authorization (Autorizaci3n para Examinar)
 - Health / Safety (Salud / Seguridad)
 - Medication Policy (Poliza de Medicamentos)
 - Parent Agreements (Acuerdo con el padre)
 - Parent/Guardian/Student Handbook Acceptance (Acuerdo de P3lizas)
 - Emergency Contact Card (Tarjeta de Emergencia)
 - Classroom Emergency Contact Form (Forma de Emergencia para la clase)
 - Brochure on Influenza Virus (Folleto sobre el Virus de la Influenza)
 - Food Program Application (Aplicaci3n del programa de la Comida)
- Parent/Student Handbook (Manual de los Padres y Estudiantes)
- Daily Schedule and Curriculum (Horario diario y Curr3culo)
- Signing in/out (La firma de entrada y salida)
- Meals (Las comidas)
- Medication Policy (Poliza de medicamento)
- Arrival and Dismissal (P3liza de Llegada y Salida)
- Late Pick-up policy (P3liza de recogida tarde)



Registration Form

Child's Name: _____
FIRST MIDDLE LAST

Today's Date: _____ Sex: _____ Date of Birth: _____ Enrollment Date: _____

Address: _____
STREET CITY STATE ZIP CODE

Phone Number: _____

Program: Pre-K Elementary Middle Before Care After Care Both

School Funding: VPK Step Up For Students AAA Scholarship McKay Private

Before/After Care Funding: School Readiness Private

Grade: Pre-K Kindergarten First Second Third Fourth Fifth Sixth
 Seventh Eighth

Child lives with: Both Parents Guardian Mother Father Other _____

Mother's Name: _____ Work Phone #: _____

Mother's Cell Phone #: _____ Mother's e-mail: _____

Father's Name: _____ Work Phone #: _____

Father's Cell Phone #: _____ Father's e-mail: _____

Persons permitted to remove child from center:	Legal Custody:
Mother: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Father: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Child's Physician:	Address	Phone
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Child's Dentist:	Address	Phone
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If the school is unable to contact you in case of illness or accident, do you consent to our request to administer emergency medical attention, call 911, and/or transport your child to the hospital?

Yes No

Other persons authorized by the parent(s) or guardian(s) to pick up the child from the center without prior notification. If the parents/guardians cannot be reached, the following persons may be contacted in case of illness, injury, or emergency. It is the parents' responsibility to keep this list current.

Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
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Helpful Information about Child:

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), or
- Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, or
- Section 65C-20.010(6)(c), F.A.C., requires that a written copy of the family day care provider's discipline policy be available for review by the parent(s).

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Parent Signature: _____

Date: ____ / ____ / ____

Firma del padre: _____

Fecha: ____ / ____ / ____



Parental Consent of Emergency Plan

I, _____, agree that if my child has an emergency problem, the school has my consent to:

Yo, _____, de acuerdo en que si mi hijo tiene un problema de emergencia, la escuela tiene mi consentimiento para

- 1) Call immediately 911 (Llame inmediatamente al 911)
- 2) Take child to nearest hospital - Jackson Hospital (Llevar al niño al hospital más cercano)
- 3) Contact parent and explain (Contactar a los padres y explicar)

Child's Name: _____ Date of Birth: _____ Phone: _____
Nombre del niño Fecha de nacimiento Número de teléfono

Address: _____ City: _____ Zip Code: _____
Dirección Ciudad Código Postal

Mother's Name: _____ Cell Phone #: _____
Nombre de la madre Número de celular
Place of Employment: _____ Work Phone #: _____
Lugar donde trabaja Número del trabajo

Father's Name: _____ Cell Phone #: _____
Nombre del padre Número de celular
Place of Employment: _____ Work Phone #: _____
Lugar donde trabaja Número del trabajo

Relative Name: _____ Contact #: _____
Nombre de familiar Número del celular

Child's Doctor: _____ Address: _____ Phone: _____
Médico del niño Dirección Número de teléfono

Any special instruction if child is injured or ill: _____
Alguna instrucción especial si el niño es lesionado o enfermo

Medical Release: I, _____, hereby give my permission to IASW to call a doctor for medical or surgical care for my child, _____, should an emergency arise. It is understood that a conscious effort will be made to locate me or my spouse, _____, before any action is taken. But if it is not possible to locate us, this expense will be accepted by me.

Alta médica: Yo, _____, doy mi permiso a la escuela para llamar a un médico para atención médica o quirúrgica para mi hijo, _____, en caso de emergencia. Yo entiendo que se hará un esfuerzo consciente para localizarme a mí o a mi esposo, _____, antes de tomar cualquier acción. Pero si no es posible localizarnos, este gasto será aceptado por mí.

Parent Signature: _____ Date: ____ / ____ / ____
Firma del Padre Fecha



Enrollment Requirements

No student will be allowed to start or remain in the center until all medical forms have been obtained. The medical forms can be obtained at your child's pediatrician. The forms are the following:

- physical examination
- immunizations

The above mentioned must be in the school's office by the first day of school.

A registration fee of \$150.00, a book fee of \$250.00, and a \$250.00 technology fee is required before the first day of school for Elementary and Middle School students. After Care fees are due on Mondays. If these fees are not paid on time, a \$10.00 late fee will be charged to your account. Note: If your child is a recipient of an educational scholarship, the registration fee is covered by the scholarship funds.

Parent Signature: _____

Date: ____ / ____ / ____

Requisitos De Admisión

No se permitirá a ningún niño permanecer o comenzar la escuela a menos que haya presentado todos los exámenes médicos, los cuales pueden obtenerse en la oficina del pediatra del niño(a). Estos exámenes son los siguientes:

- examen físico
- las vacunas necesarias

Todo lo mencionado anteriormente debe presentarse a la escuela antes del primer día de clases.

Un cargo de \$150.00 por la matrícula, \$250.00 de libros, y \$250.00 de tecnología se debe pagar no más tardar el primer día de escuela. Cargos por cuidado después de la escuela se deben de pagar los lunes. Un sobrecargo de \$10.00 se le carga a las cuentas que no se pagan los lunes. Nota: Si su hijo o hija recibe una beca de educación, el cargo de matrícula está cubierto por la beca.

Firma del padre: _____

Fecha: ____ / ____ / ____



Before/After Care Enrollment

No student will be allowed to start or remain in the center until all medical forms have been obtained. The medical forms can be obtained at your child's pediatrician. The forms are the following:

- physical examination
- immunizations

The above mentioned must be in the school's office by the first day of school.

After Care is available to students enrolled at It's A Small World Elementary School for a discounted rate of \$40.00 per week for K-Eighth Graders. After Care for children not enrolled at It's A Small World Elementary School is \$55.00 a week. If your family receives School Readiness services, your weekly rate is as designated at the Eligibility Office. After Care fees are due on Mondays. If these fees are not paid on time, a \$10.00 late fee will be charged to your account.

Your weekly fee is: \$40.00 55.00 School Readiness Rate _____
 No After Care Circle One: Parent Pick Up Bus Walker

Parent Signature: _____ Date: ____ / ____ / ____

Admisión Para Cuidado Antes/Después de la Escuela

No se le permitirá a ningún niño permanecer o comenzar la escuela a menos que haya presentado todos los exámenes médicos, los cuales pueden obtenerse en la oficina del pediatra del niño(a). Estos exámenes son los siguientes:

- examen físico
- las vacunas necesarias

Todo lo mencionado anteriormente debe presentarse a la escuela antes del primer día de clases.

El cuidado después de la escuela para los estudiantes de It's A Small World Elementary School será rebajado a \$40.00 por semana. Cuido después de la escuela para niños que no están matriculados en nuestro programa es de \$55.00. Si su familia recibe servicios de preparación escolar, la tarifa semanal es como se designa en la Oficina de Elegibilidad. Cargos por cuidado después de la escuela se deben de pagar los lunes. Se le cargará \$10.00 de recargo a su cuenta de no ser pagada los lunes.

Su tarifa semanal es: \$40.00 55.00 School Readiness Rate _____
 No servicios de después de la escuela Circula uno: Padres recogerán Bus Caminar

Firma del padre: _____ Fecha: ____ / ____ / ____



Discipline and Guidance Policy

Section 10m-12.013 requires that parents be notified by writing of the Disciplinary Practices used at a child care facility. By signing below you certify that It's A Small World Elementary School's Disciplinary Practices and Guidance Procedures have been explained and you have understood them. The purpose of discipline is to help children learn ways of behaving that are acceptable to themselves and other young children. This usually means setting limits for their safety, the safety of others and the safety of property. Teachers will help children understand the logical consequences of their own actions. Corporal punishment is not permitted or used.

Most of the time behavior problems arise as a result of social interactions. These are the techniques utilized by the adults on our staff to effectively help children in their effort to resolve conflicts.

1. Children will be corrected and asked to change their behavior.
2. Children will be redirected from the situation at hand.
3. Children will be placed in "Time-Out".
4. Parents will be contacted if behavior is not corrected.
5. Children shall not be subjected to discipline that is severe, humiliating, or frightening.
6. Discipline shall not be associated with food, rest, or toileting.
7. Spanking or any other form of physical punishment is prohibited.
8. Children may not be denied active play as a consequence of misbehavior.

I, _____, parent/guardian of, _____ have received in writing It's A Small World Elementary School's Disciplinary Practices, Guidance Procedures, and Student Code of Conduct. I have reviewed them and understood them.

Parent Signature: _____

Date: ____ / ____ / ____

Póliza de Disciplina y Orientación

Sección 10m-12.013 requiere que el padre esté notificado por escrito las prácticas de disciplina que se usan en el centro. Si firma debajo usted certifica que It's A Small World Elementary School le ha explicado y usted ha entendido las prácticas disciplinarias y procedimientos de orientación del centro. El propósito principal de la disciplina es enseñar al niño las formas de comportamiento que son correctas para su seguridad y la de los demás. Los maestros les explicaran las consecuencias de sus actos. Estas son las formas que se utilizarán por los maestros para ayudar a los niños a resolver cualquier situación que se presente. Castigo corporal no es permitido.

La mayoría de las veces surgen problemas de comportamiento como resultado de las interacciones sociales. Estas son las técnicas utilizadas por los adultos de nuestro personal para ayudar a los niños con eficacia en sus esfuerzos por resolver los conflictos.

1. Los niños serán corregidos y se les pidió que cambien su comportamiento.
2. Los niños serán redirigidos a la situación en cuestión.
3. Los niños se colocan en "Time-Out".
4. Los padres serán contactados si la conducta no se corrige.
5. Los niños no deben ser sometidos a la disciplina que es grave, humillante, o atemorizante.
6. La disciplina no se asocia con la comida, el descanso o ir al baño.
7. Se prohíbe Nalgadas o cualquier otra forma de castigo físico.
8. A los niños no se les quitará juego activo por consecuencia de mal comportamiento.

Yo, _____ padres / tutor de: _____ he recibido por escrito de It's A Small World Elementary School las prácticas disciplinarias, procedimientos de orientación, y código de comportamiento del estudiante. Los he revisado y entendido.

Firma del padre: _____

Fecha: ____ / ____ / ____



Photograph Authorization

We take photographs of our children throughout the year in special activities and/or regular school activities. The following are some examples of what we use our photographs for:

- Teaching purposes
- Encourage self-esteem
- Display in classroom and bulletin boards
- Make school albums
- For memories of special activities
- Our Newsletter, social media, and school website.

Please be aware that any photographs taken of your child are for the sole purpose and use of It's A Small World Elementary School and any request for its use outside our school will be notified to you immediately.

I have read and understood the above statements and I authorize my child/children to be photographed.

Parent's Name (Print Please)

Parent's Signature

____/____/____
Date

Autorización para Fotografía

Nosotros tomamos fotos de los niños durante el año en actividades especiales y/o actividades regulares de la escuela. Lo siguiente son ejemplos para lo que se usan las fotos:

- Propósitos de enseñanza
- Estimular la autoestima del niño
- Demostrar en la aula y los boletines
- Hacer álbumes para la escuela
- Para memorias de las actividades especiales
- Nuestro periódico, las redes sociales, y nuestra página de internet.

Tenga presente que cualquier fotografía tomada de su niño/a son para el único propósito y el uso del centro y para cualquier uso fuera de nuestra escuela será notificado a usted inmediatamente.

He leído y entendido las declaraciones anteriores y autorizo que mi hijo/a sea fotografiado.

Nombre del Padre (Letra de Molde)

Firma del Padre / Tutor

____/____/____
Fecha



Birthday Party Requirements

Here at It's A Small World Learning Centers & Elementary School we appreciate and welcome parents who want to make our facility part of their child's birthday celebration. All arrangements must be notified to the Principal at least 1 week in advance. No exceptions will be made.

Parties will be held during your child's lunch time. Parents must be here on time and supply all the party supplies. Parents are asked to cooperate with the clean up process.

Parent Signature: _____

Date: ____ / ____ / ____

Requisitos para Fiesta de Cumpleaños

Estas fiestas son una experiencia maravillosa para los niños pequeños. Nosotros estamos felices porque nosotros niños comparten su fiesta con sus amiguitos de la clase. Por favor trate de mantener la fiesta sencilla, pero significativa para su niño. Si desea hacer una fiesta grande, por favor hable con la directora de la escuela. Tendrá que notificar con una semana de anticipación. Si no se notifica con anticipación, su fiesta no será garantizada. No se harán excepciones.

Las fiestas serán en la hora de almuerzo de su hijo. Usted debe de estar presente y tendrá que ayudar a recoger y limpiar después de la fiesta. Los padres deben traer todo para la fiesta.

Firma del padre: _____

Fecha: ____ / ____ / ____



Assessment Authorization

As a student at It's A Small World Learning Centers & Elementary School, your child will be assessed at least three times a year. The assessments will be done to ascertain developmental level and screen for possible delays or concerns. Assessments include both formal and informal methods and results are used to guide classroom instruction.

This information is confidential. The only people allowed to view the results are the teachers, Principal, and you, the parent. Any other outside agency or organization interested in viewing or attaining any results must first contact you. We will maintain and respect this confidentiality agreement.

I, _____ acknowledge that I have been informed of the nature and purposes of the assessment process and that I have read and understood the information presented above. I give my consent for my child, _____, to participate in these assessments.

Parent/Caregiver/Guardian Signature

_____/_____/_____
Date

Director Signature

_____/_____/_____
Date

Autorizo para Evaluar

Como estudiante de It's A Small World Learning Center y Elementary School, su hijo será evaluado por lo menos tres veces por año. Se harán las evaluaciones para determinar el nivel de desarrollo y posibles retrasos o preocupaciones. Las evaluaciones incluyen los métodos formales e informales y guiar la instrucción de la clase. Esta información es confidencial. Las únicas personas que pueden ver los resultados son los profesores, directora y usted, el padre. Cualquier otra agencia u organización interesada en ver y obtener algún resultado debe contactar primero. Vamos a mantener y respetar este acuerdo de confidencialidad.

Yo, _____ reconozco que he sido informado de la naturaleza y objetivos del proceso de evaluación y que he leído y entiendo la información presentada anteriormente. Doy mi consentimiento para que mi hijo, _____, participe en estas evaluaciones.

Firma del Padre / Tutor

_____/_____/_____
Fecha

Firma de la Directora

_____/_____/_____
Fecha



Health & Safety

Every student registered at It's A Small World Learning Centers & Elementary School is required to have a copy of his/her State of Florida Student Health Examination Form and Immunization Record on file. It is the parents' responsibility to keep it updated.

Please keep your child home if:

- Running a fever - 100°F or above
- Has any discharge from the nose, eyes or ears.
- Has diarrhea/vomiting.
- Has symptoms of possible communicable disease
- Generally not feeling like him/herself

Parents are required to inform the school of all illnesses or injuries the child may have sustained prior to arriving at the center. If your child has a communicable disease, please notify us at once. A doctor's note clearing the child from being contagious is required in order to accept him/her back to school.

While at school, if the child becomes ill with one of the following:

- fever 100°F or above
- 2 diarrheas within the day
- rash
- vomiting
- suspected pink eye
- lice
- discharge from the nose, eyes, or ears — or any other sign or symptom of illness he/she will be isolated and the parents contacted to make arrangements to pick up the child immediately (within 1 hour).

Children **MUST** be symptom free for 24 hours before returning to school.

A Doctor's Note **WILL** override this policy.

Medications may be administered at the school for the length of time indicated by the physician. Bottles must be labeled with the child's name and dosage and are to be kept in a locked cabinet in the office. Medications are not to be sent in the child's lunch box or backpack. The medication form must be fully completed and signed in the office prior to the medication being dispensed. There will be **NO** exceptions.

Parent Signature: _____

Date: ____ / ____ / ____



Medication Policy

Prescribed medication will be administered to children only when brought to the school by parents or guardians. It must be in the original container with the name of the physician, the child and medication directions written on the label. A Medication Form must be filled out and signed by the parent or guardian. Make sure that any medication brought to the center is personally given to the teacher in charge. Medications will not be left in the lunchbox or backpack. Medications will be stored in a covered box labeled MEDICATION BOX in the main office.

Our medication policy is as follows:

- Medications will be given one time during the day
- No aerosol will be given before 9:00am. The parent must give the child the first treatment at home.
- Prescription medicines must be in original containers with child's name and dosage on the label
- Non-prescription medicines must be accompanied by a doctor's note along with the correct dosage

Parent Signature: _____

Date: ____ / ____ / ____

Poliza de Medicamento

Las medicinas con receta médica serán administradas solamente si el padre o guardián las entrega en la oficina. Debe de estar en el frasco original con el nombre del médico, del niño, y las instrucciones escritas. Una planilla de medicina debe de ser completada y firmada por el padre o guardián y se le entregará en las manos a la persona que recoja al niño. Las medicinas no serán dejadas en la lonchera ni en la mochila. Las medicinas serán almacenadas en una caja cerrada marcada por fuera CAJA DE MEDICINA en la oficina principal.

Nuestra política de medicamentos es la siguiente:

- Los medicamentos se administrarán una vez durante el día.
- No se administrará aerosol antes de las 9:00 am. El padre debe darle al niño el primer tratamiento en casa.
- Los medicamentos recetados deben estar en envases originales con el nombre y la dosis del niño en la etiqueta
- Los medicamentos sin receta deben ir acompañados de una nota del médico junto con la dosis correcta.

Firma del padre: _____

Fecha: ____ / ____ / ____



Parent Agreement

I am the parent or legal guardian of _____
(Child's Name)

In order to record my understanding of my rights and responsibilities as parent, guardian, or custodian of the above-named child, who is enrolled at It's A Small World Learning Centers & Elementary School, I agree to abide by the requirements written below and all policies set forth in the Parent/Student Handbook.

In return for this promise of continual fulfillment of all policies, It's A Small World Learning Centers & Elementary School agrees to provide for the above-named child who meets the standards and guidelines as set forth below and in the Parent/Student Handbook.

I am aware of the scheduled holidays, which are:

- New Year's Day
- Memorial Day
- Veteran's Day
- Martin Luther King
- Fourth of July
- Thanksgiving Day
- Day after Thanksgiving
- President's Day
- Labor Day
- Good Friday
- Christmas Eve
- Christmas Day

I am also aware that the Pre-K through Eighth Grade program has additional closures (Teacher Planning Days, Winter Break, and Summer Break) which are listed in the Parent Handbook.

Hours of operation: 52 weeks / Year, Monday - Friday, 6:30 A.M. – 6:00 P.M.)

Tuition fees will be collected every Monday. All checks are to be made out to It's A Small World Learning Centers & Elementary School. A charge of \$35.00 will be added to every check returned by the bank. A late fee of \$10.00 will be added to bills not paid by Monday. There are no reduction fees for absences except in the case of an extended illness (over two weeks) of the child. Written notification from the doctor is required. The director should be notified if such a situation occurs. Since school expenses continue whether or not your child is in attendance, NO refunds or discounts are given for absences or holidays.

I agree to notify the director two (2) weeks in advance when withdrawing my child from the center, should such an event occur. If two (2) weeks notice is not given, I will pay for one (1) week tuition. I have read the statement to the effect that no refund of registration will be given, and that only 2 weeks out of the year are to be used for vacation or sick leave. All other absences are payable in full.

In case of any problem or emergency, please contact the persons below, which are the persons that are legally responsible for the program. The contact information is the following:

Rosa Valdes
(305) 728-9398

Jacqueline Mastrangelo
(786) 449-9717

Gilberto Quintana
(786) 417-1072

Parent/Caregiver/Guardian Signature

_____/_____/_____
Date

Director Signature

_____/_____/_____
Date



Expulsion Policy

Student Name: _____

There are instances where we may have to ask that a child be removed from our program, either on a short term or permanent basis. We want all families to know that we will do everything possible to work with our students in order to prevent this policy from being enforced.

When a child is having a problem in the classroom:

- Staff will redirect child from negative behavior.
- Staff will reassess classroom environment, activities, and supervision.
- Staff will always use positive methods and language while disciplining children.
- Staff will praise appropriate behaviors.
- Staff will consistently apply consequences for inappropriate behavior.
- Child will be given verbal warnings.
- Child will be given time to regain control of his/her actions.
- Child's disruptive behavior will be documented and maintained in confidentiality.
- Parent/Guardian will be notified verbally.
- Parent/Guardian will be given written copies of the disruptive behaviors that might lead to expulsion.
- The director, classroom staff, and parent/guardian will have a conference to
 - Discuss how to promote positive behaviors
 - Distribute literature or other resources regarding methods of improving behavior.
 - Recommend evaluation by a professional.
 - Recommend evaluation by local school district child study team.

Schedule of Expulsion

- If scheduled remedial actions have not worked, the child's parent/guardian will be advised verbally and in writing about the child or parent's behavior warranting an expulsion. An expulsion is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the school.
- The parent/guardian will be informed regarding the length of the expulsion.
- The parent/guardian will be informed of the expected behavioral changes required in order for the child or parent to return to school.

Parental Actions for Child's Expulsion

- Failure to make tuition payments or habitual tardy payments.
- Failure to complete and turn in required forms, including physical and immunization records.
- Verbal abuse to staff.
- Parent threatens physical or intimidating actions toward staff members.

Child's Actions for Expulsion

- Failure to adjust to routines/procedures after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical abuse to staff or other students.



Expulsion Policy (Continued)

Children will not be expelled if a child's parent/guardian:

- Makes a complaint to the licensing office (DCF) regarding a school's alleged violation of licensing requirements.
- Reports abuse of neglect occurring at the school.
- Questions the school regarding policies and procedures.
- Is not given sufficient time to make other child care arrangements.

Parent/Caregiver/Guardian Signature

____/____/____
Date

Director Signature

____/____/____
Date



Parent/Guardian Handbook Acceptance and Agreement

I, _____, the parent/guardian of _____, have read and understand the items listed in the Parent/Student Handbook. I agree to abide by all of the policies and procedures set forth in this handbook and understand that failure to uphold my agreement with It's A Small World Learning Centers & Elementary School may result in my child's expulsion.

Parent's Name (Print Please)

Parent's Signature

_____/_____/_____
Date

Student Handbook Acceptance and Agreement

I, _____, have read and understand the items listed in the Parent/Student Handbook. I agree to abide by all of the policies and procedures set forth in this handbook and understand that failure to uphold my agreement with It's A Small World Learning Centers & Elementary School may result in my expulsion.

Student Name

Student Signature

_____/_____/_____
Date