

Forms and Authorization Packet

Please complete each page in its entirety and return the entire packet to the front office as soon as possible.

2011-2012



This is to certify that I have been given a copy of the Parent-Child Handbook. I have read and agree to comply with the handbook.

Date

Student(s) Name

Parent(s) Signature

Please sign and return to:

World of Knowledge: A Montessori School
1935 Abacus Road, Holiday, FL 34690
727-934-3028 Fax: 727-937-0642

Elementary Rules

1. Homework will generally be given Monday through Thursdays. **It is your child's admission to class.**
2. Any absence will require a note for re-admission. An absence of three consecutive days or more will require a note from a physician for re-admission.
3. Radical hairstyles or clothing with impolite sayings will not be allowed. Uniform shirts will be required for most days.
4. Kindergarten, first and second graders will receive a narrative type report card giving you a complete picture of what they are learning. Third grade and up will receive letter grades.
5. Materials fee covers classroom supplies, end-of-the-year testing and consumable textbooks. Hard cover textbooks remain the property of the school and are not to be written in.

I have read the elementary rules and agree to comply.

Parent Signature

Student Signature

Date

Date

***World of Knowledge: A Montessori School
1935 Abacus Road
Holiday, Florida 34690
(727) 934-3028 Fax: (727) 937-0642***

Parental Involvement Contract
World of Knowledge: A Montessori School
2011-2012 School Year

By virtue of enrolling your child(ren) or ward(s) in World of Knowledge: A Montessori School (WOK), you are registered as an active member of the Parent Teacher Student Organization (PTSO) with all the stipulations this entails. Our primary responsibility is to enhance each student's overall educational experience.

To this end, families are needed and encouraged to take part in various school activities. Your participation aids the day-to-day running of the school, which in turn benefits our children and exhibits your enthusiasm for and involvement in their education.

As a means of meeting our responsibilities and obligations, each family is required to complete ten (10) hours of parent involvement hours by actively participating in the following:

- Field trips (requires driver's license check)
- Playground/lunch monitoring
- School events
- See Parent-Child Handbook for other opportunities

A monetary charge of \$20.00 per hour will be assessed for each parent involvement hour not completed by June 1, 2012. All families are encouraged to keep track of their completed hours in case discrepancies arise between hours actually worked and hours reported.

Please complete, sign and return this form with a copy of your driver's license(s) to World of Knowledge.

Print Parent's Names:

Home/Cell Phone Numbers:

Children's Name & Grade:

1.

2.

3.

4.

Parent(s) Signature:

Date:

A Note to Chaperones (Field Trips)

Thank you for chaperoning our field trip. Without your help we would not be able to venture outside our classroom and enrich your child's education. We ask your help and cooperation with the following:

1. Please be sure to watch all of the children who ride in your car throughout the entire day. They should not leave your supervision to go to the bathroom alone or depart from the group. They should hold a hand in parking lots and walk at all times. No running please. If any child does not listen to you or stay with you, please inform a teacher immediately. We will discreetly handle the situation and take over the supervision of that child for the rest of the day.
2. It is very important that you drive directly to the field trip site and directly back to school afterward. Stops for food, gift shops, etc. are not permitted. Many parents are waiting for the children to arrive back at school and become alarmed when you do not return promptly.
3. If you have any difficulty with a student or become lost the school's phone number is 727-934-3028. If you would like a teacher to ride in your car, please let us know and we will try to arrange it.
4. We will provide written directions for each field trip.
5. We would like to have everyone caravan to the best of your ability.
6. School insurance requires us to photocopy each field trip driver's license (we can then hold it on file for later trips.)

Thank you for your help and we hope you have an exciting adventure on our field trip.

I have read note to chaperones (field trips) and agree to comply.

Parent Signature

Date

***World of Knowledge: A Montessori School
1935 Abacus Road
Holiday, Florida 34690
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Print Name: _____

Address: _____

Re: Field Trip Standards

World Of Knowledge
A Montessori School
1935 Abacus Rd
Holiday, Fl 34690

Dear World of Knowledge,

My driving record, an assessment of my insurability under the Company's insurance coverage, may be obtained as part of the World of Knowledge: A Montessori School's evaluation of my eligibility to drive the school's van and or drive my own vehicle on school business / field trip. The reports may be produced by Acordia for the Company and furnish the Company and answer of insurability as "**acceptable**" vs. "**not acceptable**". By signing this disclosure, I hereby authorize the Company to produce such reports and update those reports about me from time to time, as it deems appropriate.

Sincerely,

Signature

Date



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Consent and Contact Form

This form is to completed and signed by the child's parent or legal guardian.

Name of child: _____ Date of birth: _____

In the event the child named above is injured or ill, I understand that the caregiver will attempt to contact me, the other parent, or the legal guardian at the telephone number provided below.

Parent's (legal guardian's) name: _____

Telephone numbers: _____ on: _____(hours/days)

Parent's (legal guardian's) name: _____

Telephone numbers: _____ on: _____(hours/days)

In the event that I or the others listed are not available, I give my permission to the caregiver to provide first aid for the child named above and to take the appropriate measures including contacting the emergency medical services (EMS) system and arranging transportation to _____
Or the nearest emergency medical facility unless accompanied by another adult.

Signature: _____ Date: _____

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

By _____ and is personally known to me.
(Parent/Legal Guardian)

Notary Public

World of Knowledge: A Montessori School
1935 Abacus Road
Holiday, Florida 34690
(727) 934-3028 Fax: (727) 937-0642

World of Knowledge: A Montessori School
Family Directory Form
2011-2012

Please complete the following information for the school directory and return to school, even if you do not wish to be included in the directory. If you have any questions, please contact the office staff.

Information you provide must reflect current legal names – both yours and the child(ren)’s and be consistent with school records. The school Family Directory is for school communications only. It is not to be used for solicitation purposes.

If you do not wish to be included in the directory, please complete the parent/guardian information at the top section, check the appropriate box (DO NOT want to be included) and sign on the “Signature for Exclusions” line below box.

If you do wish to be included in the directory, please provide as much or as little information as makes you comfortable (i.e., you may want to include your name and phone number, but not your address) and sign on the “Signature for Inclusion” line.

PLEASE PRINT NEATLY AND RETURN FORM TO THE SCHOOL OFFICE NO LATER THAN AUGUST 27, 2011.

Parent/Guardian Name(s): _____
Child #1 Name: _____ Grade: _____
Child #2 Name: _____ Grade: _____
Child #3 Name: _____ Grade: _____
Subdivision: _____
Street Address: _____
City & Zip: _____
Home phone: _____
Mom’s cell: _____ Dad’s cell: _____
Mom’s work: _____ Dad’s work: _____
E-mail: _____

Check box if you DO want to be included in the Family Directory and sign below.

SIGNATURE FOR INCLUSION: _____

Check box if you DO NOT want to be included in the Family Directory and sign below.

SIGNATURE FOR EXCLUSION: _____

World of Knowledge: A Montessori School
1935 Abacus Road
Holiday, Florida 34690
(727) 934-3028 Fax: (727) 937-0642

World of Knowledge: A Montessori School
Web Site Photo Release Form

World of Knowledge: A Montessori School located at 1935 Abacus Road, Holiday, Florida 34690, is utilizing the Internet and the latest technologies through the development of its school web site at www.flwokmontessori.com to streamline communications and support student learning. The web site is primarily used to publish school and related information for new, current and prospective students and their families. As such, student photographs and work may be included to highlight school and class projects and activities.

World of Knowledge wants to ensure that certain web publishing guidelines are followed in the development of the school web site. For this reason, we require parental or guardian consent for the release of student photographs and student work to be published at the web site.

Web publishing guidelines include:

- No personal information such as full name, address or telephone number will be published on the Internet.
- Group photos of students may be published on a school web site **WITHOUT** parental or guardian permission only if individual students are difficult to identify (even with full frontal view or one-half or more of the student's face is out of view).

Unless a written statement to the contrary is filed with the school office, all students, parents, and guardians give implicit permission and authorization to World of Knowledge to use any photograph that is taken for instructional or promotional purposes. By granting permission, students and their families and guardians release any and all claims against World of Knowledge.

Check one:

Permission **IS** granted to use photographs and work of my child on the school web site following the guidelines above.

Permission **IS NOT** granted to use photographs and work of my child on the school web site.

Name of Student (please print): _____

Signature of Parent/Guardian: _____

Date: _____

World of Knowledge: A Montessori School
1935 Abacus Road
Holiday, Florida 34690
(727) 934-3028 Fax: (727) 937-0642

World of Knowledge: A Montessori School
Photo Publication Release Form

World of Knowledge: A Montessori School located at 1935 Abacus Road, Holiday, Florida 34690, takes extreme care when publicly displaying the school and it's attendees. We pride ourselves on maintaining a professional, tasteful and safe environment for the children. Because the children attending World of Knowledge make the school what it is today, we include their presence in a positive manner through various formats. One format World of Knowledge has taken a stronger role in is advertizing, particularly for magazine publication.

Our goal and vision when creating an ad is to showcase some of the joy and wonderment your child is experiencing here on a daily basis. Whether playing with or making new friends on campus or venturing out to new places, your child is learning something new every day. Through use of photographs, we would be honored to include your child(ren) in certain advertisements when promoting the school.

World of Knowledge wants to ensure that certain publishing guidelines are followed when using a child's photograph's. For this reason, we require parental or guardian consent for the release of student photographs to be submitted and published for an advertisement. Advertisement publishing guidelines include:

- No personal information such as name, address or telephone number will be published on any ad.
- No photos will be used which represent the child in a negative or demeaning way, including imagery that may be suggestive of above statement.
- No partial or inappropriately clothed photos will be used

Unless a written statement to the contrary is filed with the school office, all students, parents, and guardians give implicit permission and authorization to World of Knowledge to use any photograph that is taken for instructional or promotional purposes. By granting permission, students and their families and guardians release any and all claims against World of Knowledge.

Check one:

Permission **IS** granted to use photographs and work of my child in any publication following the guidelines above.

Permission **IS NOT** granted to use photographs and work of my child in any publication.

Name of Student (please print): _____

Signature of Parent/Guardian: _____

Date: _____

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1935 Abacus Road
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International Montessori Society
Model School Discipline Policy

Our School is committed to discipline of children that always dignifies and respects their own inner guidance and self-directed purpose for harmony, order, cooperation and love towards their environment. Adults shall therefore only interact with children to support such self-discipline in children, to assure their compliance and cooperation with necessary procedures and proper behavior through such positive means as example, clear directions, reasoning, distraction, reflective language and questioning.

We consider any intentional inflicting of physical pain, or threat of such pain, on children, by such means as pulling hair, grabbing, pulling, hitting, spanking, slapping, pinching, etc., as strictly inconsistent and contrary to our discipline policy. We recognize such actions as child abuse, which may also violate child protective laws that require us to report to pertinent government agencies.

This policy applies to all adults while on school premises, including regular staff, part-time personnel, volunteers and parents and their agents. All such adults are required to and hereby do agree to follow this discipline policy at all times in their interaction with children on school premises. This policy also includes the actions of parents or their agents in the treatment of their own children.

Any adult who violates this policy agrees to accept correction, direction or other suitable guidance to cooperate in a remedy of the situation, consistent with our discipline policy stated here.

The signature below indicates that the signing person has read and agrees to follow and support the above stated discipline policy.

Signature: _____ Date: _____

International Montessori Society
912 Thayer Ave. #207, Silver Spring, MD 20910
310-589-1127 email:havis@erols.com



A Montessori School

727-934-3028

Fax 727-937-0642

World of Knowledge is always interested in learning how you heard of us. By completing this questionnaire, your voice will help us understand those advertisements that are working.

Thank you for your time.

Your Name

You heard about World of Knowledge through (please check):

_____ Newspaper Ad (please list newspaper) _____

_____ Magazine Ad (please list magazine) _____

_____ Television Commercial (please list channel) _____

which timeframe? _____ morning _____ afternoon _____ evening _____ late night

_____ Another Source / Word of Mouth
(if yes, please list who referred you) _____

_____ Outdoor Bench (please list which location) _____

_____ Other, **please list** (i.e. Doctor Office/Mall) _____

approx. timeframe **if applicable** (i.e. certain Holiday / Summer month)

_____ N/A - My child(ren) has/have been enrolled for at least one school year and they simply returning for another year.