

2026-27 Pre-K Programs and Admission Requirement

Pre-K Programs:

- PreK-3 Full Day and PreK-4 Full Day are from Monday to Thursday 8:00 am -2:30 pm and Friday 8:00 am -12:00 pm. Registration fee is nonrefundable and other tuition fees apply. MAGO does not provide an afterschool care service.
- PreK-4 AM is from Monday to Friday 8:00am-11:00 am. PreK-4 PM is from Monday to Thursday 11:45 am -3:30 pm. The programs are free with VPK voucher.

Documents required:

Important: Please do not submit handwritten notes or other records in place of the required documents. Doing so will result in the application being declined. Please scroll to page 3-5 to see the sample documents.

- ***A copy of birth certificate*** (in English). No other forms are accepted.
- ***Florida Certification of Immunization Form DH680*** (Florida Shot Records). No other forms are accepted.
- ***Page #2 of School entry health examination DH3040*** (Proof of physical examination). Examination date must be within a year of enrollment (first day of entry at school). No other forms are accepted.
- ***VPK voucher*** (PreK-4 only)-**VPK voucher must be signed by the APPLICANT in person at MAGO Account Office.**

Pre-K Requirements:

- Pre-K 3 students must be 3 years old and Pre-K 4 students must be 4 years old by September 1, 2026.
- Student must be completely toilet-trained and able to undress/dress him/herself without any assistance.
- Student must be able to communicate and understand English.
- MAGO reserves the right to dismiss students who do not meet the requirements. Parents must notify the school 30 in advance when withdrawing a student.
- If the child is not living with both parents, the legal guardian must provide proof of guardianship.

Voluntary Pre-Kindergarten (VPK) Voucher

- Voluntary Pre-Kindergarten (VPK) – applicant must be 4 years old by 9/1/2026. For more information visit www.vpkhelp.org. VPK Voucher must be signed by the APPLICANT in person at the Account Office.

Pick-Up/Drop Off Requirements

- Emergency contacts and authorized pick-up individuals must be over 18 years and must bring government-issued identification when picking up your child. **Daily signing in and out are required.**
- If your child(ren) is not picked up five minutes after the program ends, a late pick-up fee of \$1.00 per minute will be added to your monthly invoice. Per state licensing regulations, we are required to contact the local authorities for any child(ren) not picked up after 4:00 pm if we do not hear from you or we are unable to reach you or your emergency contact listed.
- For all children's safety, it is critical to use your pick-up card to pick up your child. To ensure the safety of our school's staff and children, please keep your card secured with you.

Due to the absences of specialized and accommodating facilities and program at MAGO, the Academy reserves the right to refuse admittance to individuals with special needs or who exhibit severe or specific learning disabilities ESL/ESE/McKay Scholarship eligible. MAGO pre-screens all applications and will decline or delay any applications with invalid or false documents.

Parents of non-Florida applicants: Please contact the school with any questions regarding the documents.

Students are not allowed to attend school when the documents are expired

For more information on admission policies, requirements and tuition fees, please visit our website at www.magorlando.net

Pre-K Attendance Policy

Attendance during the scheduled instructional days is of utmost importance to remain in the VPK program. Not only is MAGO funding linked to attendance, but also the child's success upon entrance into Kindergarten. You will be required to sign and comply with the following policy on Attendance and Tardiness to remain in the VPK program.

Tardiness:

Late arrival 15 minutes after the program has started are disruptive to the group in progress and difficult for the arriving child as well. We understand that it is occasionally unavoidable to be "running late", but more than twice a month will not be acceptable and will be cause for termination from the VPK program.

Late Pick Up:

An additional fee of \$1.00 will be assessed for every additional minute the child is still in attendance after the program ends.

Absence:

Daily attendance in the VPK program is necessary for optimal learning, however, you will be allowed (3) absences per month. Any absences beyond those require a written note from the parent for one of the following reasons:

- Illness or injury of the child or the child's family member which requires hospitalization or bed rest;
- Physician or dentist appointment;
- Infectious disease or parasitic infestation;
- Funeral service, memorial service, or bereavement upon the death of the child's family member;
- Compliance with a court order (e.g. visitation, subpoena);
- Special education or related services for the child's disability;
- Observance of a religious holiday or service;
- Family vacation, not to exceed five excused absences per program year.

Please note:

Absences of five consecutive instructional days will be considered a withdrawal from the VPK program at MAGO. Withdrawals from the VPK program will not be eligible for re-enrollment. MAGO will allow one documented 5-day absence during the 180-day instructional period. Documentation must be submitted in advance, explain the reason for the 5-day absence, and be dated and signed by the child's legal custodial adult.

Verifying your child's attendance and absences:

MAGO staff will ask you to stop by at the end of each month. You will be given a form to review and confirm your child's recorded attendance for the month. Your signature on this form will not only verify the attendance, but also will direct the Early Learning Coalition of Orange County to direct payment for the month's VPK program for your child to MAGO, and that you continue to choose MAGO to provide your child's VPK program for the upcoming month.

SAMPLE OF SCHOOL ENTRY HEALTH EXAMINATION (PROOF OF PHYSICAL)



School Entry Health Exam
Page 2 of 2

Name of Child (Last, First, Middle)	Birth Date
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PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date:

(Exam must be within one year of enrollment)

Month Day Year

Screening Results:

Height: _____ Weight: _____ BMI%: _____ B/P: _____ Hct/Hgb: _____ Lead: _____ Urinalysis: _____

Vision - Without Glasses	Right 20/____	Left 20/____	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>	Hearing - Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
Vision - With Glasses	Right 20/____	Left 20/____	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>	Hearing - Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>

Gross dental (teeth and gums)	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Tx: _____
Head/scalp/skin	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Tx: _____
Eyes/Ears/Nose/Throat	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Tx: _____
Chest/Lungs/Heart	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Tx: _____
Abdomen	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Tx: _____
Postural assessment	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Tx: _____

TB risk assessment done ☐ (Please review Targeted Testing Guidelines listed below.)

This child has the following problems that may impact the educational experience:

☐ Vision ☐ Hearing ☐ Speech/Language ☐ Physical ☐ Social/Behavioral ☐ Cognitive

Specify: _____

☐ This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.

(This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary): _____

(Please Check One)

☐ This child may participate fully in school activities including physical education.

☐ This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction) _____

Signature/Title of Health Care Provider	Date	Address (Please print or stamp)
	____/____/____	
Name (Please print or stamp)		

Tuberculosis Targeted Testing Guidelines for Health Care Providers

Tuberculosis Infection Risk:

Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. **Do not record administration of any TB test or related information on this form.**

- Recent immigrant (< 5 years), frequent visitor to TB endemic areas
- Close contact to active TB case
- Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user
- HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications

Active TB Disease Risk:

- Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)?
- If symptoms are present, work-up or refer for TB disease evaluation.

SAMPLE OF FLORIDA CERTIFICATION OF IMMUNIZATION (DH680)

Form 680

Page 1 of 1

FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; rules 64D-3.046, 65C-22.011 Florida Administrative Code

PATIENT		TEST		01/01/2006	
Last Name		First Name		MI	DOB
MOM PATIENT				9900001032	
Parent or Guardian		Child's SS# (optional)		State Immunization ID#	

Directions:
 * For additional information: See Immunization Guidelines for School and Child Care Facilities for information and instructions on form completion and immunization requirements. Guidelines are updated annually and are available from the local county health department.

VACCINE	DOE CODE	Dose 1 MO/DA/YR	Dose 2 MO/DA/YR	Dose 3 MO/DA/YR	Dose 4 MO/DA/YR	Dose 5 MO/DA/YR
DTaP/DTP	A					
DT	B					
Td/Tdap	C					
					Booster	
Polio	D					
HIB	E					
MMR (Combined)	F					
(Separate)	G,H					
		Measles (dose 1)	Measles (dose 2)	Mumps (dose 1)	Mumps (dose 2)	
	I	Rubella (dose 1)	Rubella (dose 2)			
Hepatitis B	J					
Varicella	K					
Varicella Disease	L					
		Year				
PneuConju						

Certificate of Immunization for K-12

PART A (Immunizations are complete for school entry and attendance for grades kindergarten through 12.) DOE Code 1
 I have reviewed the records available, and to the best of my knowledge, the above named child has been adequately immunized for school attendance as documented above.

Physician or Clinic Name:
 BUREAU OF IMMUNIZATION
 2585 MERCHANTS ROW BLVD
 TALLAHASSEE, FL 32399

Physician or
 Authorized Signature: TEST DOCTOR
 Electronic Certification: MD4N6GWBLG9
 Date: 07/03/2007
 Issued By: TEST USER

Form DH-680, 01-07 Stock Number: 74009906800

SAMPLE OF VPK VOUCHER



**STATE OF FLORIDA
VOLUNTARY PREKINDERGARTEN
EDUCATION PROGRAM**

**Child Eligibility and Enrollment
Certificate**

I. CERTIFICATE OF CHILD ELIGIBILITY (*Issued by Early Learning Coalition*)

Type or print in black or blue ink

1. VPK program year	2. Certificate number	3. Certificate issue date	4. Enrollment <input type="checkbox"/> New enrollment <input type="checkbox"/> Re-enrollment
5. Parent or guardian name		6. Daytime telephone	7. Home telephone
8. Home address			
9. City		10. State	11. ZIP+4 Code
12. Child's full name		13. Child's SSN ¹	14. Child's date of birth
15. Program type <input type="checkbox"/> School-year program (540 hours) <input type="checkbox"/> Summer program (300 hours)			

¹PRIVACY ACT STATEMENT

Your child's social security number is requested under s. 119.071(5)(a)2, F.S., for use in the records and data systems of Florida's Office of Early Learning (OEL), Department of Education (DOE), school districts, and early learning coalitions. If you submit your child's social security number, it will be used for routine identification of your child and for correlation of your child's results on the statewide kindergarten screening to the provider or school that serves your child in the VPK program for purposes of assigning the provider or school a kindergarten readiness rate under s. 10.02.69, F.S. Submission of your child's social security number on this form is voluntary and not a condition of enrollment in the VPK program.

II. ADMISSION BY PROVIDER OR SCHOOL (*Jointly Prepared by Provider or School AND Parent or Guardian*)

16. Name of provider or school	17. Daytime telephone	18. Fax
19. Address of VPK site	20. VPK class (e.g., A, B, C)	21. Date child will begin attendance
The provider or school certifies that it admits the child (item 12) for enrollment in the VPK program and agrees to deliver the program for the child.		I certify that I choose the provider or school (item 16) to deliver the VPK program for my child and direct that program funds be paid to the provider or school for my child.
22. Provider or school signature	23. Date	24. Parent or guardian signature
		25. Date

III. ENROLLMENT SUBMISSION AND CONFIRMATION (*Submitted by Provider or School*)

TO PROVIDER OR SCHOOL: Your confirmation number authorizes the Early Learning Coalition to make payments for the VPK program. Contact the coalition upon enrollment of the child, and the coalition will issue you a confirmation number that allows payments to be made for the child and confirms that the parent or guardian has chosen you as the child's provider or school.

TO CONTACT THE COALITION FOR PAYMENT:

IS YOUR CONFIRMATION NUMBER

NOTICE TO PRIVATE PROVIDER OR PUBLIC SCHOOL: A private provider or public school must keep each original signed form for at least 2 years. A private provider must permit the early learning coalition, and a public school must permit the school district, to inspect the original signed forms during normal business hours. If required by the early learning coalition, a signed copy of this certificate must be forwarded to the coalition or a qualified contractor acting on behalf of the coalition.

Form
OEL-VPK 02
(02/14/2007)