



Muslim Academy of Greater Orlando

11551 Ruby Lake Rd. Orlando FL, 32836

Phone: 407-238-0144

Fax: 407-238-4689

email: info@magorlando.net

Virtue, Wisdom, Strength
website: www.magorlando.net

Pre-Kindergarten Enrollment Form 2019-20

DCF License #C09OR0600

Please use the checklist below as a guide and submit all required documents along with the registration fee to be considered for enrollment. *Application without the fee and complete documents will not be accepted.*

_____	_____	_____
Last Name	First Name	Application Date

Grade applied in 2018-19(check one): PreK-3 _____ PreK-4(AM): _____ PreK-4(Full-Time): _____

Documents Required	PK-3	PK-4	Receive	Date
Application Form and Fee	√	√		
Copy of Birth Certificate	√	√		
Proof of Guardianship (if applicable)	√	√		
Valid Proof of Physical DH 3040 (or equivalent)	√	√		
Valid Florida Immunization Certificate DH 680	√	√		
VPK Voucher (PK4 only)		√		

PreK-3 applicants must be 3 years old and PreK-4 must be 4 years old by September 1st, 2019 to be considered for admission. In addition, applicants must be completely toilet-trained. MAGO reserves the right to withdraw students who are not completely toilet-trained or who do not meet the age requirement.

Parent Initial: _____

Voluntary Pre-Kindergarten (VPK) Voucher

- Voluntary Pre-Kindergarten (VPK) – applicant must be 4 years old by 9/1/2019. For more information visit www.vpkhelp.org.
- Parents can now register online at www.4cflorida.org or at <http://elcofororangecounty.org> to create an account, apply and submit all required documents.

I certify that the information given in this application is complete and accurate, and understand that to making false statements within this application may result in the withdrawal and/or termination of admission. I agree to support and abide by the Muslim Academy of Greater Orlando’s regulations, policies, and guidelines for admissions and attendance.

Primary Guardian _____ Date _____ Secondary/Guardian _____ Date _____

Accounts _____ Date _____ Principal _____ Date _____

Registrar _____ Date _____

Official Use Only

Registration Fee: \$ _____ CA / CC / CK# / MO# _____ Entry Date: _____

VPK Voucher: Pending _____ Provided: _____

Notes: _____

Received on: _____ Entered on: _____ Emailed on: _____ Filed on: _____



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STUDENT INFORMATION

DCF License #C09OR0600

Student Name (last, first, middle): _____

Last Grade completed: _____ Gender (please circle one): **M** **F**

Race (please check one): _____ White _____ American Indian /Alaska Native

_____ Asian _____ Black/African American

_____ Native Hawaiian/ Pacific Islander

Ethnicity (please check one): _____ Hispanic/Latino _____ Non -Hispanic

Hair Color: _____ Eye Color: _____ Height: _____ (in) Weight: _____ (lbs)

Date of Birth (mm/dd/yyyy): _____ / _____ / _____ Place of Birth: _____

Home Phone: _____ Language(s) spoken at home: _____

Address: _____

Is the child fully toilet trained? _____ Yes _____ No Age on Sept. 1, 2019: _____ Yrs _____ Months

Student must be fully toilet trained and be four years of age by September 1, 2019 to be considered for admission to PreK-4 or be three years of age by September 1, 2019 to be considered for admission to PreK-3.

PARENT/LEGAL GUARDIAN INFORMATION

Primary Guardian Information:

Secondary Guardian Information:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Cell Phone: _____

Cell Phone: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Occupation: _____

Occupation: _____

Place of Employment: _____

Place of Employment: _____

The child resides with: Both Parents Mother Father Other _____

Child's custody is with: Both Parents Mother Father Other _____

If the child is not living with both parents, the legal guardian must provide a proof of guardianship and fill in the section below:

I/We _____ am/are the legal custodian(s) of _____, and has/have legal authority and the corresponding duty in regard to his/her education.

I certify that the information given in this application is complete and accurate, and understand to make false statements within this application may result in the withdrawal and/or termination of admission. I agree to support and abide by the Muslim Academy of Greater Orlando's regulations, policies, and guidelines for admissions and attendance.

Primary Guardian Printed Name

Primary Guardian Signature

Date

Secondary Guardian Printed Name

Secondary Guardian Signature

Date



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EMERGENCY CONTACT / MEDICAL INFORMATION

DCF License #C09OR0600

Student Name _____

Grade _____

Guardians are required to provide an emergency contact (**someone other than the guardians**) in the event that the guardians cannot be reached. Emergency contact must be someone who resides in local area.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Physician's Name: _____ Office Phone: _____

Preferred Hospital: _____

Does your child have any known medical condition(s)? NO ____ YES ____

If yes please explain _____

Does your child have any allergic reaction to any of the following?

Medications: No ___ Yes ___ Reaction: _____

Food : No ___ Yes ___ Reaction: _____

Insect Bite : No ___ Yes ___ Reaction: _____

Other : No ___ Yes ___ Reaction: _____

Are any of the above allergies severe or life-threatening? NO _____ YES _____

If yes, please explain: _____

In addition to students' academic success, the health and safety of our students is of utmost importance to us. In order to foster the student's safety, we will no longer be administering over the counter medication; this includes and is not limited to Advil, Tylenol, Pepto Bismol and Benadryl. The school administration will however assist in medication that is prescribed by a physician. To do so the school must receive written directions from the physician along with a signed request from the parent. At the end of the school day the parent must pick up the medication from the school. No medication may be left overnight. Please contact the school if you should have any questions.

Emergency Care

- In the event of an emergency, I authorize MAGO staff to provide any first aid care deemed necessary for my child.
- In the event of an emergency, I authorize MAGO staff to transfer my child's health record to the local hospital or emergency facility.
- The State of Florida requires a notarized medical release form prior to emergency medical treatment. In the event of injury to my child _____ requiring immediate medical attention, if I/we cannot be reached, MAGO has my permission to take him or her for treatment to the physician listed above. If the physician cannot be reached or if the child does not have a current physician, MAGO may use its discretion in contacting another physician.

I hereby understand that the school personnel are not held liable for the administration of first aid care, any medication(s) or for its possible side effects. I hereby give permission to dispense the medication(s), in accordance with the written directions from the physician.

Primary Guardian Printed Name

Primary Guardian Signature

Date

Secondary Guardian Printed Name

Secondary Guardian Signature

Date



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PARENTAL PERMISSION

DCF License #C090R0600

Student Name _____

Grade _____

Data Publication

MAGO is requesting your permission to share your contact information for organizing school wide events. We are also requesting permission to capture picture(s) of you and /or your child for purposes of the year book and other internal school related publication(s). If you agree with the above, please check YES/NO to all items below that you agree with to be used for internal publishing:

I /we give permission to the following:

	YES	NO
Child's photograph taken for the use of ID card		
Child's photograph taken & released for publishing in the year book		
Child's photograph taken & released for publishing in other school related materials		
Student Home phone number released for publishing in school related materials		
Primary Guardian/ Mother's cell phone number released for publishing in school related materials		
Primary Guardian/ Mother's email released for publishing in school related materials		
Primary Guardian/Mother's photograph taken & released for publishing in the year book and/or other school related materials		
Secondary Guardian /Father's cell phone number released for publishing in school related materials		
Secondary Guardian/Father's email released for publishing in school related materials		
Secondary Guardian/Father's photograph taken & released for publishing in the year book and/or other school related materials		

Photographs, Videos and Audio Tapes

I give permission to Muslim Academy of Greater Orlando to photograph and/or record my child on audio or video for security purposes: Yes/No (circle one)

Access to Records

I give permission to the child care personnel of Muslim Academy of Greater Orlando to have access to my child's record: Yes/No (circle one)

I also understand that I must have written permission before capturing any images or audio recording of the other children in the school.

Primary Guardian Printed Name

Primary Guardian Signature

Date

Secondary Guardian Printed Name

Secondary Guardian Signature

Date



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STUDENT DROP-OFF / PICK-UP - ADD/DROP FORM

DCF License #C090R0600

I/ We, _____ & _____, legal guardian(s) of _____, grant permission to individual(s) listed below to drop off

Student Name _____ Grade _____

or /pick-up my child to and from school without need of prior written approval.

Use the space below to **ADD** individual(s) to your drop off/pick-up list.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 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.
- Please notify emergency contacts that they must bring government-issued identification when they pick up your child.
- If your child(ren) is not picked up after 11:00 am for VPK half day or after 2:30 pm for VPK full day, a late pick-up fee of \$5.00/10 minutes will be added to your monthly invoice. In addition, for VPK full day, if your child is not picked up after 3:30 pm, he/she child will be placed in our after school care program and you will be invoiced accordingly. Per state licensing regulations, we are required to contact the local authorities for any child(ren) not picked up after 6:00 pm **if we do not hear from you or we are unable to reach you or your emergency contact listed.**

Anyone not on this list **MAY NOT** pick up any child without prior approval from the parents or legal guardian. **NO EXCEPTIONS.** This is for the safety of all our students.

Primary Guardian Printed Name

Primary Guardian Signature

Date

Secondary Guardian Printed Name

Secondary Guardian Signature

Date



DCF ACKNOWLEDGEMENT OF RECEIPT

DCF License #C09OR0600

Last Name	First Name	Middle Initial	D.O.B	Grade	<input type="checkbox"/>	<input type="checkbox"/>
					Male	Female

Florida Statute

Section 402.3125(5), F.S. requires that parent's receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY."

Florida Administrative Code

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 65C-22.006(3)@2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

Initial below to acknowledge receipt of, or have read and in agreement with the following:

_____ **KNOW YOUR CHILD CARE FACILITY brochure**

_____ **THE INFLUENZA VIRUS – "The Flu" A Guide for Parents brochure**

_____ **HANDBOOK:** I have received a copy of MAGO's Early Childhood Parent Handbook, which includes the Discipline Procedures and Expulsion Policy. I have read and understand its contents and procedures and agree to be bound by same.

_____ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the school's attendance procedure. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and its staff member each day. For your convenience, MAGO has provided parking spaces for PK3 & PK4 parents. To accommodate all parents, there is a 10 minute maximum time allotted for the designated parking spaces during drop off and pick up time. Drop-off/pick-up should be done promptly. Parents should refrain from having any pupil discussions during these times. A manual signature is required due to state child care licensing regulations; I agree to complete the required manual sign-in and sign-out procedures.

_____ **INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

_____ **WITHDRAWAL FROM PROGRAM:** I understand that I must provide 30 days (1 month) written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for the 30 days (1 month), whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable.

_____ **ABSENCES/VACATIONS:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness).

_____ **CONFERENCE:** Parents are encouraged to schedule conferences on a regular basis with their child's teacher to keep abreast with their child's progress. Because we respect your privacy and maintain a high level of student confidentiality, we discourage parents from discussing their child's progress in open areas but rather do it discreetly with your child's teacher.

_____ **ALL POLICIES & STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the Parent Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all Policies and state regulations.

_____ **HEALTH DOCUMENTS:** I understand and agree that I must provide new Proof of Physical (DH3040) or Certificate of Immunization (DH680) upon expiration of the previous documents. **I understand that my child will not be allowed to attend the school with expired documents and that I am responsible for assuring that my child is in compliance.**



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I understand that, if I have any questions, concerns or suggestions regarding the contents of the above documents/policies, I can address them with my child's teacher. If I feel it is necessary, I can also address them with the Early Childhood Director and or school administration.

Primary Guardian Printed Name

Primary Guardian Signature

Date

Secondary Guardian Printed Name

Secondary Guardian Signature

Date

PARENTAL INVOLVEMENT AGREEMENT

Parental involvement is necessary and actively sought for support of the school. By enrolling your child at MUSLIM ACADEMY OF GREATER ORLANDO (MAGO), you are providing your child an excellent educational opportunity. In addition, you have incurred the responsibility as a parent to provide the proper interest, encouragement, guidance, home environment, and service to foster the best learning situation possible. Failure to meet any single or multiple requirements of the contract may result in the withdrawal and/or termination of enrollment of your child.

As a parent/guardian of a MAGO student, I/we pledge to do the following:

- 1) Strictly enforce student attendance and punctuality as defined in the Code of Student Conduct
 - a. I/we understand that my child is to attend school every day unless he or she is unable to attend due to an excused absence. I/we will ensure that my child has no more than fifteen (15) unexcused absences during a school year.
 - b. I/we agree to ensure that my child is punctual. I/we understand that every school day is important, and I/we will make sure that my child arrives at school every day by 8:00 am (Monday – Friday).
 - c. I/we will provide a written excuse for the student to give the teacher on the first day back following an absence.
 - d. I/we agree to notify teachers of an impending absence of more than 2 days as early as possible so that teachers are given enough time to provide homework, etc.
 - e. I/we will pick my/our child up promptly at the dismissal time indicated by the school every day.
 - f. I/we understand that if I am/we are late in picking up my child, MAGO is not responsible for my child's safety.
 - g. I/we understand that if my/our child is picked up after dismissal time is over, a late pick-up fee will be added to my/our monthly invoice. After 3:30 pm my/our child will be placed in the after school care program and I/we will be invoiced accordingly.
 - h. If my/our child is continually tardy, I/we understand that for the benefit of my/our child's education, he/she may be required to transfer to a school that is more accessible for him/her.

Proper attendance and punctuality helps the student develop a sense of responsibility that transcends into their adult lives, lessens the burden on the student to make up assignments, and causes less disruption to the class.

____Guardian's initials

- 2) Follow the required uniform policy of the school as adopted by MAGO
 - a. I/we will make sure that a clean and proper uniform is worn every day, including footwear.
 - b. I/we will purchase the required uniform pieces for my/our child from approved vendor and when uniform items wear out or my/our child outgrows them, I/we will replace them promptly.
 - c. I/we will make sure that my/our child comes to school clean and well groomed every day.



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- d. I/we will make sure that all items are labeled with my/our child's name or initials.
 - e. I/we will make sure my/our child brings the required PE clothes and sneakers every day he/she has PE class.
 - f. I/we understand that if my/our child is not in compliance with the uniform policy, I/we will have to take my/our child out of school for the day.

___ Guardian's initials
- 3) Support the daily class work and homework requirements, ensuring completeness to the best of my/our ability
- a. I/we understand that my/our child is to complete all required work including homework. I/we understand that the work must be on time to receive full credit.
 - b. I/we agree to provide my/our child with all required basic classroom supplies
 - c. I/we will monitor daily class work by talking with my/our child and reviewing his/her planner daily. I/we will check my/our child's backpack and folder every evening, and make sure his/her work is organized and orderly.
 - d. I/we will follow any recommendations made by my/our child's teachers about what I/we need to do at home to help my/our child succeed.
 - e. I/we will periodically review my/our child's homework in order to make sure he or she isn't having difficulties.
 - f. If my/our child needs assistance, I/we will work with him or her through the academic challenge, or I/we will find a tutor or a teacher to help my/our child overcome the academic obstacle.
 - g. I/we agree to support the development of good study habits in my/our child.
 - h. I/we will provide my/our child with an environment that shall be conducive to learning.
(Each child should have an area in the home free from distraction, so that they may complete assignments and store their necessary study aids.)
 - i. I/we agree to provide my/our child with study aids including dictionaries, globes, atlases, etc. or will provide access to such aids as needed (e.g., from the library).

___ Guardian's initials
- 4) Strictly enforce the student conduct codes and policies.
- a. I/we understand that my/our child and I are to cooperate and conduct ourselves with teachers, staff, and other students in a manner showing respect for all persons.
 - b. I/we agree to support the student conduct codes/policies of MAGO.
 - c. I/we agree to abide by the discipline policies of MAGO as outlined in the student code of conduct
 - d. I/we will expect good behavior from my/our child and support the school in requiring good behavior from my/our child at all times.
 - e. I/we will take seriously any call from the school about a problem with my/our child's behavior, and follow up promptly and seriously with my/our child.

___ Guardian's initials
- 5) Comply in a timely fashion with any requests for information made by the teacher or school administration of MAGO
- a. I/we will communicate with the teacher weekly, if needed, including returning all school related correspondence the following day.
 - b. I/we will inform the school of change of address, telephone number or any emergency contacts.
 - c. I/we will return immunization records, birth certificates, hearing and vision screenings and proof of address as requested by the school.



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- d. I/we will actively monitor the release of all progress reports and reports cards. I/we will make inquiries should I/we not receive them in a timely manner. I/we will sign and promptly return all progress reports and reports cards to the school.
- e. I/we will fill out all school forms in a timely manner so that my/our child will return them promptly to the school.
- f. I/we will communicate regularly with my child's teachers. I/we will return a phone call from a member of the staff within 24 hours and I/we will make myself available for any parent-teacher conference.
- g. If I am/we are asked to attend a meeting at the school regarding my/our child's education or behavior, I/we will make every effort to be there. If I/we have a concern or questions, I/we will communicate in a respectful tone with the teachers and staff.

____ Guardian's initials

- 6) Require a minimum of thirty (30) minutes of daily reading at home or outside regular school hours.
 - a. I/we will support classroom incentive programs.
 - b. I/we will encourage daily reading in addition to the reading requirements for homework assignments.
 - c. I/we will support good reading habits and will demonstrate this importance by encouraging discussion of reading materials, such as newspapers, magazine articles or books.
 - d. I/we agree to read to or with my/our child as often as possible.

Interaction between parents and students helps demonstrate the parents' concern and willingness to assist the student to excel.

____ Guardian's initials

I (we) have read the Parental Involvement Contract and agree to abide by all of the policies and regulations stated therein. I (we) understand that by signing this contract, I am (we are) obligated to perform my (our) contractual duties. I (we) understand that how well I (we) uphold my commitment to the school as outlined on these three pages will be a factor that the school considers when deciding whether or not to offer my (our) child a contract for the next school year. I (we) understand that by not fulfilling my/our contractual obligation to MAGO and to my (our) child, this may result in my (our) child requested to stay after school, be suspended, lose the opportunity to recommit for placement for the following school year or withdrawn and sent to a regular public school at the sole discretion of the Principal as approved by the MAGO Governing Board.

Primary Guardian Name

Primary Guardian Signature

Date

Secondary Guardian Name

Secondary Guardian Signature

Date



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