

The Blake School, Of Plantation, Inc.

ENROLLMENT CONTRACT 2023/2024

This contract must be signed by the parent or guardian and returned to the school office, with registration fee.

NAME OF STUDENT _____ GRADE _____

WITNESSETH: That for and in consideration of the tuition fee set forth, THE BLAKE SCHOOL agrees to enroll the Student in its Educational Program with the privileges attendant thereto for the period of the full day/extended day program. Transportation to and from The Blake School shall be the responsibility of the parents or guardian.

The School Year shall be paid in 10 payments commencing on August 1-The 10th payment is due May 1st.

ALL PAYMENTS ARE DUE THE FIRST OF THE MONTH and incur a late fee of \$25.00 after the 10th of the month.

In the event suit is brought for collection of tuition, or the same has to be collected upon the demand of an attorney, Parent or Guardian shall pay attorney's fees and cost for making such collection. I agree to the policy of the school that no GRADES, AND/OR TRANSCRIPTS BE RELEASED UNLESS AN ACCOUNT IS PAID IN FULL

All students are enrolled for the entire period between the date of their admission and the end of the school year. I agree to comply with all regulations of The Blake School as set forth in periodic notices, The Parent/Student Handbook, and to the above.

Dismissal: The Blake School reserves the right to terminate or suspend any student, or deny his or her participation in any activity, if his or her mental condition, conduct, influence, or behavior is deemed unsatisfactory and not in the best interest for The Blake School student body or faculty.

In case of an emergency, the school has permission to obtain appropriate medical, dental or related care for my child and agree to be responsible for the provider's charges therefore.

I give The Blake School permission to contact me via phone, e-mail, and/or text.

Signature of Parent or Guardian financially responsible for the student.

Signature _____ Date _____

The Blake School

7011 West Sunrise Blvd., Plantation, FL 33313

ENROLLMENT APPLICATION

954 584-6816

Child's First Name: _____ Middle _____ Last _____

Date of Birth: _____ Age: _____ Gender: ___ Male ___ Female Grade or Level: _____

Race: White Hispanic/Latino Origin Am. Indian/Alaska Native Black/African American
 Asian Native Hawaiian/Pacific Islander Other

Main Contact No: _____ Home Phone No. _____

Student's Home Address: _____

Are Parents Divorced? **Yes or No** If Yes, then who has legal custody? Mother _____ or Father _____
(Please provide legal documents)

Were you referred? **Yes or No** If Yes, who referred you? _____

Mother's Name: _____ Mother's Occupation: _____

Place of Business: _____ Mother's Work No.: _____

Mother's Cell No.: _____ Mother's E-Mail Address: _____

Mother's Home Address (if different from above): _____

Father's Name: _____ Father's Occupation: _____

Place of Business: _____ Father's Work No.: _____

Father's Cell No.: _____ Father's E-Mail Address: _____

Father's Home Address (if different from above): _____

Guardian's Name: _____ Guardian's Occupation: _____

Place of Business: _____ Guardian's Phone No.: _____

Guardian's Home Address (if different from above): _____

Persons permitted to pick up child: _____

Emergency Contact Information (other than parents)

Name: _____ Relationship: _____ Phone No.: _____

Child's Physician: _____ Physician's Phone No.: _____

Medical Conditions: (Please list) _____

Food Allergies: (Please List) _____

PLEASE NOTE: Registration Fee (non-refundable) must accompany this form.

AFTERCARE: Please enroll my student for extended school hours of 7a.m.-6p.m. I agree to pay an additional \$200.00 per month for these additional hours. _____

(Signature)

*A late charge of \$25.00 will be applied to any unpaid balance after the 10th of the month.

** No credit will be given for absences.

*** Report Cards/Transcripts will not be issued until all accounts are paid in full.

PASSWORD

Dear Parents,

The Department of Child and Family Services requires all child care facilities to have a password on file with the school. This password is to be used in the event that you send someone other than yourself to pick your child up from school. However, The Blake School requires further action on your part. We ask that you always call ahead and let us know who will be picking your child up. In addition, you should list any and all persons allowed to pick your child up from school, on the back of your emergency card. We also require anyone picking your child up to have a picture ID with them. After all these precautions have been taken we will release your child.

Password _____

Child's Name _____

Parent Name _____

Date Signed _____

The Blake School

Authorization for Emergency Treatment

To Whom It May Concern:

In case of an emergency, the school has permission to take my child,

_____, to the nearest hospital, in the event that I
(Name of Child)

cannot be reached. Additionally, I give consent for my child to be transported by ambulance, if the situation warrants it.

Child's Doctor _____ Phone _____

Allergies: _____

Date of Last DPT and Tetanus _____

Special Dietary Restrictions _____

Operations or Serious Illnesses or Injuries _____

Insurance Company Covering Child _____

Policy Number _____ Expiration Date _____

Signature of Parent or Legal Guardian

Date

The Blake School

7011 W. Sunrise Blvd.
Plantation, FL 33313

Release from Liability Emergency Evacuation Authorization Form

I, _____, give my permission to The Blake School, to take my child/children off campus for our Crisis Evacuation Drills or in the case of an actual emergency situation. We would be exiting the property, by walking along the sidewalk to the Apple Creek Community Center tennis courts.

This form will be kept on record for use throughout the 2022-2023 school year.

By this signature to this statement of permission, I hereby release and hold harmless the above school and the Apple Creek staff, including teachers and principal from all liability for mishap or injury to the student named herein from the time of departure to the time of return. It is understood that the best possible care will be given to my child.

Student Name: _____ Class: _____
(Printed)

Dad: _____ Mom: _____

Dad's Cell Number: _____ Mom's Cell Number: _____

Home Address: _____
(Street)

(City, State & Zip Code)

Parent Signature: _____ Date: _____

The Blake School

Food Activity Permission Slip

Dear Parents,

There will be times during the school year when there will be parties or activities where foods other than regular lunch items will be offered to your child. For example, we will have our Thanksgiving Feast in November, which usually consists of turkey, mashed potatoes, corn on the cob, etc. Also, there may be times when parents like to bring in cupcakes or ice cream cups for birthday parties.

Please indicate below if you do, or do not, wish for your child to participate in these activities, by checking one of the boxes below.

I **DO NOT** wish for my child to participate: _____

I **DO** wish for my child to participate: _____

Name of Student: _____

Name of Parent or Legal Guardian: _____

Signature of Parent of Legal Guardian: _____

The Blake School

Dear Parents,

Please read the following information, sign below, and return to school.

DISCIPLINE POLICY

A child shall not be subjected to discipline which is severe, humiliating or frightening. Discipline shall not be associated with food, rest, or toilet training. Spanking or any other form of physical punishment is prohibited.

Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Child's Name: _____

Date: _____

The Blake School
7011 W. Sunrise Blvd.
Plantation, Fl 33313

PHOTO RELEASE FORM

I, _____ hereby give The Blake School and their representatives and assigns, the right and permission to publish, without charge, photographs taken during the school year.

The photographs may be used in publications, including electronic publications, or in audiovisual presentations, promotional literature, advertising, yearbook, or in other similar ways.

Please check one:

- Yes
 No
 Yearbook only

I hereby warrant that I am the parent or guardian of:

Name of Student

Signature of Parent or Guardian

Parent Signature

The Blake School

Student Behavior

The degree to which a school is able to accomplish its primary aim of education is often determined by the style of student behavior exhibited in the school. The character of student behavior is most often determined by the parent's and the school's expectations of the students.

At The Blake School, the fundamental expectation for student behavior is that of Respect:

1. Respect for the environment.
2. Respect for authority.
3. Respect for one's peers.
4. Respect for one's work.

Unacceptable behavior consists of:

1. The use of conduct which is disruptive to learning, teaching or the effective functioning of the school.
2. The use of disrespectful language or behavior.
3. The exhibition of limited self-control, which could possibly lead to self-injury or the injury of others.

Disciplinary procedures are as follows:

1. Conference with the teacher and student.
2. Notification to the parent through the weekly evaluation.
3. Referral issued, conference with principal and student.
4. Detention served.
5. Conference with parents, teacher, and administration.
6. Suspension.
7. Expulsion from school*.

*If a student is involved in repeated offenses, we maintain the right to remove him/her from the school.

Please review the attached student behavior policy information sheet. Afterward, please sign and return to your student's classroom teacher.

I have read this student behavior policy sheet . I understand and will adhere to the behavior code as stated.

Parent Signature _____ Date _____

Student Signature* _____ Date _____

**Required of elementary and middle students*

Dress Code

Uniforms are required for preschool, elementary, and middle school students. Please make note of the following Dress Code items, which will be in affect this year. Students not adhering to dress code rules will receive a violation, Repeated violations (3) will result in a detention.

- ❖ All shorts, pants, skirt, shirts, skorts, and jumpers are to be purchased from Flynn & O'Hara School Uniform. Other styles and colors will receive a violation.
- ❖ Shoelaces must always be closed securely. Please have laces that will stay securely tied
- ❖ Shirts must be tucked in.
- ❖ Shorts and pants are to be belted in grades 2-8. All skirts, shorts and pants must be buttoned and fit securely at the waist. Belts are to be navy, brown, khaki, or black.
- ❖ Skirt length can be no more than one inch above the knee.
- ❖ Socks are to be worn at all times. They are to be uniform colors-red, khaki, white, or navy blue.
- ❖ Caps or any type of hats are not to be worn in classrooms.
- ❖ Regular uniform and P.E. uniforms must always be clean and fit properly. Torn or stained clothing should not be worn.
- ❖ Shoes worn with uniform should be either an athletic shoe or a dark, flat, closed shoe (no sandals, boots, or heels).
- ❖ Plain navy sweater sweatshirts, or jackets (Blake School) are to be worn when needed.
- ❖ All jumpers, shirts and blouses must have the school emblem.
- ❖ On cold days, navy sweat pant sweatshirts may be worn to P.E. They are not to be worn in place of the regular uniform. Long pants are available at the uniform store for the classroom wear.
- ❖ The longer shorts that are available at the Flynn & O'Hara School Uniform store are the only P.E. shorts permitted for the elementary and middle school students.
- ❖ A "classic" appearance is expected of our students. Hair color is to be natural. Fingernails are to be trimmed and clean. Makeup (middle school girls) is to be as neutral as possible.
- ❖ Jewelry should be worn in good taste. Hoop and dangle earrings should be no larger than one inch. All hoop or dangle earrings need to be removed for P.E. to prevent injury.

Please sign and return the bottom of this sheet, verifying that you have read and will adhere to the Dress Code as stated above.

Student _____ Parent _____ Date _____