



Tallahassee Museum

TREE TO TREE ADVENTURES

T: (850) 575-8684
F: (850) 575-8243
W: TallahasseeMuseum.org
3945 Museum Drive
Tallahassee, FL 32310

Tallahassee Museum Preschool Enrollment Application

Payment must be received to be registered. Registration is on a first come, first served basis. Those registering after classes have filled will be added to a waitlist.

A nonrefundable processing and materials fee is required, in addition to the first month's tuition fee. Fees are as follows: Processing and materials fees: full day \$175/ half-day \$85

Student Information

Date of Birth: _____ Sex: _____ Date of Enrollment: _____
Full Name: _____
Last, First, Middle, Nickname
Child's Address: _____

Monday-Friday Classes

Please circle to indicate full day or half day hours

7:30 a.m.-5:30 p.m. Full Day
8:30 a.m. – 12:30 p.m. Half Day

Family Information

Child lives with: _____
Mother's Name: _____ Father's Name: _____
Address: _____ Address: _____
Home Phone: _____ Home Phone: _____
Employer: _____ Employer: _____
Address: _____ Address: _____
Work Phone: _____ Work Phone: _____
Email: _____ Email: _____

Medical Information

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____
Doctor: _____ Address: _____ Phone: _____
Dentist: _____ Address: _____ Phone: _____

Hospital
Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern: _____



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Contacts

Child will be released only to the custodial parent(s) or legal guardian(s) & the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:

Name (Print) Signature Relationship Work # Home #

Name (Print) Signature Relationship Work # Home #

Name (Print) Signature Relationship Work # Home #

Name (Print) Signature Relationship Work # Home #

Custody:

Mother _____ Father _____ Both _____ Other _____

Helpful Information About Child:

I agree that in the event of an illness, accident, or emergency; and if I cannot be reached, my child will be released only to the persons listed above.

Signature of Parent

Date



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Emergency Procedure Agreement

I request that the Museum staff follow standard first aid procedures in the event of an accident or injury regarding my child. I understand that I (or a designated emergency contact person) will be notified, if possible, if my child becomes ill during the day. If I cannot be contacted, the Museum staff is to contact my physician for instructions.

Parent's Signature: _____

Physician: Name: _____ Phone: _____

Dentist: Name: _____ Phone: _____

Emergency Contacts (Please list in order to be called):

1. _____

Name Phone

2. _____

Name Phone

3. _____

Name Phone

4. _____

Name Phone

Please list any allergies, describing how it manifests itself and indicate treatment which we would need to administer: _____

List any medications your child takes regularly: _____



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Tallahassee Museum Preschool Discipline Statement

As staff members of the Tallahassee Museum, our goal is to encourage and nurture self-discipline in our students. We can achieve this goal by taking positive action to develop a healthy learning climate and by using effective intervention techniques to interrupt inappropriate behavior. To create a healthy learning environment, the teacher will provide the students with love and respect. The teacher will provide a balance of interesting, stimulating, and challenging physical and intellectual activities for the children.

The teacher will encourage and call attention to appropriate behavior so that students can be models for each other. When necessary, the teacher will teach the proper behavior, e.g., in a group: "We take turns speaking. It's John's turn now." The teacher will also model appropriate behavior, for example, by using a soft voice to request that children use quiet, inside voices. If a teacher finds it necessary to take action to interrupt inappropriate behavior, there are a range of intervention techniques that may be used. The teacher can:

1. Make the children aware that he/she is present and observing.
2. Comment on the behavior: "I see an angry face."
3. Question: "Where are you going with the bucket?"
4. Assist the children with their communication: "Donna says that she would like to play with the blocks, too."
5. Help the children with conciliation and negotiation strategies: "I see that you both want a turn on the trampoline. How can we work this out?"
6. Redirect the child to a more appropriate activity: "There's a space at the water table. What do you think will happen if we pour water in this tube?"
7. Allow a child to experience the natural consequences of his/her choices: "You are hungry because you chose not to eat your breakfast. You may eat again at lunch time, which will be at 11:30." Children will not be punished for not eating.
8. Set up "logical consequences" for a child's actions: "Please wipe up the water that you spilled on the floor."
9. Children will not be punished for toileting accidents.
10. In the unusual event of a child refusing these discipline procedures, the staff will address the situation individually as needed.

If the children are engaged in an activity which is not safe to themselves or other children, e.g., kicking, hitting, or fighting, the child will sit in a "time out" chair until he/she is able to control himself/herself again. The staff will not use any of the following: loud, negative verbal correction; physical correction techniques such as, spanking, cuffing, or shoving; or removal of food from a child.



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The staff feels that if we can successfully implement this discipline plan, we can progress toward our goal of promoting self-discipline in the children at the Museum preschool. If a child acts with violent actions toward a teacher, or classmate, a conference will be necessary as soon as possible between parents, teachers, early childhood coordinator and director of education. Depending on the outcome of this conference, the appropriate action will be taken to ensure a safe and healthy learning environment for all students and staff. If a child does not respond to the above techniques and it becomes obvious that the child needs extra help, parents will be expected to meet with the Teacher(s), Early Childhood Coordinator and if necessary, the Director of Education. Parents are expected to cooperate fully to identify the problem and the implementation of the method to correct this problem.

Section 10M-12.013 requires that the parents are notified in writing of the disciplinary practices used by the child care facility. The parents' or legal guardians' signature verified that the parents or guardians have been notified in writing of the disciplinary practices of the child care facility.

Please complete the following:

I, _____, have received in writing the disciplinary practices used by the child care facility.

Signature of Parent or Legal Guardian

Name of Child

Date



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Tallahassee Museum Release Form

WE HEREBY GIVE our son/daughter, _____,
Permission to utilize the facilities of the Tallahassee Museum, 3945 Museum Drive,
Tallahassee, FL 32310, during the class duration from _____AM to _____PM.

It is our understanding that the necessary precautions and plans for the safety, care, and supervision of the students will be provided by the Tallahassee Museum. We expressly release and discharge the Tallahassee Museum, including its directors, officers, agents, professional staff, and other employees, from any and all claims and causes of action that may arise from an accidental injury to our son/daughter which occurs on the premises of the Tallahassee Museum and includes, but is not limited to field trips, tours, and travel from the premises in museum vehicles or public transportation. It is our intention that this release be binding upon our heirs, legal representatives, and assigns.

We have read this release, understand the terms used in it, and the legal significance of those terms, and have executed this release voluntarily.

Signature of Parent/Guardian

Date

Address

Dear Parent/Guardian:



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From time to time, the Tallahassee Museum, or the media, will take photos of our programs, which includes camps, preschool and workshops for publicity reasons. These photos are used in our newsletter and brochures as well as local newspapers and other publications to advertise/promote the Museum and its programs. For this reason, we need you to sign the photo release below in order to use the photos where your child is identifiable. If you have any questions, please contact the Preschool Manager 575.8684 ext. 129.

PHOTO RELEASE

I give permission for any photographs taken of my child, _____, during programs at the Tallahassee Museum to be used in any present or future publication or advertisement about the Tallahassee Museum.

Parent/Guardian Signature Date

Updated: 10/20/2016