



Teaching our Children to
Live, Love and Learn through Islamic
Values

7201 W. McNab Rd. Tamarac, FL
33321
Ph: 954-722-1555
Email: hira.a@alazharschool.net
info@alazharschool.net
www.alazharschool.net

Preschool -2023-2024 Annual Tuition and Fees Schedule

Preschool (Pk2 – PK4)

Grade Levels	Tuition	Resource Fee
PK2 – PK3	\$7,500	\$300
PK4 (Without VPK Certificate)	\$8,100	\$300
VPK ONLY	FREE	
VPK (Full day)	\$4,500	\$300

Sibling Discount for PRESCHOOL STUDENTS ONLY

Uniform:

3 rd Child and Up	20%
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Polo	\$15.00
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Graduate Fees

Grade Levels	Graduation Hall	Cap & Gown /Logo
PK4, 5 th & 8 th	\$35.00	\$40.00

Optional Fees:

Pizza/Fridays
\$180.00

Payments:

Please note that the payment has been divided into five bi-monthly payments. Below is the breakdown.

Payments	PK3 Includes tuition & Resource fees	PK4-Full day Includes tuition & Resource fees	Due / Withdrawal date (non-refundable after the dates mentioned below)
1 st Payment	\$1,560.00	\$960.00	June 1 st , 2023, or before
2 nd Payment	\$1,560.00	\$960.00	August 8 th 2023
3 rd Payment	\$1,560.00	\$960.00	October 8 th 2023
4 th Payment	\$1,560.00	\$960.00	December 8 th 2023
5 th Payment	\$1,560.00	\$960.00	February 8 th 2024



Tuition and Fees:

We utilize Quick Books Accounting System as our tuition management system. All families must set up an account with the office. A completed Bank Authorization Form must be submitted in order to confirm your child's registration.

Prek2 – Prek4

Preschool tuition is divided over 5 bimonthly payments. The first payment must be received on or before June 1st in order to confirm your child's seat for the upcoming school year.

Initial _____

Please be advised that the payments are nonrefundable after the due dates mentioned in page 1.

Penalty Fees:

I acknowledge that the following penalties shall apply for late payment, late pick-up, or return payments.

1. \$30.00 Penalty for declined payments.
2. Dismissal time is from 2:45pm – 3:00 pm for grades Preschool -8th grade.
Any student not picked up by 3:15 pm will be send to after care and a charge of \$10.00/child will be applicable.
3. VPK Late fees, a charge of \$1.00 per minute will be charged for late pick up for the first ten minutes.

Initial _____

After ten minutes, the parent will pay the daily wrap around fee for the day, which is \$24.00.

Financial Aid:

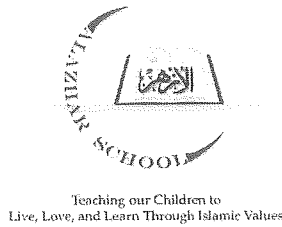
It is the desire of Alazhar School to keep tuition as affordable as possible while strictly maintaining the quality of our programs. In an attempt to help families with tuition costs, we offer few financial assistance opportunities for qualified families.

Please contact the front office for more information.

I understand the content of this Enrollment, Acknowledgement and Consent form.

Parent Signature: _____ Name: _____ Date _____

Tuition and /or Fees may change after annual budgeting.



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INTERVIEW FORM

Alazhar School would like to get to know you a little better! Please fill out the below interview form to help us learn more about your child and your family!

Student Name: _____ Age: _____

Person Completing Interview Form: _____

Relationship to Child: _____

Siblings: _____

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

Position in Family: ☐ First Child ☐ Middle Child ☐ Last Child

What is the cultural/ethnic heritage of your family?

Mother Side: _____

Father Side: _____

About My Child:

Students Strengths: Check all that apply:

<input type="checkbox"/> Artistic	<input type="checkbox"/> Athletic	<input type="checkbox"/> Positive Attitude	<input type="checkbox"/> Motivated	<input type="checkbox"/> Self-Starter
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Confident	<input type="checkbox"/> Friendly	<input type="checkbox"/> Imaginative	<input type="checkbox"/> Independent
<input type="checkbox"/> Flexible	<input type="checkbox"/> Perceptive	<input type="checkbox"/> Trustworthy	<input type="checkbox"/> Respectful	<input type="checkbox"/> Sense of Humor
<input type="checkbox"/> Responsible	<input type="checkbox"/> Leader	<input type="checkbox"/> Positive Role Model	Other: _____	

1. My child is: (Check all that apply- circle the one that applies the best!)

- ☐ Quiet ☐ Calm ☐ Busy ☐ Curious ☐ Shy
☐ Talkative ☐ Creative ☐ Artistic ☐ Energetic ☐ Outgoing
☐ Serious ☐ Independent ☐ Other: _____

2. My child likes to: (Check all that apply- circle the one that applies the best!)

- ☐ Sing ☐ Write ☐ Read ☐ Draw ☐ Build
☐ Talk ☐ Dance ☐ Do Puzzles ☐ Other: _____



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3. Tell us one unique skill/characteristic about your child: _____

4. Describe some of your child's at-home play activities? _____

5. Would your child prefer to:
- ☐ Work Alone ☐ Work with others ☐ Work with teacher/parent
- ☐ Other: _____
6. My child's favorite color is: _____
7. My child's favorite TV/movie character is: _____
8. My child typically sleeps:
- ☐ Before 8 pm ☐ between 8 and 9 pm ☐ Past 10 pm
- ☐ Other: _____
9. Approximately how many hours a day does your child use electronic devices such as a television, video gaming system, iPad/tablet, and/or computer?
- ☐ Less than 1 hour ☐ between 2-4 hours ☐ More than 4 hours
- When using these devices my child primarily:
- ☐ Watches movies/videos ☐ plays video games ☐ plays educational games
10. My child typically handles stressful situations by:
- ☐ Talking about it ☐ yell/throw a tantrum ☐ Crying ☐ Ignore it
- ☐ Other: _____

Family Practices/Views:

11. I would identify my parenting style to be most close to:
- ☐ **Authoritarian:** I have high expectations for my child, strict rules, don't usually give my child options or choices, and use punishments with little explanation.
- ☐ **Authoritative:** I have a more democratic way of parenting that uses a child-centric approach. I still have high expectations of my child, but I encourage independence, listen to my child's view points, and administer fair and consistent discipline
- ☐ **Permissive:** I am more responsive than demanding, non-traditional, lenient, avoid confrontation. I have only a few rules, and am more like a friend than a parent.



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12. My partner and my parenting styles are the same. ☐ Yes ☐ No

If no, please explain: _____

13. Who is the primary disciplinarian? ☐ Mother ☐ Father

14. I typically discipline my child by:

- ☐ Talking to him/her ☐ Yelling ☐ Taking privileges away ☐ Time Out
☐ Ignore ☐ Spanking ☐ Teach a replacement behavior
☐ Other: _____

15. To reward my child I often:

- ☐ praise him/her ☐ buy him/her things ☐ spend time with him/her
☐ Other: _____

16. At home, my child has responsibilities and chores. ☐ Yes ☐ No

Please list some of his/her responsibilities: _____

17. At home, we often handle stressful situations by?

- ☐ Talking about it ☐ ignoring it ☐ expressing anger
☐ spending time in isolation ☐ Praying ☐ Other: _____

18. To relax, our family:

- ☐ each person gets alone time ☐ spend time outdoors ☐ visit family
☐ take a vacation together ☐ stay at home ☐ Other: _____

Comments:



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Enrollment Application

Application Date	/ /	School Year:	<input type="checkbox"/> Male <input type="checkbox"/> Female
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<input type="checkbox"/> Pre-K 3 <input type="checkbox"/> Pre-K 4	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> First Grade	<input type="checkbox"/> Second Grade	<input type="checkbox"/> Third Grade
<input type="checkbox"/> Fourth Grade	<input type="checkbox"/> Fifth Grade	<input type="checkbox"/> Sixth Grade	<input type="checkbox"/> Seventh Grade	<input type="checkbox"/> Eighth Grade

Student	Student Name	Last	First	Middle Initial
	Primary Language	Other Language(s):		
	Date of Birth	Month	Day	Year
	Place of Birth	Citizenship:		
	Ethnicity	<input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> African-American <input type="checkbox"/> Mixed Race <input type="checkbox"/> Asian <input type="checkbox"/> Other (Please Specify):		
	Social Security #	This information to be used during administration of the Stanford Achievement Test (SAT)		

Academic History	Present/Last School	City/State:		
	<input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Parochial			
	Year(s) of Attendance:	Grade(s) Completed:	Promoted to:	
	Other Schools Attended: In the past 3 years			
	Please complete the following questionnaire:			
	Has the student ever attended a full time Islamic School before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Has the student ever experienced any disciplinary issues, including suspension, at school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, explain briefly: _____			
	Has the student ever been retained? Or experienced academic difficulties in school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If yes, explain briefly: _____			
Has the student ever been referred for special services? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, explain briefly: _____				
Was the student enrolled in an ESOL Program? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Medical	Please check any of the following medical concerns that your child may experience:	
	<input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Condition <input type="checkbox"/> Hearing <input type="checkbox"/> Speech <input type="checkbox"/> Vision	
	<input type="checkbox"/> Other: Please specify: _____	
	Allergy: _____	
	Prescribed Medication: _____	
	*If necessary to provide medication during school hours, the Authorization to Administer Medication During School Hours Form must be completed and submitted to the Alazhar School Office	
Any other Medical Concerns: _____		
Primary Physician: _____		Phone Number: _____

Family Parent/Guardian	Father's Name:	Last	First	Middle	
	Address:	Street	City	State/Zip	
	Home Phone:	Cell Phone:			
	Work Phone:	Email:			
	Place of Birth:	Citizenship:			
	Primary Language:	Other Language (s):			
	Education Background:				
	Occupation:	Employer/Business:			
	Mother's Name:	Last	First	Middle	
	Address:	Street	City	State/Zip	
	Home Phone:	Cell Phone:			
	Work Phone:	Email:			
	Place of Birth:	Citizenship:			
	Primary Language:	Other Language (s):			
	Education Background:				
	Occupation:	Employer/Business:			
	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single				
	Siblings:				
	Sibling Name	Date of Birth	Current School	Current Grade	
Primary Emergency Contact	Name	Home Phone		Cell Phone	
	Relationship to Student	Work Phone		Email	

Other	Please use the space provided to provide any other information that may be helpful to Alazhar School during the admissions process:

Signature	I affirm that, to the best of my knowledge, all statements made herein are true and complete. I understand that any admission into Alazhar School is contingent upon accurately completing this application and receiving the required supporting records and transcripts.
	A non-refundable application fee of \$ 250.00 must accompany this application. Placement testing is required for all new students. Admission is based on previous conduct, teacher recommendation, academic records, testing, personal interview, and space availability. Please check the Admission Procedure for details on the admission process.
	Nondiscriminatory Statement: Alazhar School does not discriminate on the basis of race, color, religion, national or ethnic origin, or sectarian affiliation in the administration of its educational policies, admission policies or decisions, scholarship programs and other administered program.
	Signature of Parent/Guardian: _____ Date Signed: _____

For Official use ONLY:	
Date Received:	
Application Fee Received	/ \$250
Placement Test Completed	Scores:



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Parent/Guardian Enrollment, Acknowledgment & Consent

Preschool (PK2, PK3 & PK4):

School Year: 2022-2023

I, _____, hereby enroll my (son/daughter), _____,
Name of Parent/Guardian Name of Child
 as a _____ student of Alazhar School for the school year beginning August 2022 and
Grade
 ending in June 2023.

Enrollment Status: Full Time _____ Part Time _____

Please read and initial the following:

Academic/Educational

Home Language Survey (HLS)

Initial The following survey questions are designed to provide each student with high quality educational and/or supplemental services.

1. Is a language other than English used in the home? ☐ Yes ☐ No
 If yes, language used _____
2. Did the student have a first language other than English? ☐ Yes ☐ No
3. Does the student most frequently speak a language other than English? If yes, language used: _____ ☐ Yes ☐ No

Academic/Behavioral Documentation

Initial I have provided Alazhar School with all relevant academic and behavioral documentation included but not limited to the following: academic transcript including report cards and standardized test scores, Individualized Education Plan (IEP), Psycho-educational Evaluation Reports, Behavior Plans, Counseling Progress notes, etc.

Student Handbook

Initial I have accessed a copy of the Alazhar School Student Handbook and have reviewed the policies outlined therein. I have discussed these policies with my child, and have agreed to promote the enforcement of these policies while my child attends Alazhar School.

Health/Medical

Health Insurance

Initial I have provided Alazhar School with the following information:

Insurance Company providing coverage to the child: _____

Policy Number: _____ Expiration Date: _____ / _____ / _____



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Emergency Treatment

Initial In the event of an emergency situation, at which time I cannot be reached, I hereby authorize Alazhar School to transport my child, if necessary by ambulance, to the nearest hospital.

Medical Release

Initial I understand that it is my responsibility to make sure my child is immunized and all necessary and current medical documentation is provided to Alazhar School. I am aware of public policy which outlines that students who do not have the appropriate medical and immunization records on file will not be permitted to attend school. I also understand that NO internal medication, orally or otherwise, will be administered by any school personnel without written consent of parents and physician. All medications must be turned into the Alazhar School office, sealed and with a prescription label, along with the completion of the Authorization to Administer Medication during School Hours Form, and may only be for medical concerns such as Asthma, Allergies, and/or Diabetes. In case of serious illness/injury, Alazhar School will contact parents, as well as emergency contacts, physicians, and/or 911 for medical treatment.

Documents Received by Parent(s)/Guardian

Know Your Child Care Center Brochure

Initial Pursuant to Broward County Childcare Policies, Alazhar School has provided me with a copy of the Child Care Facility Brochure entitled, Know Your Child Care Center.

Alternate Nutrition Plan

Initial I have received a copy of the Alternate Nutrition Plan which outlines the types of meals that may be provided by parents. I agree to promote the enforcement of this policy while my child attends Alazhar School.

Food activity/ Consumption

Initial I have reviewed the Food Consumption Form which outlines the sample of foods that may be provided to students during in-school celebrations.

Influenza Virus/Flu Brochure

Initial I have received a copy of "Influenza Virus, The Flue, A Guide For Parents" brochure provided by the Department of Children and Families in consultation with the Department of Health. I have reviewed the brochure and signed the back copy of the brochure.

Physical Activity

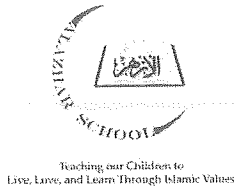
Initial I have reviewed the Physical activity form that describes the types and duration of physical activities

Discipline policy

Initial I have received a copy of discipline policy that prohibits children from being subjected to any method or practice of any discipline or punishment.

Distracted Adult flyer

Initial I have received a copy of distracted adult flyer provided by the Department of children and families and signed the brochure.



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Releases and Waivers

Media Release

Initial

I hereby give permission to Alazhar School to make audio/visual recordings or photographs of my minor child and to use these finished materials for the educational purposes and/or to promote the positive aspects of Alazhar School through communication media such as newspapers and television. I further realize that all such uses and distribution by the members of Alazhar School shall be within their sole discretion. This notice shall be kept on the student file while he/she is attending Alazhar School.

____ **YES**, I will allow my child to be photographed, video-taped, audio-taped for the purposes explained above.

____ **NO**, I will *NOT* allow my child to be photographed, video-taped, audio-taped for the purposes explained above.

Liability Release

Initial

I, the undersigned parent and/or legal guardian of the aforementioned student, release Alazhar School, their respective agents, officers, employees and volunteers from any liability, including injuries or illness, which may result from my child's enrollment in Alazhar School and waive any claims thereto.

I authorize Alazhar School to access my child's records and I understand the content of this Enrollment, Acknowledgement & Consent and sign this document freely and voluntarily without any pressure or undue influence.

Parent/Guardian Name

Parent/Guardian Signature

Date

Administrative Staff Member Name

Administrative Staff Member Signature

Date



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To Whom It May Concern

I hereby give my consent to The Nearest Hospital

To administer necessary treatment to my child, _____
Name of child

In the event of an emergency at which time I cannot be reached, I give consent to transport by ambulance if situation warrants it.

Name of physician: _____

Allergies of child: _____

Date of last DPT or Tetanus: _____

Insurance company covering child: _____

Policy Number: _____ Expiration Date: ____/____/____

Signature of Parent of Legal Guardian

Date

Preschool only

Sworn to and subscribed before me this _____ day of _____, 20____

By _____
Name of Person Acknowledged

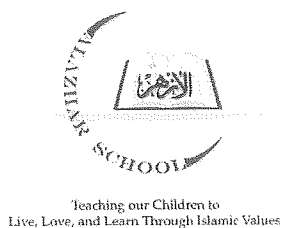
My Commission Expires:

Signature of Notary Public, State of Florida

Print or Type Name of Notary as Commissioned
Personally Known: _____

Produced Identification: _____

Type: _____



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ALTERNATE NUTRITION PLAN

Dear Parent:

In accordance with the Broward County Child Care Ordinance, parents, and the child care facility/ home are urged to work cooperatively to assure that children are provided with nutritious snacks and meals where lunches are not provided by the facility/home.

Please read the following carefully, sign, and return as soon as possible to Alazhar School

The facility agrees to provide a nutritious snack:

 X Mid-morning snack (School/Facility)

The parent agrees to provide a nutritious lunch:

 X Lunch (Parent)

I have read the preceding and agree to meet the child's nutritional need as defined above.

Parent Signature

____/____/____
Date

Principal / Director's Signature

____/____/____
Date

Part One
Student File



SWIM Central Water Safety Education Questionnaire

Parents: *Do you know that drowning is the leading cause of death among children?*

Complete this form to receive information to protect your child from drowning.

Child's Name: _____ Date of Birth: _____

Parent Name: _____ Parent Signature: _____ Date: _____

Email (optional) _____

Your information is for the use of the Broward County Swim Central Program.

1. How would you rate your own swimming ability?

- ☐ Unable to swim
- ☐ Can swim a little, but NOT comfortable in deep water
- ☐ Able to swim for an extended period of time in deep water

2. Has your child ever received formal swimming lessons?

- ☐ Yes
- ☐ No, check all the reasons below that apply:
 - ☐ Do not know how to find information about swim lessons
 - ☐ Transportation problems
 - ☐ Swim lessons are not important
 - ☐ Lessons are too expensive
 - ☐ Schedule of lessons not convenient
 - ☐ We are too busy
 - ☐ Equipment such as swim suit, towel, goggles too expensive

3. Do you or a family member know how to perform CPR with rescue breaths?

- ☐ Yes
- ☐ No

4. Has your child's doctor talked to you about drowning prevention and water safety?

- ☐ Yes
- ☐ No

5. Would you redeem a \$40 coupon to apply to the cost of swim lessons for your child?

- ☐ Yes, visit [Water SMART Broward Swim Instruction](#) for details.
- ☐ No

PART ONE FOR OFFICE USE ONLY:

Broward Ordinance 2004, Section 7-8 requires parents/guardians to complete SWIM Central questionnaire and for **Child Care Facilities** to mail or fax a copy to SWIM Central. Also required is a copy of this form to be placed in each child's file to be monitored by the staff of the local licensing agency.

Facility Name: _____ Facility License #: _____

Documentation of the original form via fax or mail is required, indicate below:

Date form faxed: _____ or, date mailed: _____

Fax: 954.357.8077

SWIM Central
3700 NW 11th Place
Lauderhill, FL 33311

Form and educational handout for parent distribution can be downloaded: [Water SMART Broward](#)

Drowning is the #1 Cause of Death Among Children Ages 1 to 4



Facts You Need to Know About Drowning

- The main cause of drowning can be directly traced to an action or inaction by a parent or adult. Good people can make small mistakes that have tragic consequences.
- Most parents of a drowning victim say, "I can't believe this happened to my child." They never realized how quickly a drowning incident could become their reality.
- Most children pulled from the water during a drowning incident are wearing regular clothes - not a swim suit.

Simple Steps Save Lives

Supervision

- Supervising your children means eyes on them, and giving your full attention.
- Do not rely on responsible behavior from an older child or other adults.

Extra Layers of Protection *if Supervision Fails*

- Install door alarms to alert the household should a child possibly leave the home unsupervised.
- Use an "isolation" fence to separate pool area from the house and rest of the backyard.
- Use self-closing gates that self-latch.
- Clear the area around the fence for objects children could use to climb over.
- Learn to swim: parents and child.

Be Aware of All Water Hazards

- These include bathtubs, garden ponds, swimming pools, buckets/containers of water, canals, lakes, and beaches.

Know How to Respond to an Emergency

- Learn CPR.
- Remove the child from the water immediately.
- Call 9-1-1, begin CPR.

Talk to Your Child

- "Don't go near a pool or other water without an adult."
- "If you see someone in trouble in the water, don't jump in to help! Run, get an adult."
- "If you fall into a pool, turn in the water, find the wall, and climb out or yell for help." Practice this technique in the pool.

Take Action Now and Think, "I know this could happen to my child, and I will do whatever it takes to prevent it."

- Enroll your child (and yourself) in swim lessons.
- Learn CPR with rescue breaths.

To learn about available coupons for swim lessons, location of swim classes and CPR training, visit: [Water SMART Broward](#)





DISCIPLINE POLICY AND HOURS OF OPERATION

Dear Parent or Legal Guardian:

Please read the following information, then print and sign your name below:

DISCIPLINE POLICY :

- Child(ren) shall not be subjected to discipline which is severe, humiliating, or frightening.
- Discipline shall not be associated with food, rest, or toileting.
- Spanking or any other form of physical punishment is prohibited
- No cruel, harsh, physical, or unusual punishments shall be permitted.
- No child shall be delegated or permitted to discipline another child.
- No physical restraints, equipment, devices, or furniture shall be used to confine a child, including, without limitation, swings, walkers, and spinners.
- No child shall be confined in an enclosed area, such as a closet, locked room, box, or bathroom.
- No child shall be subjected to profane language, threats, derogatory remarks, or other verbal abuse.
- No child shall be punished for failure to eat or sleep, or for toileting accidents.
- No child shall be punished by with-holding food, rest, or use of the toilet.

HOURS OF OPERATION: 7:45 a.m.to 3:15 p.m.

Printed name of Parent or Legal Guardian:

Signature of Parent or Legal Guardian:

Date:



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EXPULSION POLICY

NAME OF CHILD: _____

SIGNATURE OF PARENT: _____

DATE:

Unfortunately, there are sometimes reasons we have to ask that a child be removed from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced.

WHEN A CHILD IS HAVING A PROBLEM IN THE CLASSROOM

Staff will try to redirect child from negative behavior.

Staff will reassess classroom environment, appropriate of activities, supervision.

Staff will always use positive methods and language while disciplining children.

Staff will praise appropriate behaviors.

Staff will consistently apply consequences for rules.

Child will be given verbal warnings.

Child will be given time to regain control.

Child's disruptive behavior will be documented and maintained in confidentiality.

Parent/guardian will be notified verbally.

Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.

The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.

The parent will be given literature or other resources regarding methods of improving behavior.

Recommendation of evaluation by professional consultation.

Recommendation of evaluation by local school district child study team.



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SCHEDULE OF EXPULSION

If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the school. The parent/guardian will be informed regarding the length of the expulsion policy. The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the school.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

Failure to pay/habitual lateness in payment.
Failure to complete required forms including the child's immunization records.
Verbal abuse to staff.
Parent threatens physical or intimidating actions toward staff members.

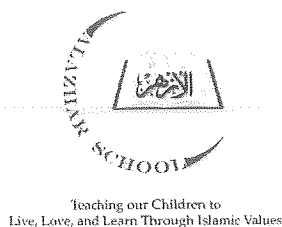
CHILD'S ACTIONS FOR EXPULSION

Failure of child to adjust after a reasonable amount of time.
Uncontrollable tantrums/angry outbursts.
Ongoing physical abuse to staff or other children.
Unable to toilet train in our three year old program.

A CHILD WILL NOT BE EXPELLED

If child's parents:

- Made a complaint to the Office of Licensing regarding a school's alleged violation of the licensing requirements.
- Reported abuse or neglect occurring at the school.
- Questioned the school regarding policies and procedures.
- Without giving the parent sufficient time to make other child care arrangements.



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 Tel: (954) 722-1555 Fax: (954) 722-7198
 Email: info@alazharschool.net
www.alazhar-school.com

Food Consumption

Dear Preschool Parents,

Throughout the year we have many festivities that your child may participate in. We have holidays and celebrations that may include food. The following list is a sample of the foods that your child may be served during our celebrations. By signing the form, you agree to have your child participate in our celebrations and be served the foods we provide during the celebrations. If your child has a type of food allergy, please notify our front office and your child's teacher immediately. Students will not be served any of the food provided for the celebration unless this consent form is signed and returned.

Thank you for your cooperation,

Apple sauce	Celery sticks and humus	Cereal
Cheese Pizza	cookies	Donuts
Cup Cakes/Cakes	Bananas & 1% milk for Milk Shake	Fresh Fruit & Yogurt
Fresh Fruit, Fresh Vegetables, Dressings or Veggie dip	Frozen berries & 1% yogurt	1% Milk (only) for drinks (no Juice Please)
Halal Marshmallow	Low fat Yogurt with granola	Low fat rice pudding and raisins
Low fat cream cheese and pretzels	Low fat Cream cheese and whole wheat bagels	Pasta & Sauce
Peanut Butter & Jelly with Whole wheat toast, crackers or Graham Crackers.	Popcorn	String cheese and crackers
Waffles, Pancakes or French Toast with Syrup	Halal Hot Dogs	Potatoes
Ice Cream Sundae (whip cream, syrup, chocolate, caramel & different toppings)	Chicken Chicken Curry Turkey	Corn
Mac & Cheese	Halal Chicken Nuggets	Biryani Rice
Chips & Dips	Spinach, cheese, minced meet or chicken pies	Kibbeh
Manakish (Pies with zaatar or cheese)		

By signing this form, I agree to allow my child to participate in school celebrations and to be served the food provided during the celebrations.

 Child's Name

 Grade

 Parent/Guardian Name

 Parent/Guardian Signature

 Date



Teaching our Children to
Live, Love, and Learn Through Islamic Values

Dear Parents,

During the 2018 Legislative Session, a new law was passed that requires childcare facilities, family day care homes and large family care homes to provide parents, during the months of **April and September each year**, with information regarding the potential for **Distracted Adults** to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination. The brochure highlights **Distraction Prevention Tips and Facts About Heatstroke**.

Your signature below verifies receipt of the brochure on **Distracted Adult**:

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this form to Alazhar School for our records.

Thank you,

Alazhar Preschool



Teaching our Children to
Live, Love, and Learn Through Islamic Values

Dear Parents,

During the 2009 Legislative Session, a new law was passed that requires childcare facilities, family day care homes and large family childcare homes provide parents with information detailing the causes, symptoms, and transmission of the **influenza virus (the flu)** every year during August and September.

Your signature below verifies receipt of the brochure on **Influenza Virus, The Flu, A Guide to Parents:**

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this form to Alazhar School for our records.

Thank you,

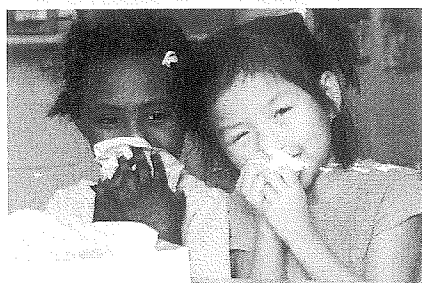
Alazhar Preschool

What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Centers for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.

How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



For additional information, please visit www.myflfamilies.com/childcare or contact your local licensing office.

This brochure was created by the Department of Children and Families in consultation with the Department of Health.

THE FLU

A Guide for Parents



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

Call or take your child to a doctor right away if your child:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse

How can I protect my child from the flu?



A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

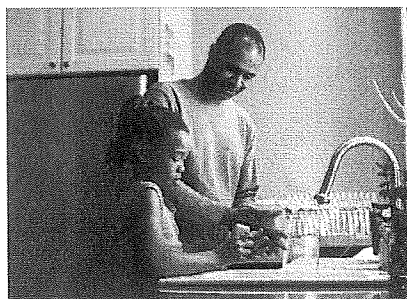


What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions.

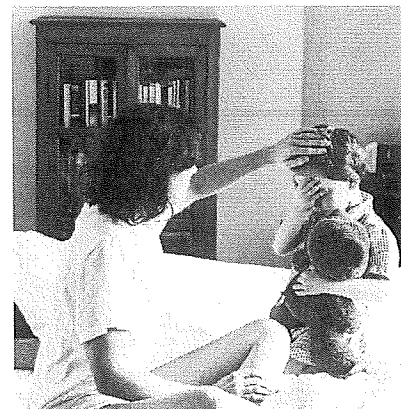
To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group settings until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.



During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

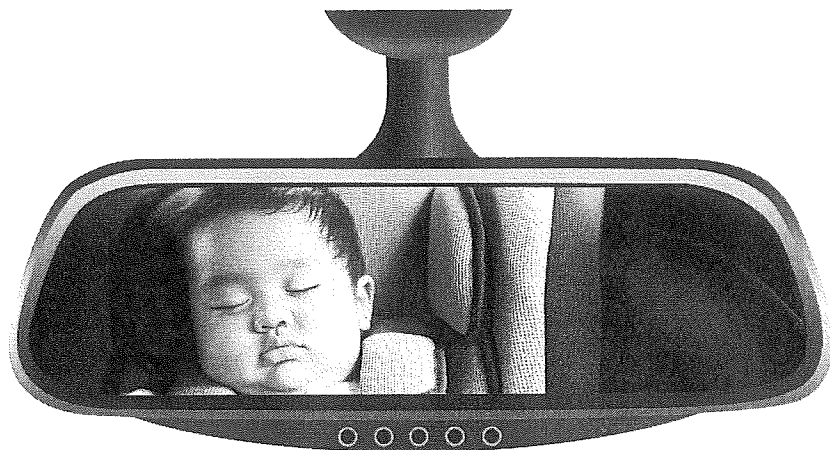
For additional helpful information about the dangers of the flu and how to protect your child, visit: www.cdc.gov/flu/ or www.immunizeflorida.org/

A change in daily routine, lack of sleep, stress, fatigue, cell phone use, and simple distractions are some things parents experience and can be contributing factors as to why children have been left unknowingly in vehicles...



For additional information, please visit www.myflfamilies.com/childcare or contact your local licensing office.

This brochure was created by the Department of Children and Families in consultation with the Department of Health.

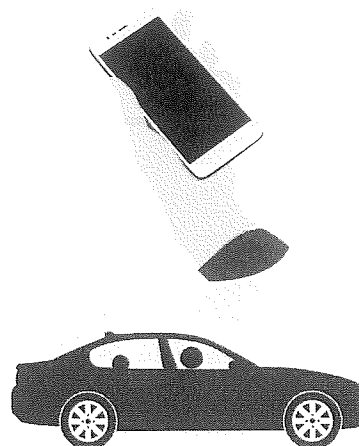


Distraction Prevention Tips:

- **Never** leave your child alone in a car and **call 911** if you see any child locked in a car!
- **Make a habit** of checking the front and back seat of the car before you walk away.
- **Be especially mindful** during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- **Create reminders** by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- **Keep a stuffed animal** in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- **Set a calendar reminder** on your electronic device to make sure you dropped your child off at child care.
- **Make it a routine** to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

During the 2018 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.

WHEN LIFE HAPPENS... DON'T BE A DISTRACTED ADULT

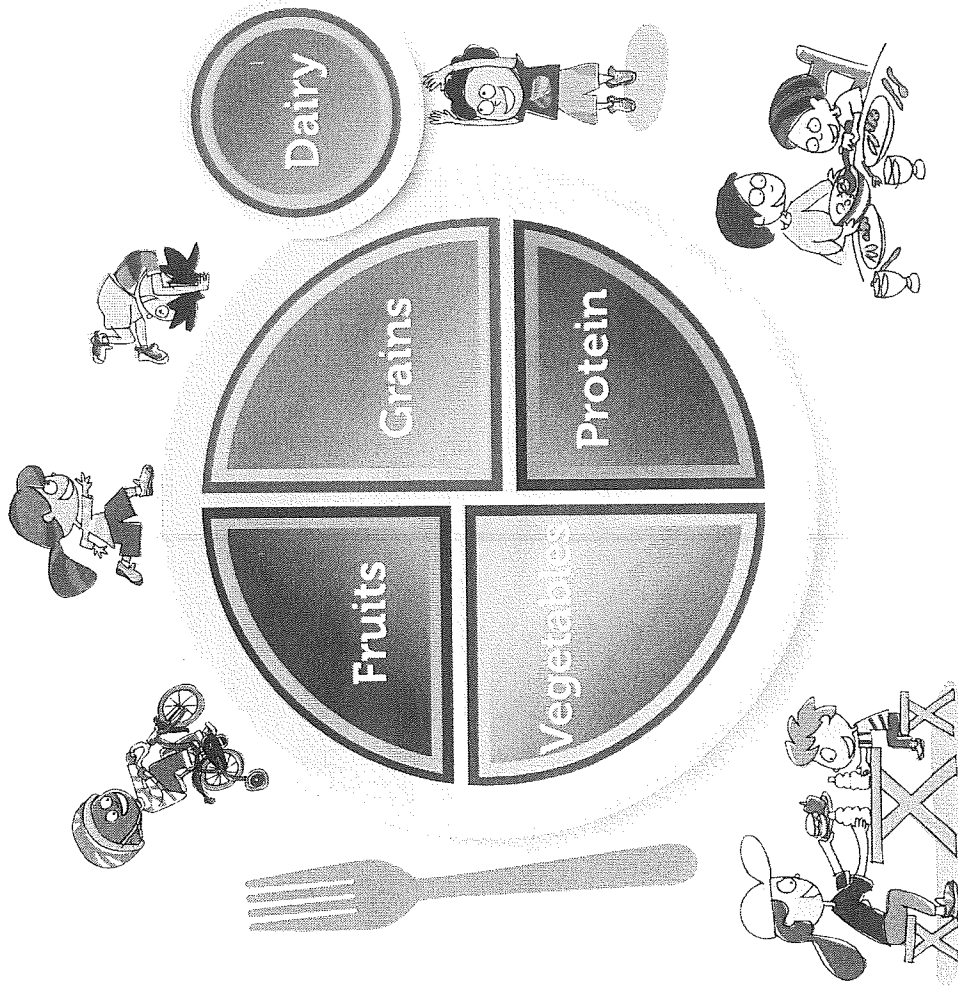


Facts About Heatstroke:

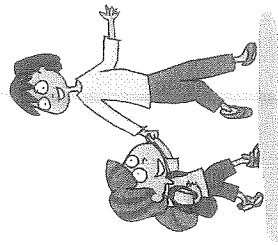
- ⚠ It only takes a car **10 minutes** to heat up 20 degrees and become deadly.
- ⚠ Even with a window cracked, the **temperature inside a vehicle** can cause heatstroke.
- ⚠ The body temperature of a child increases **3 to 5 times faster** than an adult's body.



Healthy Eating for preschoolers



Choose **MyPlate.gov**



Get your child on the path to healthy eating.

Focus on the meal and each other.
Your child learns by watching you. Children are likely to copy your table manners, your likes and dislikes, and your willingness to try new foods.

Offer a variety of healthy foods.

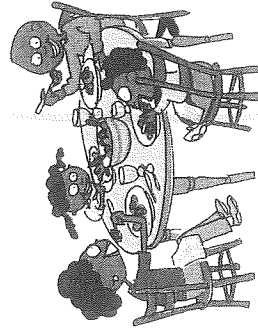
Let your child choose how much to eat. Children are more likely to enjoy a food when eating it is their own choice.

Be patient with your child.

Sometimes new foods take time. Give children a taste at first and be patient with them. Offer new foods many times.

Let your children serve themselves.

Teach your children to take small amounts at first. Let them know they can get more if they are still hungry.



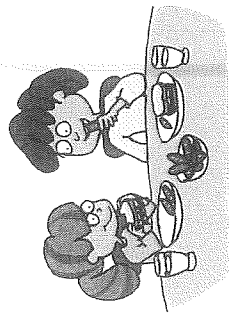
Cook together.

Eat together.

Talk together.

Make meal time family time.

Healthy ^{for} Eating preschoolers



Daily Food Plan

Use this Plan as a general guide.

- These food plans are based on average needs. Do not be concerned if your child does not eat the exact amounts suggested. Your child may need more or less than average. For example, food needs increase during growth spurts.

- Children's appetites vary from day to day. Some days they may eat less than these amounts; other days they may want more. Offer these amounts and let your child decide how much to eat.

Food group	2 year olds	3 year olds	4 and 5 year olds	What counts as:
Fruits 	1 cup	1 - 1½ cups	1 - 1½ cups	½ cup of fruit? ½ cup mashed, sliced, or chopped fruit ½ cup 100% fruit juice ½ medium banana 4-5 large strawberries
Vegetables 	1 cup	1½ cups	1½ - 2 cups	½ cup of veggies? ½ cup mashed, sliced, or chopped vegetables 1 cup raw leafy greens ½ cup vegetable juice 1 small ear of corn
Grains Make half your grains whole 	3 ounces	4 - 5 ounces	4 - 5 ounces	1 ounce of grains? 1 slice bread 1 cup ready-to-eat cereal flakes ½ cup cooked rice or pasta 1 tortilla (6" across)
Protein Foods 	2 ounces	3 - 4 ounces	3 - 5 ounces	1 ounce of protein foods? 1 ounce cooked meat, poultry, or seafood 1 egg 1 Tablespoon peanut butter ¼ cup cooked beans or peas (kidney, pinto, lentils)
Dairy Choose low-fat or fat-free 	2 cups	2 cups	2½ cups	½ cup of dairy? ½ cup milk 4 ounces yogurt ¾ ounce cheese 1 string cheese

Some foods are easy for your child to choke on while eating. Skip hard, small, whole foods, such as popcorn, nuts, seeds, and hard candy. Cut up foods such as hot dogs, grapes, and raw carrots into pieces smaller than the size of your child's throat—about the size of a nickel.

There are many ways to divide the Daily Food Plan into meals and snacks. View the "Meal and Snack Patterns and Ideas" to see how these amounts might look on your preschooler's plate at www.choosemyplate.gov/preschoolers.html.



Parent's Role

A parent's role in quality child care is vital:

- Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- Know the facility's policies and procedures.
- Communicate directly with caregivers.
- Visit and observe the facility.
- Participate in special activities, meetings, and conferences.
- Talk to your child about their daily experiences in child care.
- Arrange alternate care for your child when they are sick.
- Familiarize yourself with the child care standards used to license the child care facility.

Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, you should consider the facility's quality indicators related to activities, caregivers, and environment.

Quality Activities

- Activities are children initiated and teacher facilitated.
- Activities include social exchanges with all children.

Quality Caregivers

- Caregivers are friendly and eager to care for children.
- Caregivers accept family cultural and ethnic differences.

Quality Environments

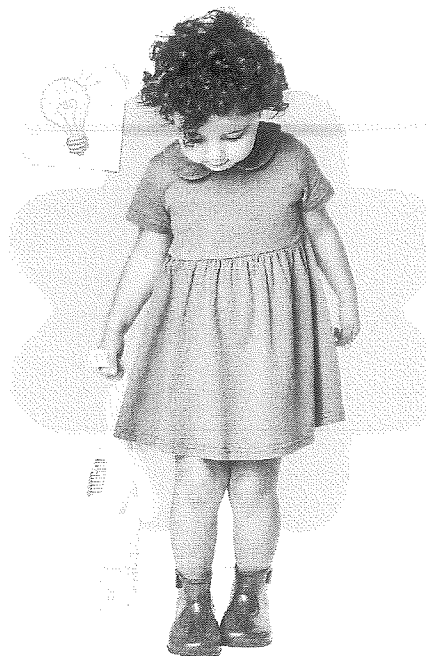
- Environments are clean, safe, inviting, comfortable, and child-friendly.
- Environments provide easy access to age-appropriate toys.

www.myflfamilies.com/childcare



For additional information, please visit
www.myflfamilies.com/childcare
or contact your local licensing office.

This brochure was created by the
Department of Children and Families in
consultation with the Department of Health.



KNOW YOUR CHILD CARE FACILITY

Know Your Child Care Facility - General Requirements

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:

- Valid license posted for parents to see.
- All staff appropriately screened.
- Maintain appropriate transportation practices (if transportation is provided).
- Provide parents with written disciplinary and expulsion practices used by the facility.
- Provide access to the facility during normal hours of operation.
- Maintain minimum staff-to-child ratios.

Health Related Requirements

Emergency procedures that include:

- Posting Florida Abuse Hotline number along with other emergency numbers.
- Staff trained in first aid and pediatric cardiopulmonary resuscitation (CPR) on the premises at all times.
- Fully stocked first aid kit.
- A working fire extinguisher and documented monthly fire drills with children and staff.
- Medication and hazardous materials are inaccessible and out of children's reach.

Ratios



Age of Child	Child: Teacher Ratio
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

Training Requirements

- 40-hour introductory child care training.
- 10-hour in-service training annually.
- 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- Director Credential for all facility directors.

Food and Nutrition

Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

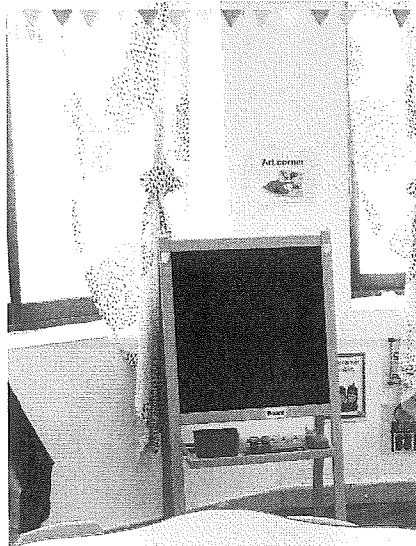
Record Keeping

Maintain accurate records that include:

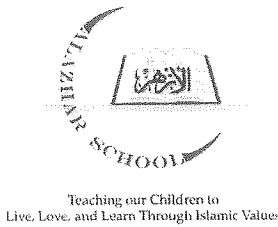
- Children's health exam/immunization record.
- Medication records.
- Enrollment information.
- Personnel records.
- Daily attendance.
- Accidents and incidents.
- Parental permission for field trips and administration of medications.

Physical Environment

- Maintain sufficient usable indoor floor space for playing, working, and napping.
- Provide space that is clean and free of litter and other hazards.
- Provide sufficient outdoor play area.
- Maintain sufficient lighting and inside temperatures.
- Equipped with age and developmentally appropriate toys.
- Provide appropriate bathroom facilities and other furnishings.
- Provide isolation area for children who become ill.
- Practice proper hand washing, toileting, and diapering activities.



To report suspected
or actual cases of child
abuse or neglect, call the
Florida Abuse Hotline
1.800.962.2873



7201 W. McNab Road, Tamarac, FL, 33321

Tel: (954) 722-1555 Fax: (954) 722-7198

Checklist for Required Documents for New Student
Enrollment~ PK3/PK4

- ☐ Completed Enrollment Application
- ☐ Completed Parent/Guardian Enrollment, Acknowledgement, & Consent
- ☐ Completed Annual Tuition and Fee Schedule
- ☐ Completed Consent for Emergency Transportation/Treatment
- ☐ Completed Alternate Nutrition Plan
- ☐ Completed Food Consumption
- ☐ Completed Swim Central Application
- ☐ Completed Interview Form

Alazhar School requires the receipt of the documents outlined below prior to the child's first day of school.

- ☐ Copy of Birth Certificate or Passport
- ☐ Copy of most recent report card/assessment (if applicable)
- ☐ Health Records
 - Immunization
 - Physical

Administrative Staff Signature

Date