



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

7201 W. McNab Rd.
Tamarac, FL 33321
Ph: 954-722-1555
www.alazharschool.net

2025-2026 Annual Tuition and Fees Schedule

Preschool (PK2 – PK4)

Grade Levels	Tuition	*Resource / STEM	Uniforms
PK2 - PK3	\$8,000	\$500	\$100
PK4 (without VPK Certificate)	\$9,400	\$500	\$100
VPK ONLY	FREE		\$100
VPK (Full day)	\$5,000	\$500	\$100

*Resource Fees include: Media, Supplies, Testing, and Technology.

Elementary & Middle School

Grade Level	Tuition	Books	*Resource/STEM	Registration	Uniforms
KG – 5 th	\$8,700	\$400	\$800	\$500	\$300
6 th – 8 th	\$8,400	\$400	\$800	\$500	\$300

*Resource Fees include: MAP, Planner, Media, Supplies, Testing, Technology, iPads, and Field Trips.

Graduation / Cap & Gown	
VPK, PK4, 5th, & 8th	\$100

Uniforms

Grade Level	Polo	Polo Girls	P.E Boys	P.E Girls	Jumpers & Skirts	Jackets	Hijab
Preschool	\$15	NA	NA	NA	NA	NA	NA
K- 5 th	\$18	NA	\$15	\$15	\$35 Jumpers	\$35	NA
6 th – 8 th	\$18	\$20	\$15	\$18	\$35 Skirts	\$35	\$10

Lunches

Tuesday Chicken	Thursday Pies	Friday Pizza
\$245	\$245	\$180

Per School Year

After School Activities

Clubs	Aftercare
\$75	\$10

5 week Sessions

Per Day

State Scholarship Program:

Alazhar School accepts Step Up for Students and AAA Scholarships. Please visit the respective web addresses for more information.

Tuition and Fees:

We utilize the Quickbooks 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 is due upon registration in order to confirm your child’s seat for the upcoming school year.

Initial _____

Please be advised that payments are nonrefundable after June 1st.

KG – 8th Grades

Kindergarten – Eighth-grade tuition is divided over 4 payments/school year.

Initial _____

Payments will be withdrawn every other month starting August 10th of every school year.

I Understand that no credit is applied to tuition fees for absences or holidays and non-attendance. Partial attendance does not relieve a parent or guardian of the financial obligation for their child/ren’s enrollment. For families receiving the SUFS Scholarship, the parent or guardian is responsible for any balance not paid by SUFS due to excessive absence (5 or more consecutive absences).

Initial _____

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 2:45 pm – 3:00 pm for grades Preschool -8th grade.
Any student not picked up by 3:15 pm will be sent to aftercare 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.
4. After ten minutes, the parent will pay the daily wrap-around fee for the day, which is \$24.00.

Initial _____

Financial Aid:

Alazhar School desires 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 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 _____



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Email: preschool@alazharschool.net

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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 #	<small>This information to be used during administration of the Stanford Achievement Test (SAT)</small>			

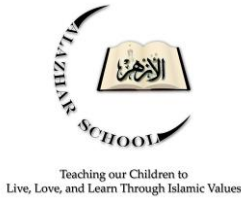
Academic History	Present/Last School		City/State:	
	<input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Parochial			
	Year(s) of Attendance:	Grade(s) Completed:	Promoted to:	
	Other Schools Attended: <small>In the past 3 years</small>			
	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: _____	
	<small>*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</small>	
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	<p>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.</p> <p>A non-refundable application fee of \$300.00 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.</p> <p>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.</p> <p>Signature of Parent/Guardian: _____ Date Signed: _____</p>				

For Official use ONLY:	
Date Received:	
Application Fee Received	/\$300
Placement Test Completed	Scores:



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Parent/Guardian Enrollment, Acknowledgment & Consent

Preschool (PK2, PK3 & PK4):

School Year: 2025-2026

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 2024 and
Grade
ending in June 2025.

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

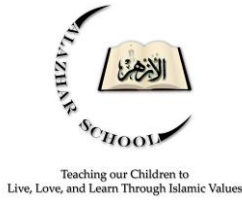
Initial _____ I have reviewed the Physical activity form that describes the types and duration of physical activities

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



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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 are agreeing 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 foods provided for the celebration unless this consent form is signed and returned.

Thank you for your cooperation,

Alazhar School

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 am agreeing 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



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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



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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



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Bank Transfer Authorization Form

I, _____ authorize **Alazhar School, Inc.** to electronically debit my bank account according to the terms outlined below. I acknowledge that the electronic debits against my account must comply with the United States Law.

Student(s) Name and Grade(s): _____

Terms of billing:

- Payments for Preschool students will be withdrawn bimonthly (5 month plan) 1st payment upon registration. The other 4 payments will start on August 2025 & Ends on February 2026
- Payment for KG-8th students will be withdrawn bi-monthly (4 month plan) starting August 2025 & Ends on February 2026
- If your child is Scholarship recipient, the invoice will reflect the parents' tuition responsibility after applying the awarded amount from SUFS or AAA Scholarships.

Customer Bank Account Information:

Account Holder's Name: _____

Routing Number

Account Number

Bank Name: _____ **Account Type:** Checking Savings Savings

Account Holder's Signature _____ **Date:** _____

- Financial Aid is available for qualifying families.
- We do not accept Credit Card payments. ACH Payments ONLY



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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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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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**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

Getting In; Getting Out...



Out: Check the Back Seat

- In just **10 MINUTES**, a car's temperature can increase by **19°**
- Before getting out of your car, check the back seat ... **DON'T FORGET YOUR CHILD!**
- **NEVER** leave your child alone in a car and **CALL 911 IF YOU SEE ANY CHILD LOCKED IN A CAR!**
- Place something in the back seat that you will need at work, school, or home (your laptop; your lunch).



Developed by:
PREVENTION UNIT
Office of Family and
Community Services

Getting In; Getting Out...



In: Check Behind The Car

- **BEFORE GETTING IN THE CAR AND STARTING THE ENGINE,** walk around the car and **CHECK FOR KIDS, TOYS, AND PETS!**
- Make sure there is **NOTHING UNDER OR BEHIND YOUR CAR** that could attract a young child.
- **PICK UP TOYS, BIKES, CHALK, OR ANY TYPE OF EQUIPMENT** around the driveway so that these items don't entice kids to play.



Developed by:
PREVENTION UNIT
Office of Family and
Community Services

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.

My 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 portion of the brochure to your child care provider, in order for them to maintain it in their records.



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 setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

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

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 Center 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.myflorida.com/childcare or contact your local licensing office below:

Palm Beach County Health Department
Childcare Licensing Office
P.O. Box 29
800 Clematis St., 4th Floor
West Palm Beach, FL 33402
(561) 837-5900
www.pbchd.com

CF/PI 175-70, June 2009

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



INFLUENZA VIRUS

**“The Flu”
A Guide
for Parents**

Licensing Standards

This child care facility is licensed according to the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).

License Number: _____

License Issued on __/__/__

License Expires on __/__/__

For more information regarding the compliance history of this child care provider, please visit: www.myflorida.com/childcare.

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:

General Requirements

- ✓ Valid license posted for parents to see.
- ✓ All staff appropriately screened.
- ✓ Maintain minimum staff-to-child ratios:

Under 1 yr. old	1:4
1 yr. old	1:6
2 yrs. old	1:11
3 yrs. old	1:15
4 yrs. old	1:20
5 yrs. old & older	1:25
- ✓ Maintain appropriate transportation vehicles *(if transportation is provided)*.

- ✓ Provide parents with written disciplinary practices used by the facility.
- ✓ Provide access to the facility during normal hours of operation.

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.
- ✓ Maintain sufficient lighting and inside temperatures.
- ✓ Equip 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.

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.

Health Related Requirements

- ✓ Emergency procedures that include:
 - Posting Florida Abuse Hotline number along with other emergency numbers.
 - Staff trained in first aid and Infant/Child 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.

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.

Parent's Role

The parent's role in quality child care is vital to its success. In partnering with the caregiver to achieve this goal, parents should:



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

To report non-compliance with state licensing standards, please contact your local licensing office.

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, the following indicators should be considered:

Quality Caregivers

- ✓ Are friendly and eager to care for children.
- ✓ Accept family cultural and ethnic differences.
- ✓ Are warm, understanding, encouraging, and responsive to each child's individual needs.
- ✓ Use a pleasant tone of voice and frequently hold, cuddle, and talk to the children.
- ✓ Help children manage their behavior in a positive, constructive, and non-threatening manner.
- ✓ Allow children to play alone or in small groups.
- ✓ Are attentive to and interact with the children.
- ✓ Provide stimulating, interesting, and educational activities.
- ✓ Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- ✓ Communicate with parents.

Quality Environments

- ✓ Are clean, safe, inviting, comfortable, and child-friendly.
- ✓ Provide easy access to age-appropriate toys.
- ✓ Display children's activities and creations.
- ✓ Provide a safe and secure environment that fosters the growing independence of all children.

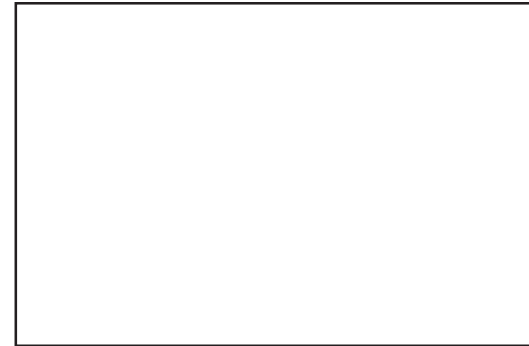
Quality Activities

- ✓ Are children initiated and teacher facilitated.
- ✓ Include social interchanges with all children.
- ✓ Are expressive including play, painting, drawing, story telling, music, dancing, and other varied activities.
- ✓ Include exercise and coordination development.
- ✓ Include free play and organized activities.
- ✓ Include opportunities for all children to read, be creative, explore, and problem-solve.



To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

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



Know Your Child Care Facility

CF/PI 175-24, 10/2007

This brochure was created by the Department of Children and Families, Child Care Program Office pursuant to s. 402.3125(5), F.S.,



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...



Developed by:

The Office of Child Care Regulation

www.myflfamilies.com/childcare

CF/PI 175-12, May 2019

When life happens...Don't be a
**DISTRACTED
ADULT**



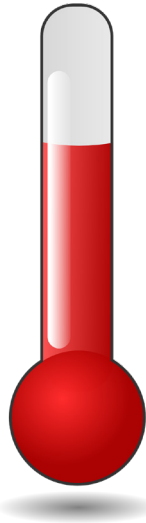


FACTS ABOUT HEATSTROKE:

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.



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.



My signature below verifies receipt of the Distracted Adult brochure

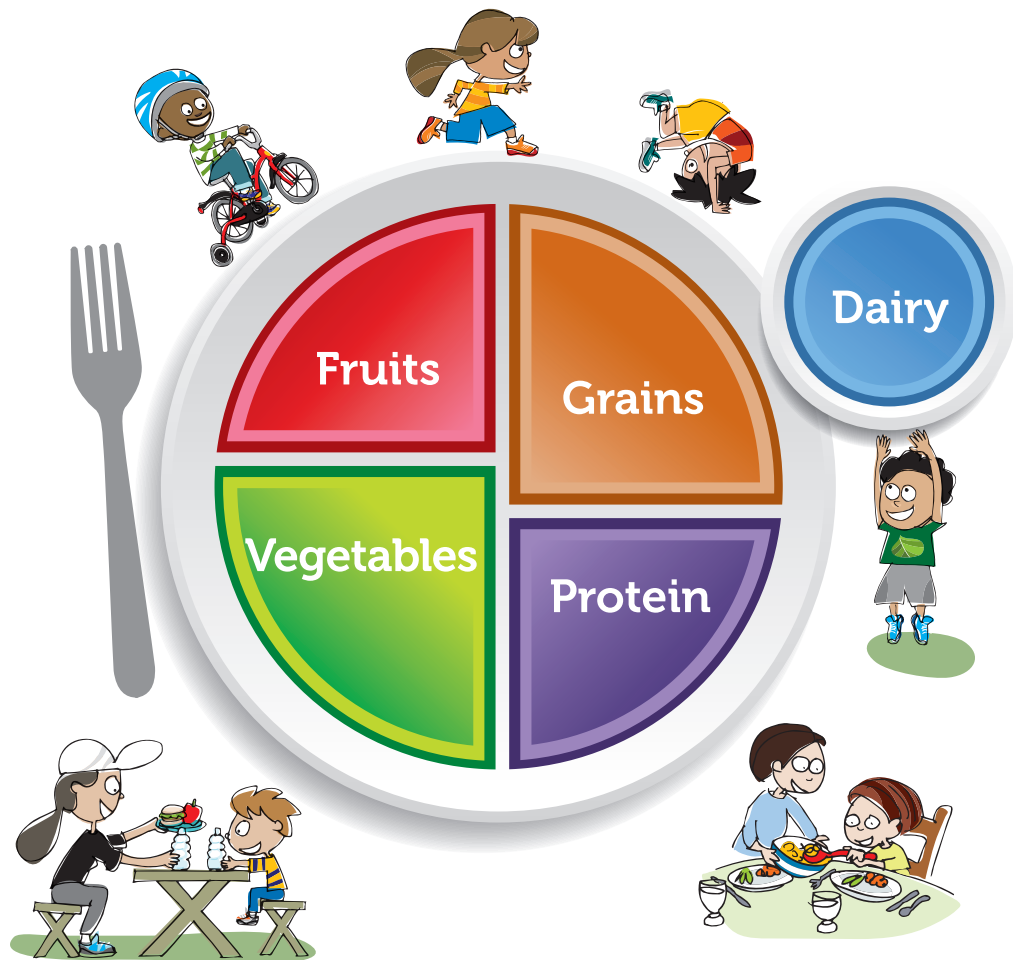
Parent/Guardian:

Child's Name:

Date:

Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records.

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 Eating for 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.

