



**Key West Montessori Charter School**  
1400 United Street, #110, Key West, Florida 33040  
Phone: 305-294-4910 Fax: 305-294-1404

***Parent/Student Questionnaire***

***Student Name:*** \_\_\_\_\_

*What are your goals for the new school year?*

Parent: \_\_\_\_\_

\_\_\_\_\_

Student: \_\_\_\_\_

*What are the student's strengths?*

Parent: \_\_\_\_\_

\_\_\_\_\_

Student: \_\_\_\_\_

*Are there any areas where the student may need extra help?*

Parent: \_\_\_\_\_

\_\_\_\_\_

Student: \_\_\_\_\_

*What was your favorite lesson last year, and what would you like to learn more about this year?*

Student: \_\_\_\_\_

\_\_\_\_\_

**Parents, please indicate ways you may like to assist your child's class this year. These are great ways to complete your service hours .. log dates and times and send it into the office!**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Room Parent        | <input type="checkbox"/> Special Class Events  | <input type="checkbox"/> Read with Students | <input type="checkbox"/> Gardening           |
| <input type="checkbox"/> Lunch Aide         | <input type="checkbox"/> Art Projects          | <input type="checkbox"/> Pizza Day Fruit    | <input type="checkbox"/> Grounds Maintenance |
| <input type="checkbox"/> Music Class Aide   | <input type="checkbox"/> Sewing                | <input type="checkbox"/> Career Day         | <input type="checkbox"/> Fundraising         |
| <input type="checkbox"/> Teacher Substitute | <input type="checkbox"/> Stuff Tuesday Folders | <input type="checkbox"/> Hurricane Prep     | <input type="checkbox"/> Public Relations    |



**Key West Montessori Charter School**  
 1400 United Street, #110, Key West, Florida 33040  
 Telephone: 305.294.4910 Fax: 305.294.1404

Contract of Commitment

I have made a personal decision to enroll my child in the Key West Montessori Charter School (KWMCS), and I recognize that KWMCS is a public charter school of choice not entitlement. In consideration of this, I agree to honor the Parent Contract of Commitment. By doing so, I acknowledge that I am an integral part of my child's whole life education, along with the faculty and staff of KWMCS.

As a parent/legal guardian of \_\_\_\_\_ I agree to the following:

- I will attend all scheduled parent/directress conferences per year.
- I will attend the three scheduled all-school (corporation) meetings.
- I will check my child's Communication folder every week.
- I accept and abide by the rules and regulations set by the board of directors which are designed for smooth operation.
- I will give 25 hours of volunteer service, per school year, to benefit my child/children as well as the school. Such service may include classroom time, field-trips, grounds maintenance, prep for parties, and/or committee participation. My committee preferences are:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Classroom Support            | <input type="checkbox"/> Fundraising           | <input type="checkbox"/> Grants                     |
| <input type="checkbox"/> Hospitality/Social           | <input type="checkbox"/> Office Support        | <input type="checkbox"/> Public Relations/Publicity |
| <input type="checkbox"/> House & Grounds              | <input type="checkbox"/> Hurricane Preparation | <input type="checkbox"/> Development & Planning     |
| <input type="checkbox"/> Substitute Teacher/Aide Team |  |   |

It is the primary objective of the Key West Montessori Charter School to offer the highest quality Montessori education possible in a community-oriented, cooperative setting. As such, the administration, staff and faculty agree to the following. We will:

- Encourage respect for self, others and environment.
- Promote a desire to seek knowledge.
- Provide an academically challenging program.
- Be non-discriminatory in any of our school programs, admissions policies and employment practices.
- Provide two parent/teacher conferences and three all-school meetings every year.
- Provide parent education sessions throughout the school year.
- Adhere to the educational philosophy originally designed by Maria Montessori.

I/We \_\_\_\_\_, as parent(s)/guardian(s) of \_\_\_\_\_ understand and agree to the above set of parent responsibilities of the Key West Montessori Charter School.

Date \_\_\_\_\_

I, \_\_\_\_\_, as Executive Administrator, pledge, on behalf of the Key West Montessori Charter School, to uphold the School responsibilities and vows set above.

Date \_\_\_\_\_

## STUDENT HEALTH HISTORY 2011-2012

The following information about your child is requested in order for the School Health Nurse to provide the most appropriate school health services for your child. **PLEASE COMPLETE AND RETURN TO THE SCHOOL HEALTH CLINIC.**

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Parent's cell phone number(s) \_\_\_\_\_

**EMERGENCY CONTACT** if unable to reach parent/guardian: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ HOME PHONE : \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Emergency contact's cell phone number(s) \_\_\_\_\_

STUDENT'S PHYSICIAN: \_\_\_\_\_ PHYSICIAN'S PHONE NUMBER \_\_\_\_\_

**CHECK ANY THAT APPLY TO YOUR CHILD**

**PLEASE DESCRIBE**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>1. ___ Eye or Vision problems</li> <li>2. ___ Ear/Hearing problems</li> <li>3. ___ Lung/Breathing problems, asthma, etc.</li> <li>4. ___ Heart problems/surgery/blood pressure problem</li> <li>5. ___ Kidney/bladder problems, surgery, etc.</li> <li>6. ___ Bone, joint or muscle problems</li> <li>7. ___ Neurological problems, seizures, etc.</li> <li>8. ___ Spine or back problems, surgery, etc.</li> <li>9. ___ History of emotional/mental health problems treatments or hospitalizations</li> <li>10. ___ Alcohol/drug use/abuse or treatment</li> <li>11. ___ Diabetes</li> <li>12. ___ Cancer</li> <li>13. ___ ADD/ADHD</li> <li>14. ___ Sickle Cell Disease or bleeding disorders</li> <li>15. ___ Cystic Fibrosis</li> </ul> | <ul style="list-style-type: none"> <li>1. _____</li> <li>2. _____</li> <li>3. _____</li> <li>4. _____</li> <li>5. _____</li> <li>6. _____</li> <li>7. _____</li> <li>8. _____</li> <li>9. _____</li> <li>10. _____</li> <li>11. _____</li> <li>12. _____</li> <li>13. _____</li> <li>14. _____</li> <li>15. _____</li> </ul> |
|--|--|
16. List **any chronic or long term condition** \_\_\_\_\_
17. List any surgery, date and reason \_\_\_\_\_
18. List any hospitalization in the past five years \_\_\_\_\_
19. List **any restrictions on activity/physical handicaps** \_\_\_\_\_
20. List **all daily medication your child takes** \_\_\_\_\_
21. List all **allergies to medications**, food products or insect stings your child has \_\_\_\_\_

MY CHILD (STUDENT'S FULL NAME): \_\_\_\_\_ has my permission to take part in the School Health Services Program. I understand that my child will receive emergency care in the school, if needed and health services at school that *may* include:

- \* First aid for minor injuries, accidents or illnesses
- \* Vision, hearing, height-weight, dental and scoliosis screenings
- \* Assistance with administration of doctor ordered medications
- \* Assistance with doctor ordered minor, complex or chronic health conditions or procedures
- \* Immunization status and health history reviews
- \* Age appropriate reproductive health counseling
- \* Health education on specific health topics and approaches to wellness

I authorize the School District of Monroe County, Florida to release and exchange my child's confidential information to agencies of the State of Florida to determine Medicaid eligibility and if applicable to bill Medicaid for reimbursable Certified School Match services referenced on my child's individual education plan (IEP) and receive Medicaid reimbursement for Exceptional Student Education (ESE) services it provides to my child while at school. I understand that my child will receive services referenced on his/her IEP whether or not I give consent.

I understand that in case of an accident or serious injury, I will be contacted. If I cannot be reached, I understand the contact the person/s listed on this form as emergency contacts, will be contacted.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**Key West Montessori Charter School**  
 1400 United Street, # 110, Key West, Florida 33040  
 Telephone: 305.294.4910 Fax: 305.294.1404

Student/Parent Agreement  
 Key West Montessori Charter School & Monroe County School District  
 Networked Communications System/Video Consent  
 2011-2012 School Year

Student Name (please print): \_\_\_\_\_ Grade \_\_\_\_\_

I understand that my computer use is not private and that my activity will be monitored on Monroe County's networked communication system.

I understand that my computer use at school is only for educational purpose, and intended to support my learning. I will use the computer as an educational resource for learning.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

**By signing below, I certify that the information contained on this form is correct.**

**Networked Communications System**

- I understand that Monroe County's networked communication system has a protected firewall in place to prohibit objectionable content, and I give permission for my child to participate in the District's electronic communications system (including Internet access).
- I **do not** give permission for my child to participate in the District's electronic communications system.

**Video and Still Photo Publication Consent**

- During the school year Key West Montessori Charter School students are often involved in activities that involve taking pictures and developing videos for multimedia projects, Internet web design, video taping, yearbook photos and interviews. I hereby **give consent** for my child to be photographed; video taped or interviewed for possible use in newspapers, television, radio broadcasts, school web sites, and school board publications.
- I **do not** want my child to be identified in photographs, video tapes or interviews for possible use in newspapers, television, radio broadcasts, school web sites, and school board publications.

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date

Home address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Home Phone Number



**Key West Montessori Charter School**  
 1400 United Street, #110, Key West, Florida 33040  
 Telephone: 305.294.4910 Fax: 305.294.1404

## COMMUNITY LANGUAGE SURVEY

Date: \_\_\_\_\_

Please complete the following:

1. Student's Name: \_\_\_\_\_
2. First Language Learned by child: \_\_\_\_\_
3. Language used most often at home: \_\_\_\_\_
4. Language most frequently spoken by child: \_\_\_\_\_

National Origin: \_\_\_\_\_  
 (Country where student was born)

Please circle YES or NO:

- |  |     |    |
|--|-----|----|
| 1. Did the student have a first language other than English?         | YES | NO |
| 2. Is a language other than English used in the home?                | YES | NO |
| 3. Does student most frequently speak a language other than English? | YES | NO |

\* \* \* \* \*

## ESTUDIO DE IDIOMA LOCAL

Fecha: \_\_\_\_\_

Favor de llenar la información siguientes:

1. Nombre del Estudiante: \_\_\_\_\_
2. Primer idioma que aprendió el niño: \_\_\_\_\_
3. Idioma que se habla en casa más frecuentemente: \_\_\_\_\_
4. Idioma que habla el niño más frecuentemente: \_\_\_\_\_

Origen Nacional: \_\_\_\_\_  
 (País donde nació el niño)

Favor círculo SI o NO:

- |  |    |    |
|--|----|----|
| 1. El primer idioma del niño fue otro idioma que el inglés?      | SI | NO |
| 2. Se usa otro idioma que el inglés en casa?                     | SI | NO |
| 3. El niño habla más frecuentemente otro idioma que el inglés s? | SI | NO |



**Key West Montessori Charter School**  
1400 United Street, #110, Key West, Florida 33040  
Telephone: 305.294.4910 Fax: 305.294.1404

## **Classroom Volunteer Release Form**

In order to comply with new legislation, all classroom volunteers must have a routine local and state background check completed. Results of the background check will remain confidential and be considered the property of KWMCS and the Monroe County School Board.

We ask that all parents undergo this screening. Please complete this release form and return it as soon as possible, with a copy of your driver's license. This screening must be completed before an individual may perform any volunteer activities on campus while students are present. Screenings completed last year are still valid for this school year.

I understand that background inquiries are to be made on myself. I understand that this information will be requested from employers and various federal, state, and other agencies which maintain records that concern my past activities. I authorize, without reservation, any party or agency contracted by the Monroe County School Board to furnish the abovementioned information in accordance with any and all federal state laws. I understand to aid in the proper identification of my file or records the following information is necessary.

---

Last Name	First Name	Middle Name
-----------	------------	-------------

---

Current Physical Address	Apt. #
--------------------------	--------

---

City	State	Zip Code
------	-------	----------

---

Previous Address (If at current address less than 5 years)

---

City	State	Zip Code
------	-------	----------

---

Driver's License Number	Date of Birth
-------------------------	---------------

---

Sex	Race	Marital Status
-----	------	----------------

---

Signature	Date
-----------	------

*KWMCS... Where we encourage respect for self, others and environment,  
promote a desire to seek knowledge, and provide an academically challenging program.*

## KWMCS PIZZA-FRIDAY SCHEDULE

Dear Parents,

This year we will be ordering cheese pizza on a plain crust from **Domino's** for delivery on FRIDAYS. Orders will be based on payment received by the due dates in this schedule for **SEP-DEC**. Months are listed in descending order so that you may cut and attach your payment for respective month(s). Please check or circle the dates your child would like to have pizza and enter the total as well as your calculated total payment, and return it with payment attached. **Please remember to send your payment in BEFORE Friday. Payments will not be accepted for pizza on the same day. Parents will be called to bring lunch for their child if pizza is not paid for ahead of time.**

---

Month	Date	Student's Name:	_____
<b>DEC</b>	02		
	09		
	16	_____	
Total Days	_____	x \$4.00 = \$	_____ <b>Due NOV 28</b>

---

Month	Date	Student's Name:	_____
<b>NOV</b>	04		
	18	_____	
Total Days	_____	x \$4.00 = \$	_____ <b>Due OCT 28</b>

---

Month	Date	Student's Name:	_____
<b>OCT</b>	07		
	14		
	21		
	28	_____	
Total Days	_____	x \$4.00 = \$	_____ <b>Due SEP 30</b>

---

Month	Date	Student's Name:	_____
<b>SEP</b>	02		
	09		
	16		
	23		
	30	_____	
Total Days	_____	x \$4.00 = \$	_____ <b>Due AUG 26</b>

---

## KWMCS PIZZA-FRIDAY SCHEDULE

Dear Parents,

Here's the Pizza-Friday Schedule for JAN-JUN. Months are listed in descending order so that you may cut and attach your payment with respective month(s). Please check or circle the dates your child would like to have pizza and enter the total as well as your calculated total payment, and return it with payment attached.

**Please remember to send your payment in BEFORE Friday. Payments will not be accepted for pizza on the same day. Parents will be called to bring lunch for their child if pizza is not paid for ahead of time.**

Month	Date	Student's Name:	_____
<b>JUN</b>	01		
	08		
	_____		
Total Days	_____	x \$4.00 = \$	<b>Due MAY 25</b>

---

Month	Date	Student's Name:	_____
<b>MAY</b>	04		
	11		
	18		
	25		
	_____		
Total Days	_____	x \$4.00 = \$	<b>Due APR 27</b>

---

Month	Date	Student's Name:	_____
<b>APR</b>	06		
	13		
	20		
	27		
	_____		
Total Days	_____	x \$4.00 = \$	<b>Due APR 06</b>

---

Month	Date	Student's Name:	_____
<b>MAR</b>	02		
	09		
	30		
	_____		
Total Days	_____	x \$4.00 = \$	<b>Due FEB 24</b>

---

Month	Date	Student's Name:	_____
<b>FEB</b>	03		
	10		
	17		
	24		
	_____		
Total Days	_____	x \$4.00 = \$	<b>DUE JAN 27</b>

---

Month	Date	Student's Name:	_____
<b>JAN</b>	13		
	27		
Total Days	_____	x \$4.00 = \$	<b>DUE JAN 10</b>



# Key West Montessori Charter School

1400 United Street, #110, Key West, FL 33040

Telephone: 305-294-4910

Fax: 305-294-1404

## Service Hour Record

Name of Student: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Date	Service Performed or Items Donated	Hours or \$ Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: \_\_\_\_\_

Total: \_\_\_\_\_

\*In order to receive credit for items purchased or donated a receipt must be attached.

\$20 = 1 service hour



# Key West Montessori Charter School

1400 United Street, #110, Key West, FL 33040

Telephone: 305-294-4910

Fax: 305-294-1404

## Service Hour Record

Name of Student: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Date	Service Performed or Items Donated	Hours or \$ Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: \_\_\_\_\_

Total: \_\_\_\_\_

\*In order to receive credit for items purchased or donated a receipt must be attached.

\$20 = 1 service hour



# Key West Montessori Charter School

1400 United Street, #110, Key West, FL 33040

Telephone: 305-294-4910

Fax: 305-294-1404

## Service Hour Record

Name of Student: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Date	Service Performed or Items Donated	Hours or \$ Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: \_\_\_\_\_

Total: \_\_\_\_\_

\*In order to receive credit for items purchased or donated a receipt must be attached.

\$20 = 1 service hour