



State of Florida
Department of Children and Families
CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: Sex: Date of Enrollment:

Full Name: Last First Middle Nickname

Child's Physical Address:

Primary Hours of Care: From To

Days of the Week in Care: M T W Th F Sa Su

Meals Typically Served While in Care: Breakfast AM Snack Lunch PM Snack Supper

Family Information: Child Lives With:

Parent/Guardian Name: Parent/Guardian Name:

Address: Address:

Home Phone: Home Phone:

Employer: Employer:

Address: Address:

Work Phone: /Cell: Work Phone: /Cell:

Relationship to the child: Relationship to the child:

Custody: Mother Father Both Other

Medical Information:

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

Doctor: Address: Phone:

Doctor: Address: Phone:

Dentist: Address: Phone:

Hospital Preference:

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

Emergency Care Plan instructions including symptoms, medication, and notification in the event of an actual emergency (if applicable):

Emergency Contacts:

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

Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#

Helpful Information About Child:

- Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), or
- Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 7.3, C.3 of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.
- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, or
- Section 2.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Parent/Guardian

Date

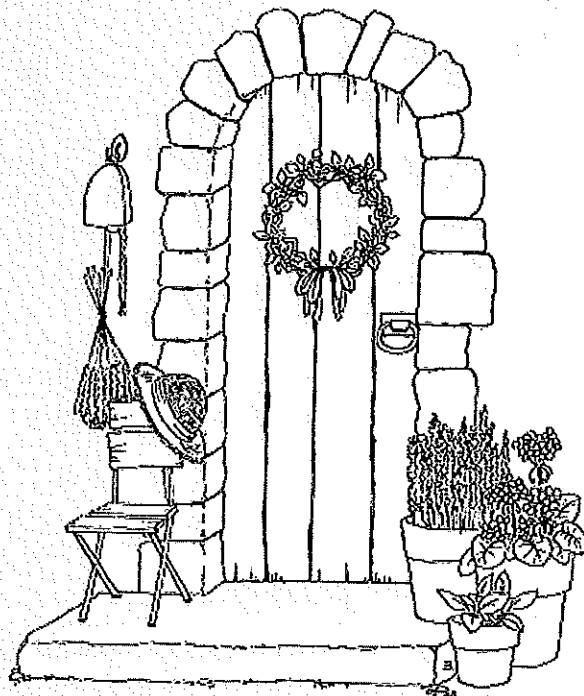
All Families...

For the safety of our children, the doors to the preschool will be locked. IF you need to enter the preschool at any time you **MUST** use the main entrance of the E&A building.

You are required to sign in as well when visiting the Preschool.

On **FRIDAY's** the church office is closed which means the main doors to the E&A building are locked. So you will need to come to the preschool doors.

Thank you for your cooperation in these Safety Matters. Your child's safety is always a high priority to us.



Please make sure that you fill out both the top and bottom of this form.

Grace United Methodist Preschool EMERGENCY INFORMATION FORM

Student's Name _____

Does your Child have any allergies? (If yes please list) _____

Mother's Name _____

Mother's Telephone Number _____

Does Mother Have Permission to Pick up the Child _____ yes _____ no

Father's Name _____

Father's Telephone Number _____

Does Father Have Permission to pick up the Child _____ yes _____ no

PLEASE INCLUDE BELOW THE NAME AND TELEPHONE NUMBER OF ALL OTHER ADULTS WHO HAVE PERMISSION TO PICK UP YOUR CHILD ...

Grace United Methodist Preschool EMERGENCY INFORMATION FORM

Student's Name _____

Does your Child have any allergies? (If yes please list) _____

Mother's Name _____

Mother's Telephone Number _____

Does Mother Have Permission to Pick up the Child _____ yes _____ no

Father's Name _____

Father's Telephone Number _____

Does Father Have Permission to pick up the Child _____ yes _____ no

PLEASE INCLUDE BELOW THE NAME AND TELEPHONE NUMBER OF ALL OTHER ADULTS WHO HAVE PERMISSION TO PICK UP YOUR CHILD ...



All Incoming VPK Children...

Parents all VPK children must have a voucher from the Early Learning Coalition if you want them to be enrolled here in VPK. Those forms must be back to us before school starts next year. We are asking that all forms be to us by July 6 2020.

You will need to either go online to [www.earlylearningcoalitionofbrevard](http://www.earlylearningcoalitionofbrevard.com) or call them at

321-637-1800 and set up an appointment to get your voucher. Please make sure that you sign your voucher where it says Parent's signature. We will fill out the rest.

You will need to have...

Your child's Birth Certificate

Proof of Florida Residency

You can then drop off your voucher anytime once you have it in hand. Thank You... Miss Patti

VPK Attendance Policy

Grace United Methodist Preschool VPK Policy is based on Florida Statute 6M-8.305, which includes the following:

Grace United Methodist Preschool will maintain a daily record of each child's attendance in our VPK program. It will be maintained on our own sign-in and sign-out sheets, which will include the date, your child's name, the time they arrived and departed as well as the staff members initials. Your child's attendance will also be maintained on Form OEL-VPK-03S, which is described in the Statute 6M-8.305.

At the end of each month you will be asked to verify your child's attendance on that form. You will need to print your name as well as sign and date that form. We will have these forms out in the hall on the last day of each month for you to sign. If your child is not in attendance on the last day, you will need to sign it on the day they return to school.

We will also electronically certify at the end of each month, each child's attendance, on a roster that is provided by the state information system.

It is important that your child attend school each day. We start school at 9:00 and we end school at 12:00. Of course if your child is sick, they should stay home, Please refer to your Parent handbook for further information on our sick policy. If you know in advance that your will be on a family vacation, please let us know. Your child can not miss more than 36 days of preschool for the entire year. If your child does not attend school on a regular basis they may be withdrawn from the program.

If you have any questions, please do not hesitate to contact us. Please sign at the bottom of this page, indicating that you understand the attendance policy for Grace United Methodist Preschool VPK program. Please return this form as it will be maintained in your child's folder.

Parent's Signature

Date

Grace United Methodist Preschool

Registration Form

School Year: 2020-2021

Parent's Name: _____ Child's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell _____

Child's Date Of Birth (as of September 1st) _____

Age _____ Male _____ Female _____

Class you wish to register for: (please check one)

2 Day 2 Year Old Class \$180.00 (T, and TH) _____

3 Day 2 Year Old Class \$255.00 (M, W, & F) _____

5 Day 2 Year Old Class \$285.00 (M-F) _____

3 Day 3 Year Old Class \$255.00 (M, W, & F) _____

5 Day 3 Year Old Class \$285.00 (M-F) _____

5 Day VPK Class (M-F) _____

- A Non Refundable Registration Fee of \$175.00 is required for all children enrolling in our Two and Three year old program.
- A \$75.00 Wrap Around Fee for all VPK children who plan to stay for our extended care hours. (No registration Fee 9:00 - 12:00).

Before Care (7:30am - 9:00am) \$7.00 per day _____

Lunch Bunch (12:00pm - 2:00pm) \$12.00 per day _____

Office Use: _____

Date Received _____ Received By: _____

Registration Fee of \$175 Paid for 2 and 3 year old Program: (Check or Cash) Amount _____

Registration Fee of \$75.00 Paid for VPK Wrap around Services: (Check or Cash) Amount _____

OH
Snap!

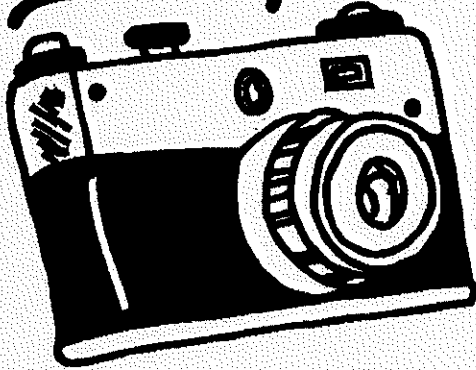


Photo Policy Grace United Methodist Preschool

Please be advised that your child may be photographed or videotaped at various school sponsored events. If you would like your child's photo to appear in our school or on teacher specific Shutterfly sites please sign and return this form.

_____ YES, I give permission for my child's photograph and or video to be posted in the class or classroom website.

_____ NO, my child's photograph may not be used in the classroom or on the classroom website.

Parent's Signature _____

Child's Name (first and last) _____

Date _____