

## State of Florida Department of Children and Families

#### **CHILD CARE APPLICATION FOR ENROLLMENT**

Student Information:	Date of Birth:		Sex:	_ Date o	of Enrollment: _	
Full Name:	Address		VV on	( <del>)</del>		Judicy Start will
Name Last	Accordan	First	Middle		Nickname	idah mis
Child's Physical Address	:					701 1701 1 2
Name	THE STATE OF THE S		AACHA	Mr	San Taranta	ethy fit to have
Primary Hours of Care:						
Days of the Week in Car	re: M T	W T	h F	Sa	Su	
Meals Typically Served \	While in Care:	Breakfast	AM Snack	Lunch	PM Snack	Supper
Family Information:		the state of the s				
Parent/Guardian Name: Address:	of the Control of	e Hashiy H	Parent/Gua	rdian Na	me:	Xa Talley
Address:	Mark School and State	THE SHALL THEFT	Address:	1 1212 12111	the windingericin.	
Home Phone:	Color Facility	Prison.			racery is the	
Employer:	Mr. MUCW YOUR	A THE LOSS OF STREET	Employer: _	1 FD 24),	37	
Address:	anin Day Come		Address:	Caré Ho	ma Hard	2013) 17 808
Work Phone:	/Cell:		Work Phone	e:Se	/Cell:	no "wy Care
Relationship to the child	· · · · · · · · · · · · · · · · · · ·		Relationship	p to the c	hild:	
Custody: Mother	Father		Both		Other	
Medical Information: I hereby grant permissio obtain emergency medic Doctor:	cal care if warran	this facility t ted.	o contact the	following	medical perso	onnel to
Doctor:						
Dentist:						
Hospital Preference:	ompiete and acc	ursta i bace	ha units nom	ed maleser, A	or the stell of it	m hualty as
Please list allergies, spe					ncern.	
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		of the season of the season of	a was seekey a			na skojeci sa sa godina
Emergency Care Plan in actual emergency (if app	structions includ	ling symptor	ns, medicatio	n, and no	otification in the	event of ar
actual efficigency (ii app	nicable)					
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		13.7907				1

Name ***	Address	Work#	Cell/Home#
Name ***	Address	Work#	Cell/Home#
Name Management	Address Work Phone:	Work#	Cell/Home#
Name Children	Address Address	Work#	Cell/Home#
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	nd 7.2, of the Child Care Facility Hand immunization record (Form 680		
<ul><li>(Form 3040) a</li><li>Section 7.3, of</li></ul>		or 681) within 30 days of e	enrollment.
<ul> <li>(Form 3040) a</li> <li>Section 7.3, of Care Facility E</li> <li>Section 8.3, of that parent(s)</li> </ul>	nd immunization record (Form 680 fthe Child Care Facility Handbook,	or 681) within 30 days of erequires that parents rece acility" (CF/PI 175-24), or Family Child Care Home	enrollment.  ive a copy of the Chil  Handbook, requires
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(Check or Cosh) Amount,

### Grace United Methodist Preschool Registration Form School Year: 2021-2022

rarents Name:		Child's Name: _	
Address:	City:	g sidenic a color o	_Zip:
Home Phone:	Work Phone:_	Cell	
Child's Date Of Birt	h (as of September 1st)		
	s		
	AgeMale		
Dod. Yesher Have	Class you wish to register	for: (please check o	one)
MANA THE STATE OF	2 Day 2 Year Old Class <b>\$18</b> 3 Day 2 Year Old Class <b>\$</b> 5 Day 2 Year Old Class <b>\$</b>	255.00 (M,W,+F)	
;	3 Day 3 Year Old Class <b>\$2!</b> 5 Day 3 Year Old Class <b>\$2</b>		
	5 Day VPK Class ( M-	F)	
A Non Refu enrolling in a	undable Registration Fee o our Two and Three year o	of \$175.00 is required ald program.	ed for all children
• A \$75.00 V extended ca	Vrap Around Fee for all vre hours. (No registration	/PK children who pla on Fee 9:00 - 12:00	n to stay for our ).
Before Care Lunch Bunch	(7:30am - 9:00am) \$7.0 (12:00pm -2:00pm) \$12	00 per day .00 per day	
Office Use:			
Date Received	Rec	ceived By:	
(Check or Cash) A Registration Fee (	of \$75.00 Paid for VPI		
(Check or Cash) A	mouni		

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

# Grace United Methodist Preschool EMERGENCY INFORMATION FORM

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Nother's Telephone Number		
Does Mother Have Permission to Pick up the Child	yes	no
father's Name		
ather's Telephone Number	are well as stan and do	the that for
Does Father Have Permission to pick up the Child	yes yes	no
PLEASE INCLUDE BELOW THE NAME AND TELEPHO HAVE PERMISSION TO PICK UP YOUR CHILD	ONE NUMBER OF ALL C	
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HAVE PERMISSION TO PICK UP YOUR CHILD ...

### 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 Statue 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 childe 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	



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.

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

### Acknowledgement of Parent Handbook Policies

I have downloaded and read the Grace United Methodist Preschool Parent Handbook that is now available online under the Grace United Methodist Preschool tab. I understand that it is my responsibility to read and make sure I abide by all the policies within the handbook. This form will be maintained in your child's folder for the entire school year.

Child's Name		
Parent's Signature		
Date		