

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

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

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

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell _____

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

Parent Email address _____

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 _____

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 ...

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 you 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

OH Snap!

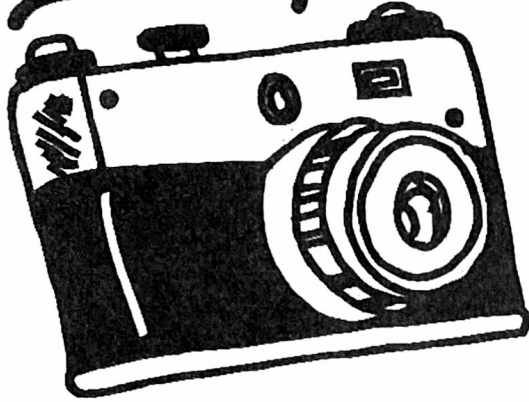


Photo Policy Grace United Methodist Preschool

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 _____

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 _____