

Grace United Methodist Preschool

Registration Form

School Year: 2022-2023

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

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell _____

Child's Date Birth _____ Email Address _____

Male _____ Female _____

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

2 Day 2 Year Old Class \$225.00 (T, and TH) _____

3 Day 2 Year Old Class \$285.00 (M, W, & F) _____

5 Day 2 Year Old Class \$300.00 (M-F) _____

3 Day 3 Year Old Class \$285.00 (M, W, & F) _____

5 Day 3 Year Old Class \$300.00 (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 _____

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**Family Information:**

Child's Lives With: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Cell: _____ Work Phone: _____ Cell: _____

Custody: ☐ Mother ☐ Father ☐ Both ☐ Other (specify): _____**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 Number: _____

Doctor: _____ Address: _____

Phone Number: _____

Dentist: _____ Address: _____

Phone Number: _____

Hospital Preference: _____

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



Emergency Care Plan Instructions (if applicable):

Emergency Contacts: Child will be released only to the custodial parent or legal guardian 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 or legal guardian cannot be reached:

Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone

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 entitled "Know Your Child Care Facility" (CF/PI 175-24) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=860>], **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 entitled "Selecting A Family Day Care Home Provider" (CF/PI 175-28) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=841>].
- 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 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 8th 2022.

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

lease 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 ...

School Calendar
Grace United Methodist
Preschool
2022-2023



August 10
August 12
August 15

First Day of School - VPK
11:00 - 12:00 - Open House 2's and 3's
First Day of School - 2's and 3's

September 5

Labor Day Holiday

November 16
November 23-27

Blessing of the Bags
Thanksgiving Holiday

December 20

Christmas Vacation Begins

January 3
January 16

Students Return
Student Holiday

February 20

Student Holiday

March 13-17

Spring Break/ Vacation

April 7

Good Friday / No School

May 18
May 19

VPK Graduation
Last Day of School