

Grace United Methodist Preschool

Registration Form

School Year: 2024 -2025

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

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell _____

Email Address _____

Child's Date Of Birth _____

Age _____ Male _____ Female _____

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

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

5 Day 2-Year-Old Class \$300.00 (M-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 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 (7:30 am - 9:00 am) \$7.00 per day _____

Lunch Bunch (12:00 pm -2:00 pm) \$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!

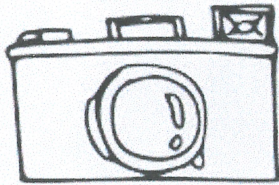


Photo Policy

Grace United Methodist Preschool

Please be advised that your child may be photographed or videotaped at various school-sponsored events. We also have a Preschool Facebook and Instagram page where pictures are posted as a way to showcase our preschool and the activities that we are doing. Also, your child's teacher will post pictures on the class DOJO sight.

_____ Yes, I give permission for my child's photograph and or video to be taken while he is in attendance at Grace United Preschool

_____ No, my child's photograph may not be taken while he is in attendance at Grace United Preschool

Parents Signature _____

Child's Name _____

Date _____

Grace United Methodist Preschool
EMERGENCY INFORMATION FORM

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

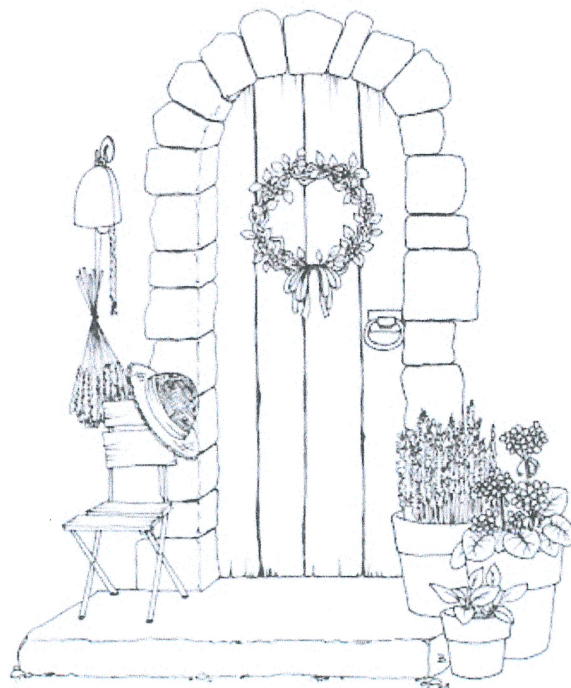
All Families...

The preschool doors open each morning from 7:30-8:00, for before care, and we will open the doors each morning at 8:50 - 9:05 for preschool. The doors will open in the afternoon at 11:50 - 12:05 for pickup. For the remainder of the day, the doors will be locked, and you will need to ring the doorbell for entrance into the preschool. If your child is staying for aftercare, you will also need to ring the doorbell to pick up your child.

For the safety of our children, the doors to the preschool will be locked at all other times.

There may be times when the school will need to be on lockdown because of police activity in the area. We will be notified by the Brevard Sheriff's Office when this happens. Your child's teacher will notify you by class DoJo to let you know this is happening. If you would like to pick up your child while we are on lockdown you can come to the preschool doors, sign out your child and we will release them to you.

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



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 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 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 cannot miss more than 36 days of preschool for the entire year. If your child does not attend school regularly, 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



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 2024.

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



CHILD CARE APPLICATION FOR ENROLLMENT

Student Information:

Date of Birth: _____ Sex: ☐ Male ☐ Female 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