



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

# Grace United Methodist Preschool

## Registration Form

School Year: 2025 – 2026

Lic# C18BR0111

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)**

5 Day 2-Year-Old Class \$325.00 (M-F) \_\_\_\_\_

5 Day 3-Year-Old Class \$325.00 (M-F) \_\_\_\_\_

5-Day VPK Class (M-F) \_\_\_\_\_

- A Non-Refundable Registration Fee of \$200.00 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 (7:30 am - 9:00 am) \$10.00 per day \_\_\_\_\_

Lunch Bunch (12:00 pm - 2:00 pm) \$15.00 per day \_\_\_\_\_

Office Use: \_\_\_\_\_

Date Received \_\_\_\_\_ Received By: \_\_\_\_\_

Registration Fee of \$200 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 \_\_\_\_\_

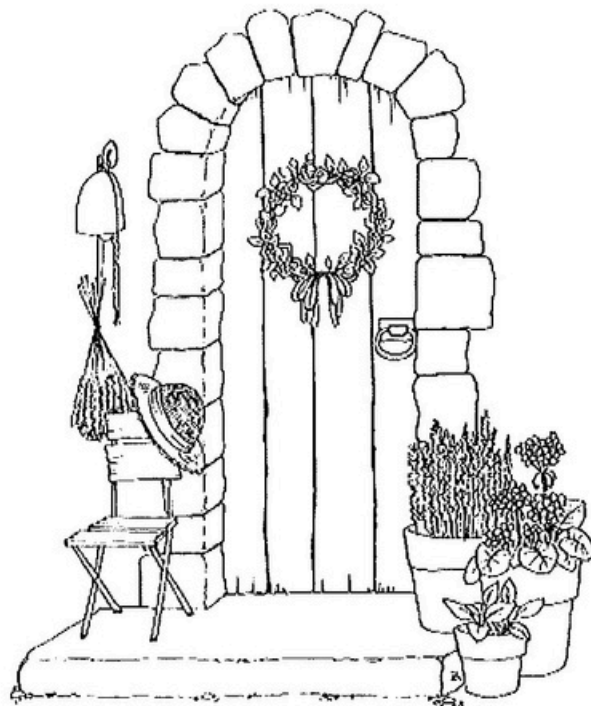
# All Families...

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.

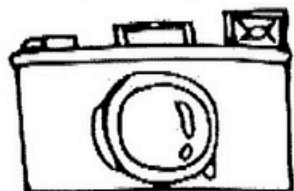
For the safety of our children, the doors to the preschool will be locked at all other times.

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. LIC#C18BR0111



# Oh Snap!



## Photo Policy

Grace United Methodist Preschool

LIC# C18BR0111

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 \_\_\_\_\_



## All Incoming VPK Children...

Parents, all VPK children must have a voucher from the Early Learning Coalition if you want them enrolled here. Those forms must be back to us before school starts next year. We are asking that all forms be to us by July 14, 2025.

You will need to either go online to [www.earlylearningcoalitionofbrevard](http://www.earlylearningcoalitionofbrevard) 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

LIC#C18BR0111

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 ...



# Parent Handbook Policy

I have read the *Grace United Methodist Handbook Policy* online.

I agree to abide by all policies stated within the Handbook.

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_ Date \_\_\_\_\_