



# Grace United Methodist Preschool

## Registration Form

School Year: 2026 – 2027

**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 **\$350.00** (M-F) \_\_\_\_\_

5 Day 3-Year-Old Class **\$350.00** (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** \_\_\_\_\_



**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

**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



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Parents and Families,

Tuition is calculated on a 10-month basis (the months we are in school) and divided evenly over those 10 months. You pay the same amount every month no matter how many days you attend or are absent. Tuition is due on the first day of each month. **If paid on or after the 10<sup>th</sup> of the month there will be a \$25 late fee added to the tuition.**

Please print and sign to indicate that you have read and understand our tuition policy.

Student name \_\_\_\_\_

Parent name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



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**EMERGENCY INFORMATION FORM-classroom**

**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 (Check one) Yes \_\_\_\_\_ No \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Telephone Number \_\_\_\_\_

Does Father Have Permission to pick up the Child (Check one) Yes \_\_\_\_\_ No \_\_\_\_\_

PLEASE INCLUDE BELOW THE NAME AND TELEPHONE NUMBER OF ALL OTHER ADULTS WHO HAVE PERMISSION TO PICK UP YOUR CHILD.

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**Grace United Methodist Preschool**

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**EMERGENCY INFORMATION FORM-office**

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 (Check one) Yes \_\_\_\_\_ No \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Telephone Number \_\_\_\_\_

Does Father Have Permission to pick up the Child (Check one) Yes \_\_\_\_\_ No \_\_\_\_\_

PLEASE INCLUDE BELOW THE NAME AND TELEPHONE NUMBER OF ALL OTHER ADULTS WHO HAVE PERMISSION TO PICK UP YOUR CHILD.

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_



## Grace United Methodist Preschool

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### Parent Handbook Policy

I have read the Grace United Methodist Preschool Parents Handbook. I agree to abide by all the policies stated within the Handbook.

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

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

### Photo Policy

Please be advised that your child may be photographed or videotaped during school and school events. Our school uses the platform Classroom Dojo. Teachers will post pictures to their classroom Dojo for parents and family to see.

\_\_\_ **YES**, I give permission for my child's photo and or video be taken while at school at Grace.

\_\_\_ **NO**, my child's photo may not be taken while in school at Grace.

Childs Name \_\_\_\_\_

Parents name \_\_\_\_\_ Date \_\_\_\_\_



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## Permission for Food-related Activities & Special Occasion Food Consumption

Pursuant to 65C-22.005(1)(c)2., F.A.C., the Florida Department of Children and Families requires that child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations, birthdays, and activities that include food prepared and/or purchased by families.

I \_\_\_\_\_ give/decline permission for my child \_\_\_\_\_  
(Parent or Guardian) (circle one) (Child's Name)

to participate in food related activities and special occasions wherein food is consumed.

Please check **one** of the following:

\_\_\_\_\_ My child DOES NOT have a food allergy or dietary restriction. He or she may participate in all food related activities.

\_\_\_\_\_ My child DOES NOT have a food allergy or dietary restriction. He or she **may not** participate in food related activities.

\_\_\_\_\_ My child DOES have a food allergy or dietary restriction. He or she **may not** participate in food related classroom activities.

\_\_\_\_\_ My child DOES have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items (please list and describe below):

\_\_\_\_\_  
\_\_\_\_\_

I understand that it is my responsibility to update this form in the event that my child's food permissions change. I agree that this form will remain in effect during the term of my child's enrollment or until changes are made in writing by completing an updated form.

\_\_\_\_\_  
(Parent or Guardian)

\_\_\_\_\_  
(Date)