

**2014-2015**  
**Satellite Beach United Methodist Preschool**  
 450 Lee Ave., Satellite Beach, FL 32937  
 (321) 777-0116 [susans@sbumc.net](mailto:susans@sbumc.net)

## PRESCHOOL ADMISSIONS POLICY

Satellite Beach United Methodist Preschool admits students of any race, color, religion, national and ethnic origin to all the rights, privileges, programs, and activities generally made available to students at the school.

## PRESCHOOL FEE SCHEDULE

Registration/Supply Fee is \$100 per student and non-refundable

### Preschool Tuition and Eligibility:

2-Day Toddlers	\$140/month	Must be 18 months on or before 9/1/14 and walking
2-Day Twos	\$140/month	Must be 2 on or before 9/1/14 do not need to be potty trained
3-Day Twos	\$180/month	Must be 2 on or before 9/1/14 do not need to be potty trained
3-Day Threes	\$180/month	Must be 3 on or before 9/1/14 and potty trained
5-Day Threes	\$280/month	Must be 3 on or before 9/1/14 and potty trained
VPK (Fours)	VPK Certificate	Must be 4 on or before 9/1/14 and completely toilet independent

Tuition is due by the 10<sup>th</sup> day of each month. A \$15 late fee is charged after the 10<sup>th</sup>. **Ten Equal Payments are made August – May.** Monthly tuition payments are expected in full regardless of absences and/or number of school days per month.

Multiple Student Discount: Deduct 30% per month for second child of a family that has two paying students.

### Preschool hours

- Toddlers: 9:10 – 2 hours at beginning of year and gradually lengthened
- Twos: 9:10 am – 11:50 am
- Threes: 9:00 am. – 12:00 pm
- Fours: 9:00 am – 12:00 pm

Preschool will be closed on days that Brevard Public Schools are closed.

If your child is not picked up by 12:00 pm, a late pick-up fee of \$3 per 5 minutes after 12:00 pm will be assessed. Lunch Bunch hours are 12:00 pm - 1:50 pm, with late fees also assessed as stated above.

Before Care and Lunch Bunch are available for Threes and Fours. Both programs are available by Permanent Roster (which is paid monthly) and by Drop In (per day).

<b>Before Care</b>	
8:10 am	
Permanent Roster 5-Day students	\$40 per month
Permanent Roster 3-Day students	\$25 per month
Drop In students	\$3 per day

<b>Lunch Bunch</b>	
12:00 pm – 1:50 pm	
Permanent Roster 4-Day students	\$110 per month
Permanent Roster 3-Day students	\$85 per month
Drop In students	\$8 per day

(Keep this page for your records)

## DISCIPLINARY PRACTICE

Satellite Beach United Methodist Preschool children are guided and directed in a positive, gentle manner. There is to be no severe, humiliating, or frightening disciplinary action taken with children. Discipline will not be associated with food, rest, or toileting. Under NO circumstances will there be any form of physical punishment.

When dealing with a disruptive child, a teacher will always try to talk to and RE-DIRECT the child. When exhibiting harmful behavior, a child may be asked to sit next to a teacher or in a designated space until the child has gained control. Upon rejoining the group, the teacher will discuss with the child his/her behavior and why it is unacceptable. These instances will be used as opportunities to teach children about forgiveness and grace.

Continued inappropriate behavior and/or serious harmful behavior may result in the child being removed from the class and taken to the office. An incident report will be completed, and a parent signature will be required. **See parent handbook for further details concerning severe behavior discipline policies.**

## POLICIES CONCERNING PACIFIERS, BOTTLES AND POTTY-TRAINING

### 2-Day Twos:

Children in our 2-Day Twos class should be able to feed themselves and be completely weaned from the bottle. They should be in process of being potty trained. Pacifiers should be left at home.

### 3-Day & 5-Day Threes:

ALL 3 year olds must be completely potty-trained prior to entering a 3-year old classroom. Pull-ups will not be allowed. (Please discuss any potty-training issues with the teacher.)

## GUIDELINES FOR A WELL CHILD

Satellite Beach United Methodist Preschool requires children to stay home from school if any of the following symptoms are displayed **during the previous 24 hours:**

1. **Fever** equal to **100** degrees or greater
2. A constant untreated **cough**
3. Signs of a possible **communicable disease**, such as skin rash, inflamed eyes, etc.
4. **Diarrhea** and/or **vomiting**
5. **Persistent** runny nose

We are not equipped to take care of sick children and cannot accept any responsibility to do so. SBUM Preschool policy states that children sent home during the preschool day due to sickness or showing signs of illness should stay home one more day for the health and safety of the preschool community. We reserve the right to use our judgment as to the wellness of a child and to decline to admit a student to class, **even if we have received a Doctor's release for the child to enter school.**

Once a child is determined to be unwell, it is the parents' responsibility to come to school and to take the child home upon being notified to do so. Parents agree that we may keep your child out of class upon our determination that your child is unwell and that you will come to school and take your child home upon being notified to do so.

## CHECKLIST FOR REGISTRATION

- |   |   |
|---|---|
| <input type="checkbox"/> Completed SBUM Preschool Registration Packet | <input type="checkbox"/> State of Florida Shot Record   |
| <input type="checkbox"/> Registration Fee or VPK Certificate          | <input type="checkbox"/> State of Florida Physical Form |

**2014-2015**  
**PRESCHOOL REGISTRATION PACKET**  
**Satellite Beach United Methodist Preschool**  
 450 Lee Ave., Satellite Beach, FL 32937  
 (321) 777-0116 x203 [susans@sbumc.net](mailto:susans@sbumc.net)

**For Preschool Office Use Only**

Registration Fee: \$100.00/student (except VPK) \_\_\_\_\_ Enrollment Date \_\_\_\_\_  
 Reg Date \_\_\_\_\_ VPK Cert/Ck # \_\_\_\_\_ Immunization Record \_\_\_\_\_ FL Physical Form \_\_\_\_\_  
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**PLEASE PRINT ALL REQUESTED INFORMATION**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Last Name First Name Nickname Birthdate  
 \_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_  
 Address (Number & Street) City Zip Code Home Phone

**PRESCHOOL PROGRAM REQUESTED**

Child's age on 9/1/2014 \_\_\_\_\_ Male Female

- 2-Day Toddlers (Tuesday - Wednesday)  
 2-Day Twos (Thursday - Friday) or possible 3-Day including Mondays if enough interest  
 3-Day Threes (Monday - Wednesday)  
 5-Day Threes (Monday - Friday)  
 5-Day VPK (Monday - Friday)

**PARENT/GUARDIAN INFORMATION**

	Circle relationship Father, Step-Father, Grandfather	Circle relationship Mother, Step-Mother, Grandmother
Name		
Cell #	( )	( )
Work #	( )	( )
Place of Employment		
E-mail address (Circle email for preschool use)		
Relationship if other than biological parent		

**CUSTODY**

- Both Parents  Mother Only  
 Father Only  Other: \_\_\_\_\_

If parents are divorced or separated and have joint custody, please provide address information on the nonresidential parent:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

The preschool must have supporting documentation if a parent **MAY NOT** remove child.

## EMERGENCY CONTACTS AND AUTHORIZED PERSONS TO PICK UP YOUR CHILD

Please list persons **other than parent or guardian listed above** to be contacted in case of accident if parent or guardian cannot be reached and are authorized to remove your child. They should be able to pick up your child within 30 minutes.

	Contact #1	Contact #2	Contact #3
<i>Name</i>			
<i>Home Phone</i>	( )	( )	( )
<i>Cell #</i>	( )	( )	( )
<i>Work #</i>	( )	( )	( )
<i>Relationship</i>			

## ADDITIONAL INDIVIDUALS PERMITTED TO REMOVE YOUR CHILD FROM SCHOOL

Name	Relationship	Phone Number

### CHILD CARE BROCHURE

Section 10M-12.008 (2) F.A.C. requires that parents must receive a copy of the Child Care Facility Brochure, **“KNOW YOUR CHILD’S DAY CARE CENTER”**. The parent’s or legal guardian’s signature below verifies receipt of the childcare brochure. Returning families received this brochure at initial registration.

### DISCIPLINARY PRACTICE

Section 10M-12.014 requires that parents are notified in writing of the disciplinary practices used by the childcare facility. The parent’s or legal guardian’s signature below verifies the parents or guardians have been notified in writing of the disciplinary practices of the childcare facility. **(Disciplinary Policy may be found on the Fee Schedule and in the Satellite Beach United Methodist Preschool Parent Handbook).**

### MORNING SNACK AND LUNCH AGREEMENT

I understand that morning snack and lunch are not provided by the preschool. I am responsible for sending in a healthy morning snack. I agree to provide a nutritional lunch if my child stays for the Lunch Bunch.

### MEDIA RELEASE

I give permission to release my address and phone number to other parents  
In our school directory. Yes                      No

I give permission to release my e-mail to the teacher and  
homeroom mother for purposes of Preschool correspondence. Yes                      No

I give permission for pictures of my child to be used in Church Preprogram Slideshows,  
Church newsletters, Church Announcements, Church website and local newspaper. Yes                      No

**My signature verifies the following:**

1. I have received a copy of “Know Your Child’s Day Care Center” and a copy of the Satellite Beach United Methodist Preschool Handbook, have read it, been given the opportunity to ask questions, and I agree to its policies and procedures.
2. I have received a copy of the Disciplinary Policy of Satellite Beach United Methodist Preschool.
3. I understand that I am responsible for providing a nutritious snack for the morning and a lunch if my child attends Lunch Bunch.
4. I understand I need to provide to the Preschool a State of Florida Immunization Record and a State of Florida Physical Form before school starts.
5. All information contained in this application is true and correct, as of this date.

Child’s Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**SATELLITE BEACH UNITED METHODIST PRESCHOOL  
MEDICAL INFORMATION**

	<i>Primary Doctor</i>	<i>Dentist</i>	<i>Hospital</i>	<i>Secondary Doctor</i>
<i>Name</i>				
<i>Phone</i>				
<i>Health Insurance Information</i>	<i>Company</i>	<i>Policy #</i>	<i>Name of Insured</i>	
<i>Allergies &amp; Medical Conditions</i>	<i>Food Allergies</i>	<i>Medication Allergies</i>	<i>Bug Bite Allergies</i>	<i>Medical Conditions</i>
<i>Any Daily Medications?</i>				

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

If my child, \_\_\_\_\_, should become ill or injured at Satellite Beach United Methodist Preschool, I understand that the facility will:

1. Contact me immediately, and then will
2. Contact the person(s) I have designated, if I cannot be reached.

Should the facility be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate emergency treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I will accept responsibility for payment of medical services rendered.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

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Once a child is determined to be unwell, it is the parents' responsibility to come to school and to take the child home upon being notified to do so. Parents agree that we may keep your child out of class upon our determination that your child is unwell and that you will come to school and take your child home upon being notified to do so.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**2014-2014**  
**Satellite Beach United Methodist Preschool**  
**Financial Agreement for Preschool Students**

**TIMELY PAYMENTS**

Preschool payments are due by the 10<sup>th</sup> of each month. If payment has not been received by the 10<sup>th</sup> of each month, a late charge of \$15 will be added to your account. A full payment for all 10 months is expected as tuition is figured on an annual basis, broken down evenly into 10 monthly payments.

Monthly Lunch Bunch fees are based on a 10-month average of attendance. If the child is on the Permanent Roster Lunch Bunch fees are due by the first of the month. Preschool reserves the right to cancel or change the schedule due to special programs, lack of response or staffing issues.

**PAST DUE ACCOUNT**

Preschool payments must be paid within the current month. A child may not come to school the following month until payment is made in full, including penalty charges.

**RETURNED CHECKS**

The charge for a returned check is \$15. The second time a returned check is received, for any reason, all subsequent payments must be made with a money order or cash.

**WITHDRAWING YOUR CHILD**

Satellite Beach United Methodist Preschool requests a 2-week written or emailed notice if a child will be withdrawn from the Preschool. If a 2-week notice is not given, files requested may not be ready. Any payments already made are not refundable.

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Having enrolled my child, \_\_\_\_\_, in the Satellite Beach United Methodist Preschool Program for the 2014-2014 school year, I have read and agree to abide by the above policies of Satellite Beach United Methodist Preschool.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**2014-2014**  
**Satellite Beach United Methodist Preschool**  
**STUDENT INFORMATION**

The following information will be used to assist us in placing your child in the best possible learning environment.

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

Nickname \_\_\_\_\_ Birth Date \_\_\_\_\_

Does your child have any siblings?

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

Is your child more reserved or outgoing? \_\_\_\_\_

What discipline techniques work best with your child? \_\_\_\_\_

Describe a classroom setting that would best suit your child: \_\_\_\_\_

Are you concerned about any of the following developmental areas?

Social Skills	Yes	No
Behavior	Yes	No
Speech/Language	Yes	No

Is your child currently receiving?

Speech/Language Therapy	Yes	No
Occupational Therapy	Yes	No
Physical Therapy	Yes	No

If so, are any classroom modifications necessary? \_\_\_\_\_

How did you learn about Satellite Beach United Methodist Preschool? \_\_\_\_\_

Do you attend SBUMC? (not a prerequisite for admission to Preschool) Yes      No

If No, \_\_\_\_\_ We attend \_\_\_\_\_

\_\_\_\_\_ We do not have a church home at this time.

**PREVIOUS DAYCARE AND/OR SCHOOL EXPERIENCES**

School Name	Attendance Dates	# of Days Attended Per Week	Attendance Hours	Reason for Leaving

**2014-2015**  
**Satellite Beach United Methodist Preschool**  
**Before Care and Lunch Bunch**  
**Policies and Agreement**

**INFORMATION**

	Before Care	Lunch Bunch
<b>Description</b>	A little play time before class starts.	Lunch Bunch is a relaxed, fun time for the kids; we eat lunch together, have circle time, center time, playground time, read stories, learn yoga and sign language and do lots of art.
<b>Days</b>	Monday - Friday	Monday, Tuesday, Wednesday, Thursday (days might change due to attendance)
<b>Time</b>	Before Care starts at 8:10 am in Y8	After school until 1:50 pm. Late fees start at 2:01 pm. Late fees are assessed for several reasons; our license is till 2:00 pm, therefore the preschool needs to be cleared by 2:00 pm. We have staff that needs to leave by 2:00 pm to get their children on time. Staff does not get paid after 2:00 pm.
<b>Who May Attend</b>	Threes and Fours. Potty accidents will disqualify a child from attending.	Threes and Fours. Potty accidents will disqualify a child from attending.
<b>What to Bring</b>	NA	A healthy packed lunch clearly labeled 'Lunch' with your child's initials or name on it.

**COST**

Before Care	
<i>8:10 am</i>	
Permanent Roster 5-Day students	\$40 per month
Permanent Roster 3-Day students	\$25 per month
Drop In students	\$3 per day

Lunch Bunch		
<i>12:00 pm – 1:50 pm</i>		<i>Late Fee</i>
Permanent Roster 4-Day students	\$110 per month	\$1 per minute late. Chronic late pick-ups will result in ineligibility to participate.
Permanent Roster 3-Day students	\$85 per month	
Drop In students	\$8 per day	

**Payment:** Permanent Roster fees must be paid by the 10<sup>th</sup> of the month. Fees and tuition may be paid together. We do not send out bills. Payment is late and a late fee of \$15 is assessed after the 10<sup>th</sup> of the month. Chronic late payments will result in ineligibility to participate.

Permanent Roster will be filled first come first served, based on when this form is turned in AND the first month payment is received. The first month payment may be turned in with this Registration Packet.

**To Sign Up:** Fill out and return this agreement, indicating if your child will be joining the Permanent Roster, or that you will schedule weekly or daily. The Permanent Roster offers your child a guaranteed space in Before Care and/or Lunch Bunch and offers a discounted rate.

Daily and weekly sign-ups are subject to availability after the Permanent Roster schedule is filled and must be paid for when you sign up. Credits will not be issued for missed days, as you are not only paying for your child's attendance, but for the limited space that you have reserved.

I have read and understand the above and agree to the policies.

Student Name: \_\_\_\_\_

My student will be participating in:

- |  |  |
|--|--|
| <input type="checkbox"/> Before Care – Permanent Roster, 5-Day Student<br><input type="checkbox"/> Before Care – Permanent Roster, 3-Day Student<br><input type="checkbox"/> Before Care – Drop In | <input type="checkbox"/> Lunch Bunch – Permanent Roster, 4-Day Student<br><input type="checkbox"/> Lunch Bunch Permanent Roster, 3-Day Student<br><input type="checkbox"/> Lunch Bunch – Drop In |
|--|--|

Parent Name (Printed): \_\_\_\_\_ Parent's Cell #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_