# SBUM Preschool Lic C18BRO153

# 450 Lee Ave. Sat Bch, Fl 32937 FEI 59-1100835

***(321) 777-0116 X203 Summer Camp 2017 (full document)*** [***susans@sbumc.net***](mailto:susans@sbumc.net)

**Summer Camp Schedule: June 5-8 (Monday-Thursday) June 19-22 (Monday-Thursday) *(circle week/s)***

**Fee: $80/week (No discounts, credits or make-up days) Hours: 9 -12:00 Children bring snack.**

## PLEASE PRINT CHILD’S INFORMATION

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birthdate** \_\_\_\_/\_\_\_\_/\_\_\_

**Last Name First Name Nickname**

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number & Street City Zip Code Home Phone**

**May we take pictures of your child for Church newsletters? YES NO**

#### Does your child have allergies and/or medical problems? YES NO

(If yes, please explain.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **PARENT INFORMATION** | **FATHER’S INFORMATION** | **MOTHER’S INFORMATION** |
| **Name** |  |  |
| **Cell #** | **( )** | **( )** |
| **Work #** | **( )** | **( )** |
| **Place of Employment** |  |  |
| E-mail address (Circle email for preschool use) |  |  |
|  |  |  |

**Child’s age on June 1 \_\_\_\_\_\_\_\_\_\_ Male Female**

I understand that I am responsible for sending my child in appropriate athletic shoes (no crocs, no sandals, no heels, no platforms).

I understand that I will send in a light snack and a lunch for my child.

Parents printed name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parents signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(The following pages are only necessary if child is not a current student at SBUM Preschool)***

**MEDICAL INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Primary Doctor** | **Dentist** | **Hospital** | Secondary Doctor |
| **Name** |  |  |  |  |
| **Phone** |  |  |  |  |
| **Health Insurance Information** | **Company** | Policy # | **Name of Insured** |  |
| Allergies & **Medical Conditions** | **Food Allergies** | **Medication Allergies** | Allergic to Bug Bites? | **Medical Conditions** |
| **Any Daily Medications?** |  |  |  | Asthma? |

EMERGENCY CONTACTS AND AUTHORIZED PERSONS TO PICK UP YOUR CHILD

Please list persons **other than mother or father** to be contacted in case of accident if parent cannot be reached and are authorized to pick up your child. They should be able to pick up with 30 minutes.

**Please Print Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EMERGENCY CONTACTS** | **Contact #1** | **Contact #2** | **Contact #3** |  |
| **Name** |  |  |  |  |
| **Home Phone** | **( )** | **( )** | **( )** |  |
| **Cell #** | **( )** | **( )** | **( )** |  |
| **Work #** | **( )** | **( )** | **( )** |  |
| **Relationship** |  |  |  |  |

**Individuals in addition to emergency contacts permitted to remove your child from school (i.e., out of state Grandparents or other relatives who may visit during the year):**

**CUSTODY: (circle one) BOTH PARENTS FATHER ONLY MOTHER ONLY**

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

Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(The preschool must have supporting documentation if a parent may not remove child.)**

If not a current student please provide a State of Florida Immunization Record and a State of Florida Physical Form.

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. Call 911 if need be
2. Contact me immediately, and then will
3. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### GUIDELINES FOR A WELL CHILD

I understand that I need to keep my child home if he/she has had the following symptoms within the **past 24 hours:**

**1) FEVER** equal to **100** degrees or greater

1. A constant untreated **COUGH.**
2. Signs of a possible communicable disease.

i.e. Skin rash, inflamed eyes

1. **DIARRHEA** and/or **VOMITING**
2. **Green Runny Nose**

We are not equipped to take care of sick children and cannot accept any responsibility to do so.  Even though we would like to help you out, this is often impractical and sometimes impossible.  We reserve the right to use our own judgment as to the wellness of a child and to decline to accept or admit a student to class, even though we have received a Doctor's release for the child to enter or re-enter school.  You agree we may keep your child out of class upon our determination that your child is sick and that you will come to school and take your child home upon being notified to do so.

SBUM Preschool policy is that students sent home during the preschool day due to sickness or showing signs of illness should stay home one more day even though we have received a Doctor's release for the child to re-enter school.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ENROLLMENT FORM (SUPPLEMENT) SATELLITE BEACH UNITED METHODIST PRESCHOOL**

**Child’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 OF SATELLITE BEACH UNITED METHODIST PRESCHOOL

Section 10M-12.013 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).**

**Alternative Nutrition Agreement (Lunch to be provided by parent)**

I understand that snack & lunch is not provided by the center, and I agree to provide the noon meal to meet my child’s nutritional and dietary needs when he/she stays for the Afternoon Enrichment Program. A nutritional lunch consists of items from several of the major food groups. I understand that I am responsible for sending in the morning snack separate from a lunch if my child attends aftercare.

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My signature verifies the following:

. . 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 agree to its policies and procedures.*

. . I have received a copy of the Disciplinary Policy of Satellite Beach United Methodist Preschool,

. . I understand that I am responsible for providing a nutritious snack for the morning and a lunch for my child,

. . that all information contained in this application is true and correct, as of this date.

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

**Signature of Parent or Legal Guardian Date**