

2019-2020 Preschool Registration for Two-Year-Olds
Satellite Beach United Methodist Preschool
450 Lee Ave., Satellite Beach, FL 32937
(321) 777-0116 x223 susans@sbumc.net

For Preschool Office Use Only: Reg. Date _____ Enrollment Date _____
 Registration Fee: _____ or a Tuition Express Authorization _____,
 Immunization Record _____ FL Physical Form _____ Flu Flyer _____

PLEASE PRINT ALL REQUESTED INFORMATION

_____/_____/_____
 Student Last Name Student First Name Preferred name Birthdate

 Address (Number & Street) City Zip Code

VPK PRESCHOOL PROGRAM REQUESTED (M-F 9am to 12pm)

Child's age on 9/1/2018 _____ Male _____ Female _____

Indicate first and second choice where applicable.

- Two-Year-Olds - 2-Day Younger Twos (Thursday-Friday) Must be 2 on or before 9/1/2019
- Two-Year-Olds - 2-Day Older Twos (Tuesday-Wednesday) Must be 2 on or before 4/1/2019
- Two-Year-Olds - 3-Day Older Twos (MTW) Must be 2 on or before 4/1/2019

PARENT/GUARDIAN INFORMATION

	Circle Relationship Father, Step-Father, Grandfather	Circle Relationship Mother, Step-Mother, Grandmother
Name		
Cell Phone Number	()	()
Daytime Phone Number	()	()
Place of Employment		
Email Address For Preschool Use		
Relationship If Not Biological Parent		

CUSTODY

- Both Parents
- Father Only
- Mother Only
- Other _____

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

Name _____

Address _____

Cell Phone (_____) _____ Email _____

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

EMERGENCY CONTACTS AUTHORIZED TO PICK UP YOUR CHILD

Please list authorized persons, **other than parent or guardian**, to be contacted to pick up your child in case of accident if parent or guardian cannot be reached or if parent does not show at dismissal time. Authorized persons should be able to pick up your child within **30 minutes**.

	Contact #1	Contact #2	Contact #3
Name			
Home Phone Number	()	()	()
Cell Phone Number	()	()	()
Work Phone Number	()	()	()
Relationship			

ADDITIONAL INDIVIDUALS PERMITTED TO PICK UP YOUR CHILD FROM SCHOOL

Please include out of town family, friends, and grandparents.

Name	Relationship	Phone Number

MEDIA RELEASE

I understand my e-mail, address, and phone number will be published in our school directory.

I understand group pictures with my child will be used in Preschool Program Slideshows, SBUMC Newsletters, Announcements, and the website as well as the SBUM Preschool Facebook page/group.

CHILD CARE BROCHURE

- 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, "Know Your Child Care Facility" (CF/PI 175-24) (Online at website)
- 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, per the SBUMP Parent Handbook. (Online at website)
- 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.
- Emergency Care Plan instructions (if applicable): (This would be for needs particular to your child due to an IEP, or a particular medical condition, etc.)

All information contained in this application is true and correct as of this date.

My signature verifies the above:

Child's Name _____

Signature of Parent or Legal Guardian 1 Date Signature of Parent or Legal Guardian 2 Date

SATELLITE BEACH UNITED METHODIST PRESCHOOL MEDICAL INFORMATION

	Primary Doctor	Dentist	Hospital	Secondary Doctor
Name				
Phone Number				
Health Insurance Information #1	Company	Policy #	Name of Insured	
Health Insurance #2				
Allergies & Medical Conditions	Food Allergies	Medication Allergies	Bug Bite Allergies	Medical Conditions
Indicate Daily Medications				

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

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

1. Contact me immediately
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 1

Date

Signature of Parent or Legal Guardian 2

Date

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

The Preschool program is not equipped to take care of sick children and cannot accept responsibility to do so. Satellite Beach United Methodist Preschool policy states 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. At all times, including a doctor's release note to enter school, we reserve the right to consider the health and safety of all students and decline admitting a student to class using our judgment as to the wellness of a child.

Once a child's health is determined not well by Preschool staff, parents agree their child may be removed from class for the health and safety of others. Parents are **notified** and then **responsible** to pick up their child from school.

2019-2020
Satellite Beach United Methodist Preschool
Financial Agreement for Preschool Students

TIMELY PAYMENTS

An Automated Payment Processing, Tuition Express, is the system used by Satellite Beach United Methodist Preschool for tuition and program payments. **Tuition payments** are due by the first of the month. Tuition Express will be processed on or near the 5th of the month. If the 5th is a nonbusiness day, processing will occur on the following business day. Payments are calculated by taking the full tuition and dividing it into 10 monthly payments. If payment is not received by the 10th of each month, a late charge of \$25 will be added to your account.

If a child participates in the Lunch Bunch and/or Before Care Programs and is on the Permanent Roster, fees are due by the first of the month and will be processed along with regular tuition payments. The 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 attend school after the 15th of the month until payment is made in full, including penalty charges.

RETURNED CHECKS

The charge for a returned check is \$25. **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 submitted, files requested may not be ready. All payments made are non - refundable.

Having enrolled my child, _____, in the Satellite Beach United Methodist Preschool Program for the 2019-2020 school year in the _____ Year- Old Class, I have read and agree to abide by the above policies of the Satellite Beach United Methodist Preschool.

Signature of Parent or Legal Guardian 1

Date

Signature of Parent or Legal Guardian 2

Date

Application is not valid without both guardians' signature.

2018-2019 Satellite Beach United Methodist Preschool Student Information

The following information will guide us to place your child in the best possible learning environment.

Child's Name _____

Nickname _____ Birth Date _____

Does your child have siblings?

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

Is your child more reserved _____ or outgoing? _____

What specific 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

Indicate if your child is currently receiving any of the following:

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

If so, are classroom accommodations necessary?

How did you learn about Satellite Beach United Methodist Preschool? _____

Do you attend Satellite Beach United Methodist Church? (Not a prerequisite for admission to Preschool.) Yes No

If No, ___ We attend _____

 ___ We do not attend a church at this time.

PREVIOUS DAYCARE AND/OR SCHOOL EXPERIENCES

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