

**2020-2021 Preschool Registration for Three Year Olds**  
**Satellite Beach United Methodist Preschool**  
**450 Lee Ave., Satellite Beach, FL 32937**  
**(321) 777-0116 x223 [susans@sbumc.net](mailto:susans@sbumc.net)**

**For Preschool Office Use Only:** Registration Fee: via Tuition Express Authorization \_\_\_\_\_, or Check # \_\_\_\_\_  
 Reg. Date \_\_\_\_\_ Enrollment Date \_\_\_\_\_ Immunization Record \_\_\_\_\_ FL Physical Form \_\_\_\_\_  
 Flu Flyer \_\_\_\_\_ Distracted Adult Flyer \_\_\_\_\_

**PLEASE PRINT ALL REQUESTED INFORMATION**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Student Last Name                      Student First                      Preferred Name                      Birthdate

\_\_\_\_\_  
 Address (Number & Street)                      City                      Zip Code

**PRESCHOOL PROGRAM REQUESTED**

Child's age on 9/1/2020 \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**Check all that apply. Indicate first and second choice where applicable.**

- Three-Year-Olds - 2 Days (Thur. and Fri.)                       Three-Year-Olds - 5 Days (Mon. – Fri.)  
 Three-Year-Olds - 3 Days (Mon. – Wed.)

**PARENT/GUARDIAN INFORMATION**

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

**CUSTODY**

- Both Parents                       Mother Only  
 Father 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 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, sore throat
2. A constant untreated **cough, a persistent** runny nose
3. Signs of a possible **communicable disease**, such as skin rash, inflamed eyes, etc.
4. **Diarrhea** and/or **vomiting**
5. **Lice and nits in the hair, student may not return until all nits are removed.**
- 6.

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.

**2020-2021**  
**Satellite Beach United Methodist Preschool**  
**Financial Agreement for Preschool Students**

**TIMELY PAYMENTS**

Satellite Beach United Methodist Church Preschool uses ProCare Software, a Child Care Management Software System, and its integrated payment system Tuition Express, to collect tuition and program fees. Families may choose to use their checking account or a Visa or MasterCard. A statement is sent to all families before the first of the month as a reminder that Tuition Express will be processed, please check for discrepancies, let us know if you have had a hacked credit card or if it is about to expire.

**Tuition and fee payments** are due by the first of the month. Tuition Express will be processed on or near **the 1<sup>st</sup> of the month**. If the 1<sup>st</sup> is a nonbusiness day, processing will occur on the following business day. **All** payment forms are due by the 1<sup>st</sup> or the next business day. If payment is not received by the **5<sup>th</sup>** of the month, a late charge of \$30 will be added to your account. Payments are calculated by taking the full cost of the program and averaging 10 monthly payments.

The Tuition Express Authorization form will act as the registration deposit for the non-VPK classes.

**PAST DUE ACCOUNT**

Preschool payments must be paid within the current month. A child may not attend school after the 10<sup>th</sup> of the month until payment is made in full, including penalty charges.

**RETURNED CHECKS**

The charge for a returned check is \$30. **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.

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Having enrolled my child, \_\_\_\_\_, in the Satellite Beach United Methodist Preschool Program for the 2020-2021 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.***

**2020-2021  
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 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

## 2020-2021 Satellite Beach United Methodist Preschool Before Care and Lunch Bunch Policies and Agreement

### INFORMATION

	Before Care	Lunch Bunch
<b>Description</b>	Some interactive play time before class starts.	Lunch Bunch is an after school fun time program for children to eat a healthy lunch together and engage in appropriate social interactions. Following lunch, children participate in a variety of interactive play activities.
<b>Days</b>	Monday - Friday	Monday, Tuesday, Wednesday, and Thursday. Days are subject to change due to attendance. <b>NO LUNCH BUNCH ON FRIDAYS.</b>
<b>Time</b>	Before Care starts at 8:05 am in Y8	Children attend this after school program until 1:50 pm. Late fees start at 2:01 pm and are assessed as the preschool license permits coverage up to 2:00 pm.
<b>Who May Attend</b>	Students enrolled in the Three-and Four-Year- Old classes may attend. Chronic potty accidents will disqualify a child from attending.	Students enrolled in the Three and Four- Year-Old classes may attend. Chronic potty accidents will disqualify a child from attending.
<b>What to Bring</b>	NA	Provide a healthy packed lunch clearly labeled 'Lunch' with your child's initials or name on it.

### FEES

**Late Pickup Fee - \$1.00 per minute late. Chronic late pick-ups will result in ineligibility to participate.**

A Permanent Roster and schedule will be created for both Before Care and Lunch Bunch based on number of days requested and order of registration.

#### Sign Up for Before Care and/or Lunch Bunch

Fill out and return this agreement, indicating if your child will be on the Permanent Roster or considering Drop-In. The Permanent Roster offers your child a guaranteed space at a discounted rate in Before Care and/or Lunch Bunch.

Before Care Fees			
	Mixed Ages	Fee	Days Requested
	5-Day Students	\$50/mo.	MTWThF
	4-Day Students	\$40/mo.	
	3-Day Students	\$31/mo.	
	2-Day Student	\$21/mo.	
	1-Day Student	\$12/mo.	
	Drop In	\$4/day	

Daily and weekly sign-ups are subject to availability after the Permanent Roster schedule is filled. Credits will not be issued for missed days, as payment is not only for a child's attendance, but, for the limited space reserved.

Lunch Bunch Fees			
	12:00 pm – 1:50 pm		Days Requested
	4-Day Students	\$120 per month	MTWTh
	3-Day Students	\$90 per month	
	2-Day Students	\$60 per month	
	1-Day TWTh	\$30 per month	
	1-Day Monday	\$27 per month	
	Drop In Students	\$9 per day	

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

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

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

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