



## 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, sore throat
2. A constant untreated **cough, a persistent runny nose, persistent sneezing**
3. Signs of a possible **communicable disease, such as skin rash, inflamed eyes, Covid-19, etc.**
4. **Diarrhea and/or vomiting**
5. **Lice and nits in the hair, student may not return until all nits are removed.**

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 within 30 minutes.

# 2021-2022 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 on or around the 1<sup>st</sup> of the month, please check for discrepancies, let us know if you have had any changes to your credit card.

**Tuition and fee payments** are processed on or near the first of the month. If the 1<sup>st</sup> is a nonbusiness day, processing will occur on the following 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, if not by the 10<sup>th</sup> of the month, attendance will be denied.

Payments are calculated by taking the full cost of the program and dividing into equal 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. Repeated occurrences will result in increased late fees and payment options will be discussed on a case by case basis with the director.

## 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 2021-2022 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.***

## 2021-2022 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