

2022-2023 Preschool Registration for Four-Year-Old's (VPK)

Satellite Beach United Methodist Preschool
(321) 777-0116 x223

450 Lee Ave., Satellite Beach, FL 32937
susans@sbumc.net

For Preschool Office Use Only: VPK Certificate Tuition Express Authorization Reg. Date
Flu Flyer Immunization Record FL Physical Form Enrollment Date
SBUMP Parental Disclosure and Agreement SBUMP Handbook and Addendum

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 9/1/2022 Male Female

Check all that apply.

- VPK Program (must have VPK certificate)
Private Pay Student \$3650/ y billed in 10 equal payments of \$365/m

PARENT/GUARDIAN INFORMATION

Table with 3 columns: Parent/Guardian Information, Circle Relationship (Father, Step-Father, Grandfather), Circle Relationship (Mother, Step-Mother, Grandmother). Rows include 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, a particular medical condition, sensory issue, 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.**

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.

# 2022-2023 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 2022-2023 school year, 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.***

## 2022-2023 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

## 2022-2023 Satellite Beach United Methodist Preschool Before Care and Lunch Bunch Policies and Agreement

### INFORMATION

	Before Care	Lunch Bunch	VPK Extended Day
<b>Description</b>	Some interactive play time before class starts. Supervised by one of the aides.	Lunch Bunch is a stay and play program, supervised by the various aides. Students bring their lunch.	Teacher led curriculum based activities.
<b>Days</b>	Monday - Friday	MTWTH. Days are subject to change. NO LUNCH BUNCH ON FRIDAYS.	MTWTH. Days are subject to change. NO LUNCH BUNCH ON FRIDAYS.
<b>Time</b>	8:05 am – 8:55	12-1:50	12-1:50
<b>Who May Attend</b>	Students enrolled in the Three-and Four-Year-Old classes may attend who are toilet independent.	Students enrolled in the Three and Four-Year-Old classes may attend. Chronic potty accidents will disqualify a child from attending.	VPK students on permanent roster for 3 or 4 days.
<b>What to Bring</b>	NA	Provide a healthy packed lunch clearly labeled 'Lunch' with your child's initials or name on it.	Provide a healthy packed lunch clearly labeled 'Lunch' with your child's initials or name on it.

**Please circle what your student will participate in below. Indicate any special requests for day of week preference if registering for less than 5 days for Before Care and less than 4 days for Lunch Bunch.**

Before Care Mixed Ages	Fee	Circle Days Requested
5-Day Students	\$80/m	M T W Th F
4-Day Students	\$64/m	M T W Th F
3-Day Students	\$48/m	M T W Th F
2-Day Student	\$32/m	M T W Th F
1-Day Student	\$16/m	M T W Th F
Drop In	\$8 per day	

	Mixed Ages LB	VPK Extended	Circle Days Requested
4-Day Students	\$140/month	\$168 per month	M T W Th
3-Day Students	\$105/month	\$126 per month	M T W Th
2-Day Students	\$70/month	\$84 per month	M T W Th
1-Day	\$35/month	NA	M T W Th
Drop In	\$12 per day	NA	

**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.

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 payment is not only for a child's attendance, but for the limited space reserved.

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

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

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

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

## SBUMP COVID-19 SPECIAL PROGRAM ATTENDANCE

### PARENTAL ACKNOWLEDGMENT AND DISCLOSURE

This should be read, and each statement initialed by BOTH parents or guardians. Signature by BOTH parents or guardians is required.

1. \_\_\_\_\_ I understand that during this COVID-19 public health emergency I will NOT be permitted to enter the facility beyond the designated drop-off and pick-up area. I understand that this procedure change is for the safety of all persons present in the facility and to limit to the extent possible everyone's risk of exposure. I understand that it is my responsibility to inform **any Emergency Contact persons of the information contained herein.**
2. \_\_\_\_\_ I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area, I MUST wash my hands before entering and wear a mask. While in the facility I must practice social distancing and remain 6 ft from all other people, except for my own child.
3. \_\_\_\_\_ I understand that in order to attend the program my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated from the rest of the people in the center, in a supervised, secure area. I will be contacted, and my child MUST be picked up from the facility within 30 minutes of being notified.

Symptoms include:

- Fever of 100.00 degrees Fahrenheit or higher
- Dry cough
- Shortness of breath
- Chills
- Loss of taste or smell
- Sore throat
- Muscle aches
- Any other symptom identified by the CDC as associated with COVID-19
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While we understand that many of these symptoms can also be related to non-COVID-19 related issues, we must proceed with an abundance of caution during this public health emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously. Your child will need to be symptom free without any medications for 72 hours before returning to the facility.

4. \_\_\_\_\_ I understand that over the course of the school day, my child's temperature will be taken upon arrival and mid-morning. I understand that all persons entering the halls will be temperature checked.

5. \_\_\_\_\_ I understand that my child will be required to wash their hands using CDC recommended handwashing procedures throughout the day using running water and rubbing with soap for at least 20 seconds.
  
6. \_\_\_\_\_ I understand that outside of school/care, in order to control my child's exposure in the community, our family will comply with any and all state, county or local stay-at-home orders, and will follow any current CDC guidelines while they are in effect. I understand that outside of work and school attendance, the CDC may recommend limiting close contact with others outside of those living in my household, including by refraining from all non-essential outings, wearing a mask in all public areas, and remaining 6 ft from all other people.
  
7. \_\_\_\_\_ I agree to reinforce good health safety habits at home, including by reminding my child not to touch their face, to frequently wash their hands long enough to sing "Happy Birthday" twice, and to cover coughs and sneezes.
  
8. \_\_\_\_\_ I will immediately notify Satellite Beach United Methodist Preschool management if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 1 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.
  
9. \_\_\_\_\_ Satellite Beach United Methodist Preschool will continue to follow the guidelines as closely as possible of both the CDC and state and local officials to ensure the health and wellbeing of all staff and children who enter the facility. As changes happen, parents will be notified. Satellite Beach United Methodist Preschool will contact the Health Department if any staff member or student contracts COVID-19 to help make crucial decisions on closing the facility and for what length of time. Satellite Beach United Methodist Preschool reserves the right to change or suspend operating procedures in light of CDC, Health Department, DCF or another applicable agency guidance.
  
10. \_\_\_\_\_ I understand that while present in the facility each day my child will be in contact with children, families, and employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines, or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that the members of our family play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

**Please keep the above two pages for your reference and turn in the following signature page with your registration.**



**SBUM PRESCHOOL COVID-19 SPECIAL PROGRAM ATTENDANCE**

**PARENTAL ACKNOWLEDGMENT AND DISCLOSURE**

We the parents or guardians of Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by SBUM Preschool will result in adverse action up to and including termination of my child's participation in this program.

Parent's Name: \_\_\_\_\_

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

Parent's Signature

Parent's Name: \_\_\_\_\_

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

Parent's Signature