

**2023-2024 Preschool Registration for Three Year Old's**  
**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 \_\_\_\_\_ Reg. Date \_\_\_\_\_  
 Flu Flyer \_\_\_\_\_ Immunization Record \_\_\_\_\_ FL Physical Form \_\_\_\_\_ Enrollment Date \_\_\_\_\_

**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 9/1/2023 \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**Check all that apply. Indicate first and second choice where applicable as classes are filled in the order registration packet and Tuition Express Authorization is received.**

- Three-Year-Old's - 3 Days (Mon., Tues, Wed.) \$2550/year billed in 10 equal payments of \$255/m
- Three-Year-Old's - 3 Days (Wed, Thur. Fri.) \$2550/year billed in 10 equal payments of \$255m
- Three-Year-Old's - 5 Days (Mon. – Fri.) \$3650/year billed in 10 equal payments of \$365/m

**PARENT/GUARDIAN INFORMATION**

	Circle Relationship Father, Step-Father, Grandfather	Circle Relationship Mother, Step-Mother, Grandmother
Name		
Cell 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**

Per Department of Children and Families list 2 or more authorized persons, **other than parent or guardian**, to be contacted to pick up your child if parent cannot be reached or does not arrive for dismissal time. Authorized persons should be able to pick up your child within **30 minutes**. **Authorized persons will be issued a Pin number in Procure.**

	<b>Contact #1</b>	<b>Contact #2</b>	<b>Contact #3</b>
Name			
Cell Phone Number			
Relationship			

**ADDITIONAL INDIVIDUALS PERMITTED TO PICK UP YOUR CHILD FROM SCHOOL**

Please include out of town family, friends, and grandparents that may visit and want to pick up.

<b>Name</b>	<b>Relationship</b>	<b>Phone Number</b>

**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, 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.

**2023-2024**  
**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 any changes to your credit card.

**Tuition and fee payments** are processed on 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 dividing the full cost of the program into equal monthly payments.

At the time the Tuition Express Authorization form is received or April 1<sup>st</sup>, (whichever is later) the registration fee will be processed for 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 PAYMENT**

The charge for a returned payment 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 2023-2024 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 guardian's signature.***

**2023-2024**  
**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

## 2023-2024 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	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.**

#### 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. Credits will not be issued for missed days, as payment is not only for a child's attendance, but, for the limited space reserved. **Circle which days requested.**

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

Lunch Bunch		Indicate
12:00 pm – 1:50 pm		Circle Days Requested
4-Day Students	\$140 per month	M T W Th
3-Day Students	\$105 per month	M T W Th
2-Day Students	\$70 per month	M T W Th
1-Day Students	\$35 per month	M T W Th
Drop-in Students	\$12 per day	Reservation only.

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

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

\_\_\_\_\_  
Signature of Parent or Legal Guardian 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian 2

\_\_\_\_\_  
Date

## PARENTAL ACKNOWLEDGMENT AND DISCLOSURE

### IN CASE OF A PUBLIC HEALTH EMERGENCY

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 a 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 would be 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 any contagious disease symptom. 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 contagious disease.

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 may be taken upon arrival and mid-morning. I understand that all persons entering the halls may 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 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 teach child to cough and sneeze into the elbow.

Continued next page.

7. \_\_\_\_\_ 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 reserves the right to change or suspend operating procedures if recommended by CDC, Health Department, DCF or another applicable agency guidance.
  
8. \_\_\_\_\_ 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, Influenza, RSV and other contagion as viruses 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.
  
9. \_\_\_\_\_ I understand that SBUMP may close classes out of an abundance of caution if we experience an outbreak of contagion and that there will be no credit for fees for Tuition, Before Care or Lunch Bunch Programs. Note: All Permanent Roster programs have built in fee absence days.

As the parent or guardian 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