

## Registration Form – Little Angels Preschool

Child's Name – Last, First, M.I. \_\_\_\_\_

Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_

Date of enrollment **2022-2023**

Child's Address \_\_\_\_\_

Street

City

State

Zip Code

\*\*\*\*\*

One Year Old, Two Years Old, Three Years Old – by Sept. 1<sup>st</sup> (9:00am – 12:00pm)

5 days \_\_\_\_\_

3 days (M, W, F) \_\_\_\_\_

2 days (T, Th) \_\_\_\_\_

One Year Old, Two Years Old, Three Years Old – by Sept. 1<sup>st</sup> (9:00am – 3:00pm)

5 days \_\_\_\_\_

3 days (M, W, F) \_\_\_\_\_

2 days (T, Th) \_\_\_\_\_

VPK\* - Four Years Old by Sept. 1<sup>st</sup> (9:00am – 12:00pm)

5 days \_\_\_\_\_

\*A certificate of eligibility from Early Learning Coalition is required for VPK enrollment.

VPK Aftercare – Four Years Old by Sept. 1<sup>st</sup> (12:00pm – 3:00pm)

5 days \_\_\_\_\_

3 days (M, W, F) \_\_\_\_\_

2 days (T, Th) \_\_\_\_\_

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Parent(s)/Guardian(s) Name \_\_\_\_\_

Parent Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent E-Mail \_\_\_\_\_

Parent(s)/Guardian(s) Name \_\_\_\_\_

Parent Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent E-Mail \_\_\_\_\_

**List of adults authorized for emergencies & to pick up your child: Please don't include parent's name. (We need 2 emergency contacts by law other than parents/guardians)** At least one contact must be local. Children will only be released to those indicated below. Identification will be required.

Name \_\_\_\_\_

Relation to child \_\_\_\_\_

Address \_\_\_\_\_

Cell phone \_\_\_\_\_

Local

Name \_\_\_\_\_

Relation to child \_\_\_\_\_

Address \_\_\_\_\_

Cell phone \_\_\_\_\_

Local

Name \_\_\_\_\_

Relation to child \_\_\_\_\_

Address \_\_\_\_\_

Cell phone \_\_\_\_\_

Local

Church attended \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Concerns \_\_\_\_\_

Special Needs or Therapy \_\_\_\_\_

Language Used at Home \_\_\_\_\_

Potty Trained\* YES \_\_\_\_ NO \_\_\_\_

**\*Children must be potty trained for VPK & Three-Year-Old Classrooms**

Please read and initial each item

\_\_\_\_\_ It is the parent's responsibility to notify the school when your child will be late or absent before 9:30am. (Per Florida DCF statute 7.5 Daily Attendance Section C.) For more information please reference: <http://www.dcf.state.fl.us/programs/childcare/docs/handbook/Facility%20Handbook.pdf>

\_\_\_\_\_ All students must arrive no later than 10:00am on their scheduled day. Students who are not able to arrive by 10:00am must speak with the Director. Arriving later than 10:00am disrupts the classroom schedule and routine of the children.

\_\_\_\_\_ Field Trip Permission: I give permission for my child to go on the grounds and property of Mary Esther UMC. I also understand that children will be accompanied by the classroom teacher.

\_\_\_\_\_ Rule 65C-22.005(1)©2, F.A.C. requires licensed child care facilities to obtain written permission from parents regarding a child's participation in food related activities including such things as classroom cooking projects, schoolwide celebrations, class parties, and birthday celebrations. Please select one of the options below:

\_\_\_\_\_ My child has no allergies and may participate in food related activities.

\_\_\_\_\_ My child has allergies and may NOT participate in food related activities.

\_\_\_\_\_ My child has allergies but may participate in food related activities

excluding: \_\_\_\_\_

\_\_\_\_\_ Photo & Video Permission: I give permission for my child to have their picture taken at Little Angels Preschool (Mary Esther UMC) during the school year. I understand that the preschool and church may display these pictures and/or videos on the bulletin boards, use them in art projects, in the classroom, newsletter or websites.

\_\_\_\_\_ Section 65C-22-006(2), F.A.C. requires a current physical examination (Form 3040) and immunization record (Form 680) within **20 days** after your child starts. I will provide the school with the required documentation and updates as necessary.

\_\_\_\_\_ Emergency Release: If medical care is deemed necessary, and I cannot be contacted, I authorize the Little Angels Preschool/Mary Esther UMC staff to act on my behalf in granting permission for my child to receive emergency treatment or surgery. IN such a situation, I authorize medical personnel to perform required emergency procedures.

\_\_\_\_\_ Section 402.3124(5), F. S. requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE CENTER." (Displayed on Parent Table)

\_\_\_\_ EXPLUSION AND DISMISSAL POLICY: Our program is committed to providing a safe, nurturing environment conducive for learning and growth for all our children. We strive to ensure all our children are set up for success regardless of their need or developmental level. Every effort will be made to prevent the expulsion or dismissal of children from the program. However, LAPS reserves the right to cancel the enrollment of a child for the following reasons, not limited but including:

- Non-payment or excessive late payments of fees/tuition.
- Failure to adhere to policies and procedures as outlined in the program's Parent Handbook.
- The child has needs which we cannot adequately meet with our current staffing patterns.
- The child's behavior threatens the health and safety of him/herself, the other children or program staff.
- The parent/guardian exhibits behavior which is detrimental to the health and well-being of the children and staff in a classroom or negatively interferes with the normal functioning of the classroom and/or program. This includes but is not limited to vulgarity, intimidation, harassment, or violation of childcare licensing regulations.

\_\_\_\_ There is a \$100.00 non-refundable registration fee due at the time of registering for each child.

By signing below, you verify that you have been made aware of the above items, that you recognize that all information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility and the Department of Children & Families to have access to my child's records.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

How did you hear about us? (Mark one)

\_\_\_\_ Friend/Family

\_\_\_\_ Website

\_\_\_\_ Sign

\_\_\_\_ Other (please specify): \_\_\_\_\_

Child's age as of Sept. 1<sup>st</sup> \_\_\_\_\_

Classroom \_\_\_\_\_