



| <u>Kindergarten</u> | <u>4's</u> | <u>3's</u> | <u>Y3's</u> | <u>2's</u> |
|---------------------|----------------|--------------|--------------|--------------|
| 5-Day* _____ | VPK _____ | M&W/F _____ | M&W/F _____ | M&W/F _____ |
| | Adv K-4* _____ | T&TH/F _____ | T&TH/F _____ | T&TH/F _____ |
| | | 5-Day _____ | 5-Day _____ | 5-Day _____ |

Child's Name _____

First
Middle
Last
(Nickname)

Address: _____ City & State: _____ Zip: _____

Home Phone Number: _____ Birthdate: ___/___/___ Sex: ___/___

Provider: _____ M D Y M F

(Ex. AT&T, Sprint, Verizon, Cox, etc.)

Cell Phone: _____ E-Mail Address: _____

(Ex. AT&T, Sprint, Verizon, Cox, etc.)

Mother's Name: _____ Father's Name: _____

Work Phone: _____ Work Phone: _____

Occupation: _____ Occupation: _____

Would you be interested in serving on the school Board of Director's? (Board members attend monthly meetings, serve on committees, and help with school activities.) Yes ___ No ___

Would you be interested in substituting? Yes ___ No ___

Will you be applying for a Tuition Scholarship? Yes ___ No ___

Has your child been referred for speech, language, or any behavioral services? Yes ___ No ___

Does your child have an IEP or 504 plan? Yes ___ No ___

*Screening required.

****All registration fees are NON-REFUNDABLE. The first tuition payment is NON-REFUNDABLE after the first day of school.**



**State of Florida
Department of Children and Families
CHILD CARE APPLICATION FOR ENROLLMENT**

Student Information: Date of Birth: _____ Sex: ____ Date of Enrollment: _____

Full Name: _____

Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From _____ To _____

Days of the Week in Care: M T W Th F Sa Su

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack Sup Eve Snack

Family Information: Child Lives With: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____/Cell: _____ Work Phone: _____/Cell: _____

Custody: Mother _____ Father _____ Both _____ Other _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern: _____

Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

| Name | Address | Work# | Home# |
|------|---------|-------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

Helpful Information About Child:

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), or
Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, or
Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

VOLUNTEER COMMITMENT

All parents are asked to participate in at least one major school event and one smaller school event.

I AGREE TO HELP WITH THE FOLLOWING MAJOR EVENT:

_____ **Clean-up Day** – (Aug.) Volunteers are needed to help clean up the exterior of our school and playground and spruce up the grounds for the new school year.

_____ **Open House/ Book Fair** – (Oct.) Volunteers are needed to help set up the book fair and work 30 min shifts at the start and end of the school day. Additional help is needed on Open house night with set up, serving, and clean up.

_____ **Poinsettia Sale** – (Oct – Nov) Volunteers needed to sell poinsettias, and then deliver them the last week in November.

_____ **Gift Basket Auction** – (May) Volunteers are needed to solicit area businesses for donations to make up various baskets to be auctioned off. Volunteers are also needed to oversee classroom collections and assemble baskets.

I ALSO AGREE TO HELP WITH ONE OF THE FOLLOWING SMALLER SCHOOL EVENTS:

_____ **Halloween Parade and Sing** – (Oct.) Volunteers are needed to donate candy for Trick-or-Treating.

_____ **Thanksgiving Feast and Sing** – (Nov.) Volunteers are needed to set up tables and food for the feast.

_____ **Winter Workshop** – (Dec.) Volunteers are needed to work a 2-hour shift during school to help students make a holiday gift for family members.

_____ **Library** – (Ongoing) Volunteers are needed to stop by the library after dropping off their child in the morning or prior to dismissal one day a week to re-shelve books that have been returned.

Your signature verifies that you have read, understand, and agree to these policies.

Parent Signature

Student Name

Phone #

E-Mail Address

EMERGENCY CONSENT FORM

TO: Dr. _____ or Emergency Physician

This form authorizes any emergency treatment required for my child in the event a parent/guardian cannot be located to give permission for treatment.

Name of Child: _____ Age of Child: _____

Allergies: _____

Parent/Guardian: _____ Telephone: _____

(Please print)

Address: _____

City State Zip

Insurance Co.: _____

Policy #: _____

Parent Signature: _____

Date: _____

DISCIPLINE POLICY

Discipline will always be administered with love. In general, corrective discipline is firm, fair, and consistent. It is designed to correct an unacceptable behavior pattern and administered in such a way as to preserve the child's dignity. Discipline is not associated with food or toileting. Corporal punishment is never used. Procedures such as "time out" or sitting in a "thinking chair" may be used. Time out will never be longer than one minute per year of age of the child.

We recognize that each child is different and needs to be disciplined according to his/her personality and character.

We will strive to cooperate with parents concerning problems that are chronic. If all efforts fail, and a child still requires a disproportionate amount of the teachers' attention and is a disruption to the class, the parent may be asked to withdraw the child.

REGISTRATION

January 19th - Church Members

January 21st – Existing students and siblings

February 3rd – Alumni

February 5th – Registration will be open to the public.

Registrations are always accepted on a FIRST COME, FIRST SERVED basis.

CLASSES OFFERED

2-year-old classes (Must be 2 on or before 12/31/20)

1. Swing Class 2-3 days a week
2. Full week 5 days a week

Limit of 8 students

1 full-time teacher and 1 full-time teacher assistant

Young 3-year-old classes (Must be 3 on or before 03/31/21)

1. Swing Class 2-3 days a week
2. Full week 5 days a week

Limit of 10 students

1 full-time teacher and 1 full-time teacher assistant

3-year-old classes (Must be 3 on or before 09/01/20)

1. Swing Class 2-3 days a week
2. Full week 5 days a week

Limit of 12 students

1 full-time teacher and 1 full-time teacher assistant

4-year-old classes* (Must be 4 on or before 09/01/20)

- Full week Class 5 days a week

Limit of 12 students

1 full-time teacher and 1 full-time teacher assistant

Advanced K-4** (Must be 5 on or before 12/31/20)

- Full week Class 5 days a week

Limit of 10 students

1 full-time teacher and 1 full-time teacher assistant

Kindergarten (Must be 5 on or before 09/01/20)

Limit of 12 students

1 full-time teacher and 1 full-time teacher assistant

Support Facilitation Unit*** (All preschool ages)

1 full-time teacher for every 2 students

*See detailed insert on our 4-year-old programs

**Prescreening required

***For more information inquire in the school office

2020-2021 FEE SCHEDULE

REGISTRATION FEE (applies to Non-VPK students only): \$275 per child.

Registration fees are NON-REFUNDABLE.

*Active St. Paul's United Methodist Church Members will receive half-off the registration fee.

TUITION:

| | <u>Class</u> | <u>Monthly</u> | <u>Yearly</u> |
|----------------|--------------|----------------|---------------|
| 2's and Y3's | Swing | \$185.00 | \$1665.00 |
| 2's and Y'3 | Full Week | \$300.00 | \$2700.00 |
| 3's | Swing | \$185.00 | \$1665.00 |
| 3's | Full Week | \$300.00 | \$2700.00 |
| VPK 4's | Full Week | FREE | FREE |
| Non- VPK 4's | Full Week | \$350.00 | \$3150.00 |
| VPK Adv K-4 | Full Week | \$185.00 | \$1665.00 |
| Non VPK Adv K4 | Full Week | \$450.00 | \$4050.00 |
| Kindergarten | Full Week | \$475.00 | \$4275.00 |

Tuition Payment Options:

1. One yearly payment
2. 9 monthly payments

DUE 09/01/2020

Schedule as follows:

Payment #1 – Due at registration**

Payment #2 – 09/01/2020

Payment #3 – 10/01/2020

Payment #4 – 11/01/2020

Payment #5 – 12/01/2020

Payment #6 – 01/01/2021

Payment #7 – 02/01/2021

Payment #8 – 03/01/2021

Payment #9 – 04/01/2021

****The tuition fees are NON-REFUNDABLE after the first day of school.**

If you are re-enrolling your child for this school year, your first payment is not due until 05/01/2020

| | | | |
|----------------------|----------------------|---------------------------|---------------|
| Extended Day: | Early Care | 7:45 am - 8:30 am | \$2.00 |
| | Lunch Buddies | 11:45 pm - 1:30 pm | \$8.00 |

ENROLLMENT POLICIES

Registration Priority:

Although all registrations will be accepted, the openings in each classroom will be filled on the following priority basis:

1. Church members
2. Current students
3. Siblings of current students
4. Alumni's children
5. Open registration

Health Forms:

All students are required to have an immunization record (blue card) and a copy of their last physical examination, dated within the last two years, (yellow card) on file ON or BEFORE the first day of school. Make the appointment early as these tend to fill quickly.

VPK STUDENTS:

In addition to our registration papers, a Certificate of Eligibility (COE) must be obtained from the Early Learning Coalition of Marion County (ELCMC). The ELCMC will be issuing COEs in the month of May.

NON-VPK STUDENTS:

New Students:

You must pay registration and the first tuition payment at the time of registration.

Returning St. Paul's Students:

If your child is presently enrolled at St. Paul's, you have until the first of May to make the first tuition payment.

FOR YOUR INFORMATION

Health Forms

All students are required to have an immunization record (blue card) and a copy of their last physical examination, dated within the last two years, (yellow card) on file **ON OR BEFORE** the first day of school. Make the appointment early as these tend to fill quickly.

School Calendar

The majority of the time we follow the public school calendar. We start approximately one week after Marion County students and release for the summer prior to their last day. We also are closed the entire week of Thanksgiving.

School Hours

| | |
|--------------------|---------------------|
| Preschool Classes | 8:30 am to 11:45 am |
| Advanced K-4 Class | 8:30 am to 1:00 pm |
| Early Care | 7:45 am to 8:30 am |
| Lunch Buddies | 11:45 am to 1:30 pm |

School Office Calendar and Hours

Generally, the office will be open from 8:00 am until 1:45 pm when school is in session. During the summer months, the office hours may be obtained by calling the school office.

PARENT RESPONSIBILITIES

All parents are asked to participate in at least one major fundraiser in addition to helping with one smaller school event.

Major Fundraisers:

**Clean-up Days
Book Fair/Open House
Poinsettia Sale
Gift Basket Auction**

Smaller Events:

**Halloween Parade and Sing
Thanksgiving Feast and Sing
Winter Workshop
Library**

PROGRAMS FOR 4-YEAR OLDS

Voluntary Pre-Kindergarten (VPK) is a free quality pre-kindergarten program offered to all 4-year-olds in the state of Florida.

- All students who will be 4 years old on or before Sept. 1 are eligible at our school for free preschool experience.
- Parents are required to complete our registration papers, and then obtain a Certificate of Eligibility through the Early Learning Coalition of Marion County. Proof of residency and birth certificate are required to fulfill this obligation.
- This program is completely free with no registration, tuition, or other fees required.
- Children participating in the VPK program will be required to maintain regular attendance per guidelines set by the state of Florida. Parents are required to provide an explanation in writing for any absence.
- The student/teacher ratios in our 4-year old classes will remain 12:2 with the maximum number of students in the class being 12.
- Our curriculum is a play-based curriculum (Beyond Centers and Circle Time) that is implemented in all of our preschool classes. All of the learning domains and readiness skills for Kindergarten are covered in our 4-year old program.

Non-VPK

- Parents not wishing to utilize the VPK program have the option of registering their child for one of our classes at the current tuition rate. (See Fee Schedule & Policies.)
- Registration is done at our school with applicable registration fees.
- Attendance policies do not apply.
- Student/Teacher ratio is 12:2 with a maximum of 12 students in a class.
- Curriculum is the same as mentioned above.

Advanced K-4

- Students who have been screened and meet the readiness criteria for the Advanced K-4 class may also be eligible to participate in the VPK program.
- If the student turns 5 after Sept. 1, he/she is eligible to enroll in the VPK program and pay only the tuition charged for the additional time beyond 3.25 hours. (See Fee Schedule & Policies.) Parents are required to complete our registration application, and then obtain a Certificate of Eligibility through the Early Learning Coalition of Marion County. Proof of residency and a birth certificate are required to fulfill this obligation.
- If the student turns 5 on or before Sept. 1, he/she is not eligible for VPK and therefore may enroll at the full tuition amount. (See Fee Schedule and Policies.) Registration is done at our school with the applicable registration fees.
- Children participating in the VPK program will be required to maintain regular attendance per guidelines set by the State of Florida. Parents are required to provide an explanation in writing for any absence. Non-VPK students have no attendance requirements.
- Advanced K-4 student/teacher ratio is 10:2 with a maximum of 10 students.
- Curriculum information can be found on the Advanced K-4 brochure.