



Start date: \_\_\_\_\_

Password \_\_\_\_\_

**First United Methodist Preschool Student Registration 2022-2023**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Allergies \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Address \_\_\_\_\_

Mother's Telephone: Cell \_\_\_\_\_ Work \_\_\_\_\_

Other \_\_\_\_\_

Mother's Email \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Address \_\_\_\_\_

Father's Telephone: Cell \_\_\_\_\_ Work \_\_\_\_\_

Other \_\_\_\_\_

Father's Email \_\_\_\_\_

**Persons permitted to pick up child:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Password \_\_\_\_\_

The Password is used for the protection of your child. Circumstances may occur when you will need someone that is not listed on the registration form to take your child from this facility. When these circumstances arise, you will need to call and inform us of your instruction. You will be asked for your password.

### **Influenza Virus Brochure**

Influenza Virus, The Flu, A guide to parents: During the 2009 legislative session, a new law was passed that requires child care facilities to provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flue) every year during August and September.

My signature below verifies that I have reviewed the brochure on Influenza Virus.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Know Your Child Care Facility Brochure**

My signature below verifies that I have reviewed the brochure on “Know Your Child Care Facility”.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Swim Central**

SWIM Central is the coordinating agency for water-safety instruction and awareness in Broward County.

My signature below verifies that I reviewed more information on the Swim Central program online at <http://www.broward.org/PARKS/PROGRAMSCLASSES/Pages/swimcentral.aspx>

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Consent Form**

I hereby give my consent to have my child participate in all activities at FUMC preschool. I also realize that FUMC will not be responsible for any minor injuries that might occur during the normal school day. (ex. Scratched knee, bruises and bites)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Nutrition Plan Agreement (Please see attachment)**

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide Lunch and Snack from home to meet my child’s nutritional and dietary needs as recommended by the choosemyplate.gov.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

### Video / Photo Release

I give permission to FUMC preschool to photograph / video my child for the purpose of promoting the preschool or demonstrating the preschool's accomplishments and activities. The photos may be published on brochures, preschool website, preschool Facebook and preschool lobby.

Yes, I give permission\_\_\_\_\_

No, I do not give permission\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_ Date \_\_\_\_\_

### Authorization for Emergency Medical Treatment

In case of any emergency, FUMC preschool will attempt to reach the parents/guardians or the emergency number given on file. If for any reason none of these parties are available, I authorize FUMC preschool to use and transport to the closest medical facility and grant permission to perform any emergency procedure at the discretion of that medical facility.

Emergency Name:\_\_\_\_\_ Phone#:\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_ Date:\_\_\_\_\_

### Medical Information

Child's Physician:\_\_\_\_\_ Phone#: \_\_\_\_\_

### Insurance Information

Health Insurance Company:\_\_\_\_\_

Policy Number:\_\_\_\_\_ Subscriber's name:\_\_\_\_\_

### Health Policy

It is the goal of FUMC preschool to keep each child as healthy as possible. If a child is sick, the parents will be notified to come and pick up their child and to keep their child out of school during any illness.

A child is considered to be sick if any of the following conditions occur:

- Fever of 100 degree or higher
- Vomiting or diarrhea more than two times.
- Cold / Flu symptoms
- Contagious disease (pink eye, scabies, scarlet fever, etc.)

Please note that if medication is prescribed, you must fill out a #5 Medication form. **Any over the counter medication will not be given unless container is brought in seal and unopened.**

I have read and understand the Health Policy. I will not knowingly bring my child to school if he/she is contagious.

Parent/Guardian Signature:\_\_\_\_\_ Date:\_\_\_\_\_

## Physical and Sexual Abuse Policy

As teachers and administrative professionals, it is our responsibility, by law, to report any suspicion of physical or sexual abuse to the Department of Children and Families (DCF)

I have read and understand the policy of FUMC preschool on physical and sexual abuse.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Field Trip Policy

Field trips will occasionally be scheduled for our 3's – 4's classroom. In order for a child to participate, the school permission slip must be signed by a parent/guardian before a child will be permitted to leave the school. If you choose not to send your child on a field trip, you will need to provide alternative child care until the class returns. The teachers need to accompany the class; therefore, there will not be a teacher available to stay with your child.

I have read and understand the field trip policy.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Tuition Agreement

FUMC preschool will require all parents/guardians to obligate themselves to their entire tuition on a Weekly, Bi-Weekly, or Monthly basis. Should you decide to keep your child home for any reason, you will be required to pay your tuition in full for the period of absence as part of your contractual arrangement with us. In order to accommodate our parents, you may take a one (1) week vacation credit during the school year and tuition will be waived for that 1 week only.

- Weekly payments are due on **Monday** of each week. \_\_\_\_\_
- Bi-Weekly payments are due every other **Monday** \_\_\_\_\_
- Monthly payments are due on the first 1<sup>st</sup> of each month and are considered late after the 5<sup>th</sup> of the month. \_\_\_\_\_
- Late payments will be charged a **\$20.00 late fee.** \_\_\_\_\_
- Returned checks will be charged a **\$20.00 return check fee.** \_\_\_\_\_
- Late pick-up will be charged **\$1.00 per minute after 5:30 p.m.**
- **ELC School Readiness** voucher holders will be charged the difference in tuition rate. \_\_\_\_\_

**Please note that if tuition is past-due, your child will not be permitted to FUMC preschool until tuition payment is current.**

**ALL Fees are nonrefundable**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Physical Activity Statement**

Each class is given the opportunity for outdoor physical activities twice per day (weather permitting) for 30 minutes. This will include an organized group activity and free play.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Food Activity Permission**

FUMC Preschool use food items on various occasions as a learning activity for the children. We are a nut free preschool and no nuts will be used or consumed during these activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Safe Sleep Policy for Infants**

FUMC Preschool follows the recommendation of the American Academy of Pediatrics in reducing the risk of SIDS (sudden infant death syndrome) and SUIDS in Early Education and Child Care. All infants will sleep alone in the crib, on their backs and cribs will be clear of any clutter (no blankets, toys and mobile).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Child Care personnel (Childcare Licensing) Consent**

I consent for child care personnel to have access to my child's records for licensing purpose only.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Discipline**

First United Methodist Preschool (First Kids Academy) reserves the right to remove from our program any child who continually displays inappropriate behavior. Behaviors which pose harm to the student or other students and staff are deemed inappropriate.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Acknowledgement**

Each parent/guardian will be given a copy of these policies and procedures. After reading, the parent registering the child into the preschool must acknowledge reading these policies by signing the form below.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Parking Lot**

The Church's Parking Lot is a metered lot which is monitored. Upon your child's enrollment, you will receive a parking pass. It is necessary to display this pass in your car on the dashboard when you are parked in the lot. Failure to properly display the parking pass may result in a parking ticket.

If you choose to utilize the drive-through for dropping off and picking up your child, please be considerate of others and *limit your stay to five minutes or less*.

**PLEASE DRIVE SLOWLY AND USE CAUTION WHEN DRIVING THROUGH**

First United Methodist Preschool  
Enrollment Packet  
2022 – 2023



101 SE 3<sup>rd</sup> Avenue  
Ft. Lauderdale, Florida 33301

(954) 463 – 3758

First Kids Academy Hours  
**7:30 a.m. – 5:30 p.m.**  
**Monday - Friday**

*Our **mission** is to provide exceptional care to children while fostering each child's intellectual, social, physical and moral development in an academic-rich environment.*

