



Open Hearts-Open Minds-Open Doors

First UMC

The Growing Place

Early Childhood Center

Registration Package

2018-2019

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REGISTRATION POLICIES AND PROCEDURES

REGISTRATION PAPERWORK

In addition to the forms enclosed, a registration package is also available online for your convenience. Please visit www.fumccg.org Please note that registration forms cannot be submitted online.

REGISTRATION REQUIREMENTS

(Requirements are to be met in full before the start of the school year)

1. Turn in completed registration forms during the applicable registration period to the school office between 8:00 a.m.-3:30 p.m. Monday-Friday.
2. The registration forms need to include a check or money order made out to: FUMCCG or First UMC of Coral Gables, for the registration fee and first tuition payment. Current Families can pay using Tuition Express. Please note that the registration fee and first tuition payment are NON-REFUNDABLE and NON-TRANSFERABLE. This payment will secure your child's placement.
3. A copy of your child's Birth Certificate or Passport (for new children only) should be included as well, to verify date of birth.
4. Registration Paperwork will be accepted, only if there is space available.
5. If age levels are at capacity, we will begin a waiting list, and no paperwork will be collected until a space is open. There is no charge to be placed on the waiting list.
6. Discounted Capital Improvement and Secure Facility Fees are due by May 1st, 2018.
7. Non-Discounted Capital Improvement and Secure Facility Fees are due by August 1st, 2018.
8. PTG Activity Fee is due by August 1st, 2018.
9. Kindergarten Graduation Fee is due by August 1st, 2018.
10. **Second tuition payment is due by August 1st, 2018.**
11. For your convenience annual tuition can be paid in ten payments, with the first payment due upon registration. The remaining nine tuition payments are due on the first of the month from August 2018-April 2019.
12. Health and Immunization forms are due by August 1st for new children.
Current families will receive a notice if updated forms are needed.

I have read and am in agreement with First UMC-The Growing Place registration policies and procedures.

Name: _____

Signature: _____ Date: _____

OFFICE USE ONLY

Registration Fee \$ _____	Check # _____	Date Rec'd _____
First Tuition Payment \$ _____	Check # _____	Date Rec'd _____
Capital Improvement Fee _____	Check # _____	Date Rec'd _____
Facility Security Fee \$ _____	Check # _____	Date Rec'd _____
PTG Activity Fee \$ _____	Check # _____	Date Rec'd _____
Kindergarten Graduation Fee \$ _____	Check # _____	Date Rec'd _____
Health and Immunization Forms		Date Rec'd _____
Copy of Birth Certificate or Passport		Date Rec'd _____

ARE YOU A MEMBER OF FIRST UMC OF CORAL GABLES?

Please circle one: Yes No

ARE YOU INTERESTED IN RECEIVING INFORMATION ABOUT OUR FAMILY PROGRAMS AT FIRST UMC?

Please circle one: Yes No

OTHER THAN PARENTS, WHO IS AUTHORIZED TO PICK UP YOUR CHILD?

(Please fill in all information)

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

I give permission for my child to be included in classroom and school-wide activity photos, and videos taken by the growing place staff or parents during the school day. I understand that these will be used only for classroom or hallway display, in the school yearbook, brochures and/or on our social media sites. (www.fumccg.org)

Please circle one: Yes No

FLORIDA DEPARTMENT OF FAMILIES (DCF) REQUIREMENTS

- 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 185-24).
- 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.

SIGNATURE BELOW INDICATES THAT YOU HAVE RECEIVED THE ABOVE ITEMS AND THAT THE INFORMATION ON THIS ENROLLMENT FORM IS COMPLETE AND ACCURATE.

Name: _____

Signature: _____ Date: _____

FINANCIAL POLICIES

In an effort to provide a transparent atmosphere and effective communication, please review the following:

1. Parents are financially responsible for all Tuition, Early Morning Care, and After School Programs payments, the first of the month (August-May) regardless of absences. Any payment made after the 10th of that month will result in a \$25.00 late fee charge for each individual program payment.
2. We accept payments by check or money order in the school office. Credit card payments can be made through our on-line payment service. Check payments need to be made out to: **FUMCCG or First UMC of Coral Gables.**
Cash payments are not accepted.
3. Any NSF or declined card will result in a \$25.00 service charge. Recurring incidents may result in all payments to be made with a cashier's check.
4. **Late Pick-up Fees:** All children must be picked up on time from school or optional programming. A late fee of \$25.00 will be charged per incident for chronic late pick-ups. Chronic Lateness is defined as being late two times or more in any given month during the school year.
5. Registration for the upcoming school year becomes void if any outstanding fees are not paid in full by the last day of school.
6. Coral Gables First UMC membership—to be considered an active FUMCCG member, at least one parent or legal guardian must be a registered member who participates in the life and body of this church by their prayers, presence, gifts and service. Active FUMCCG members are exempt from paying registration fees, but are responsible for first tuition payment at time of registration and Capital Improvement and Facility Security fees.
7. Sibling Discount-25% discount off the registration fee and \$20.00 off each additional child's tuition payment (10 in total).
8. Discounted Capital Improvement and Secure Facility Fees are due by May 1st, 2018.
9. Non-Discounted Capital Improvement & Secure Facility Fees are due by August 1st, 2018.
10. **Withdrawals, Registration Fee and Prepaid Tuition Refund Policy:**
It is the intention of First UMC and The Growing Place not to incur a loss in the acceptance of an application for admittance to the school. Accordingly, the school board has adopted the following policy: **REGISTRATION FEE and PREPAID TUITION PAYMENTS are NON-REFUNDABLE OR TRANSFERABLE.**
11. **Withdrawals:** Parents are responsible to notify the school office in writing by August 1, 2018, if their child will not be attending, to avoid any further financial obligation for the remainder of the school year. Withdrawals after the start of the school year have to be made in writing to the Director-Parents will be held financially responsible for the month they are withdrawing in.
12. First UMC-The Growing Place reserves the right to revoke admittance to the school and optional programming if the financial policies and procedures are not adhered to.

I HAVE READ AND AM IN AGREEMENT WITH FIRST UMC-THE GROWING PLACE'S FINANCIAL POLICIES LISTED ABOVE

Name: _____

Signature: _____ Date: _____

EMERGENCY MEDICAL RELEASE FORM

I hereby grant permission for First UMC-The Growing Place Staff and/or the First UMC of Coral Gables staff, to take any steps necessary to obtain emergency medical care if warranted for my child. These steps may include, but are not limited to the following:

1. Calling 911 (if the child needs to be transported to the hospital, a staff member will accompany the child)
2. Contact parents or guardians.
3. Contact parents or guardians through any of the persons listed on this emergency medical form.
4. Contact child’s physician listed below.

Any expenses incurred for emergency medical care will be borne by the child’s family.

The school will not be responsible for anything that may happen as a result of false medical or personal information provided to the school.

PERSONS TO CONTACT IN THE EVENT THAT WE CANNOT REACH YOU

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

KNOWN ALLERGIES OR HEALTH NEEDS

PHYSICIAN(S) TO CONTACT IN THE EVENT OF AN EMERGENCY

Name: _____ Phone: _____

To Whom It May Concern:

I hereby give my consent to the nearest Hospital to administer treatment to my child, _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants.

Parent Signature: _____ Date: _____

State of Florida

County of Miami Dade

On this, the ____ day of _____, 20____, before me a notary public, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

Notary Public