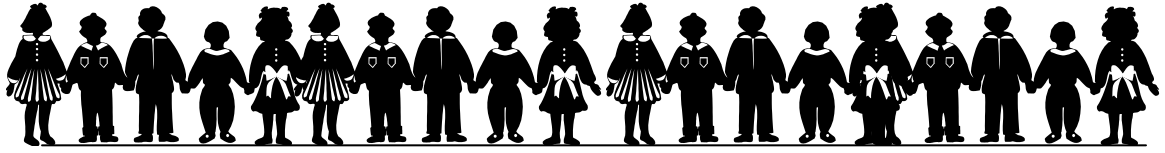


*FIRST CHURCH DELAND
A UNITED METHODIST CONGREGATION*



*Parents' Morning Out
& Preschool Program*

*"Where children are free to grow to their full
potential."*

**VPK
Registration
Packet
2017-2018**

First Church Deland
VPK Preschool
2017-2018 School Year

Days Available: Monday through Friday

Time: M-F 8:30am to 12:15pm

Ages: 4 years old before September 1, 2017

Where: First Church Deland
Corner of Woodland and Howry

Registration: There are no Fees

Supply Fee: There are no fees.

Tuition: The State of Florida will pay tuition for your child as long as you are in compliance with the attendance policy for this program.

Director: Donna Then

Licensed by the Department of Children and Family Services. (License #C12VO0070) Please contact the director at 386-740-0988 for more information

First Church Deland
VPK Preschool Registration Form
2017-2018

Child's Name: _____

Birthday: _____ Age: _____

Parents or Guardian: _____

Siblings: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone#: _____

Email Address: _____

Church Attending: _____

Name/phone of person to contact in case of emergency:

May be picked up at the close of school by: _____

Any concerns or comments: _____

Allergies: _____

Please share additional info if your child has a grandparent who brings and picks up at the preschool.

Grandparent's name: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Important

Tardiness Policy: If a parent fails to pick up their child on time and has not contacted the school office, they will be assessed the following fees:

- \$10 late fee for 5-10 minutes late
- \$1 (additional late fee) for every minute after 10 minutes

If tardiness in pick-up continues to occur, dismissal from the program will be left to the discretion of the PMO/Preschool Council.

Please provide your signature/date below to acknowledge that you understand the above tardiness policy.

Signature

Date

EMERGENCY PERMISSION for the Year 2017-2018

In the case of emergency, in the event of any emergency, illness, or accident, the director of the event will contact the parents at the earliest moment. However, as contact cannot always be made immediately due to "no one at home," busy circuits, etc., we need the following emergency permission signed by a parent or guardian and notarized.

In the event that _____ suffers any illness or accident requiring emergency hospitalization, medication, or surgery while at activities sponsored by First United Methodist Church, I hereby give my permission for any necessary hospitalization, medication, or surgery on recommendation of a doctor, understanding that I will be contacted at the earliest possible moment.

Parent or Guardian (Signature)

Date

Parent or Guardian (Print name & Relation)

Emergency Phone Number

Secondary Contact Name & Relation
(The secondary Contact is to be contacted in case the above listed parent or guardian cannot be reached.)

Secondary Contact's Phone Number

**STATE OF FLORIDA
COUNTY OF VOLUSIA**

The foregoing instrument was acknowledged before me this _____ day of _____,
2017 by _____.

(Notary seal must be affixed.)

Signature of Notary

Name of Notary (Typed, Printed, or Stamped)

Commission Number (if not legible on seal): _____

My Commission expires (if not legible on seal): _____

Personally Known

Produced a current Florida Driver's License

Type of Identification Produced _____
(Notary must check one.)



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

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

Full Name: _____

Child's Physical Address: _____
Last First Middle Nickname

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#
------	---------	-------	-------

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

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

Name	Address	Work#	Home#
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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

First Church Deland VPK Registration Forms Needed

To register your child, you will need to submit the following items:

- A registration form
- Children and family services registration form
- VPK registration forms through the coalition are not available until May 1st 2017.
- Emergency medical release form signed and notarized (must be signed in presence of notary)
- Immunization records and physical record (These forms must be obtained from your child's physician)
- Parent handbook form stating you have read and understand our guidelines