**Enrollment for 2025-2026**

Your child must be 2, 3, or 4 years old on or before September 1st.

**Hope & Play Preschool follows Pasco County School Calendar**

**Hours: 2’s & 3’s 10am-2pm VPK M-F 10am-1pm VPK MWF 10am-3pm**

**PROGRAMS/FEES/TUITION**

**REGISTRATION FEE:** $200.00(1st child) $175.00(sibling)

**SUPPLY FEE: 2 DAY PROGRAM 3 DAY PROGRAM 5 DAY PROGRAM**

$200.00 $225.00 $350

Registration and Supply fees are due at the time of registration

**REGISTRATION AND SUPPLY FEES ARE NON-REFUNDABLE**

**\*\*VPK Classes are asked to “Donate” $200.00 to cover supply costs\*\***

**Please indicate the program your child will attend**

2-Year- Old Class 10am-2pm Monthly

\_\_\_ 2-day Tues/Thurs $350

\_\_\_ 3-day Mon/Wed/Fri $375

\_\_\_ 5-day Mon-Fri $650 **(only if 2 spots available)**

3-Year -Old Class 10am-2pm Monthly

\_\_\_ 2-day Tues/Thurs $325

\_\_\_ 3-day Mon/Wed/Fri $360

\_\_\_ 5-day Mon-Fri $625 **(only if 2 spots available)**

4-Year-Old Class Monthly

\_\_\_ 5-day VPK 10am-1pm Certificate of Eligibility required

\_\_\_ 3-day MWF VPK 10am-3pm Certificate of Eligibility required

**Before/After Care available for all ages 8:30am – 5:00pm**

**Before/After Care Pricing (check one)**

\_\_\_ M-F VPK 1:00pm – 2pm - $225/month

\_\_\_ M-F before/after – 8:30am-5pm $550 ($275 just before or after)

\_\_\_ MWF before/after - $500/month ($250 just before or after)

\_\_\_ T/Th before/after - $400/month ($200 just before or after)

\_\_\_\_ None

**FIRST DAY OF SCHOOL FOR ALL CLASSES – MONDAY, AUGUST 11th**

**We will be sponsoring a Meet and Greet in the afternoon of August 8th from 3:00-5:00pm.** This will be family time for you and your child to meet his/her teachers and fellow students. We ask that MWF & M-F families attend from 3:00-4:00 PM. T/Th families are to attend from 4:00-5:00 PM.

**Hope & Play Preschool**

**Application for Admission** **Enrollment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Preferred Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male\_\_\_\_\_\_ Female\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Cell Phone \_\_\_\_\_\_\_

Mother’s Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father's Email \_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father Work Phone \_\_\_\_\_\_\_\_\_\_

Is there a stepfather or stepmother in the family? \_\_\_\_\_ Yes \_\_\_\_\_\_ No

If yes, please provide your full name and a contact phone number if the person has legal rights to obtain information about your child or is authorized to pick up from school.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following person(s) are authorized to remove my child from Hope & Play Preschool. They will also be considered an Emergency Contact. Formal identification will be required if the staff does not recognize the person.

**Name** **Address** **Relationship** **Cell Phone Number**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you a member of or attending Hope United Methodist Church? \_\_\_\_\_\_\_\_ church attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application for Admission (Continued)**

Please list your child’s siblings and their ages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is English your child’s primary language? \_\_\_\_\_ If not, which language? \_\_\_\_\_\_\_\_\_

Can your child speak clearly? \_\_ If not, is he/she able to express wants/needs? \_\_\_

Is your child able to handle bathroom functions unassisted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child experience separation anxiety? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child more reserved or outgoing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you concerned about any of the following developmental issues?

Social Skills Yes/No Behavior Yes/No Speech/Language Yes/No

Is your child currently receiving any of the following therapies?

Speech/Language Yes/No Occupational Yes/No Physical Yes/No

Do you have any special requests or additional concerns you would like to share with our staff?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Allergies? No\_\_\_\_\_\_ Yes \_\_\_\_

Does your child have an EpiPen? \_\_\_\_\_\_\_\_\_\_\_

EpiPens must be in the original, unopened package with the prescription information attached. A form also needs to be filled out and kept in the child’s folder on file.

For Allergies check all that apply:

Animals \_\_\_\_\_ Hay Fever/Pollen \_\_\_\_\_\_ Insect Stings \_\_\_\_\_\_\_\_

Nuts of any kind (List all)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicines (List All)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food (List All)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any additional information that may help us with your child’s health and physical fitness. Include any restrictions regarding activities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All children are required to have a current Child Care licensing Health Check Form #3040 as well as a current Immunization Form #680 prior to enrolling in our preschool. We also require a copy of your child’s birth certificate. Please provide these forms with your registration.**

Name of Child’s Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_

If my child, \_\_\_\_\_\_\_\_\_\_\_\_\_, should become ill or injured at Hope & Play Preschool, I understand that the staff at HNP will contact me immediately or contact the person(s) I have designated as Emergency Contacts should the staff be unable to reach me. I give the staff of HNP permission to contact my child’s physician or call EMS for immediate treatment.

Preferred Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I accept full responsibility for any payment of medical services for my child. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_

**Hope & Play Preschool**

**Form Acknowledgement – Please initial**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ 1. I understand that I must give a **written** 2-week notice if I intend to withdraw my child from any of the classes and that I am financially responsible for that 2-week period.

\_\_\_2. I understand that HNP strongly encourages family involvement in my child’s education and that I will participate in conferences, programs and/or assignments brought home from the school.

\_\_\_ 3. I agree to support HNP Preschool’s Policies, Practices and guidelines to ensure a successful early education journey for my child.

\_\_\_ 4. I have received a copy of the 2025-26 Hope & Play Preschool Parent Handbook when I enrolled. I understand that I am responsible for abiding by the policies and procedures.

\_\_\_ 5. I have received the Florida Department of Children and Families “Know Your Child Care Facility”.

\_\_\_ 6. I have received the Florida Department of Children and Families “Distracted Adult”.

\_\_\_ 7. I have received the Florida Department of Children and Families “Influenza Virus vaccine”

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date: \_\_\_\_\_\_\_\_\_\_\_**

Signature of Parent/Guardian

Hope & Play DISCIPLINE POLICY

Appropriate behavior at Hope & Play is encouraged through positive reinforcement, redirection, and prevention. Positive behavior is reinforced by hugs, words of encouragement and verbal praise.

The children will be taught and expected to follow these basic rules:

1. Always be caring and respectful towards other children and adults.

2. Use kind words and gentle touches.

3. Do not abuse or be destructive with toys, materials, and equipment.

4. Follow rules and simple directions when asked.

If a child displays inappropriate behavior, he or she will:

1st – Have the request or rule repeated and asked to show that he/she understands.

2nd – Be given a verbal warning that he/she will be removed from the activity if the behavior continues.

3rd – Be placed in a “time out” or “thinking spot”, under adult supervision, until self-control is regained.

4th – Talk with parents and Director.

We will make every effort to work with both the parent and child to develop appropriate behavior. **Expulsion Policy:** In extreme cases where the child endangers himself or others or shows a lack of cooperation, Hope & Play reserves the right to request that the child be removed from the program. We have a right to expel a child anytime for any reason.

Spanking or any other form of physical punishment is strictly prohibited.

Discipline is not associated with food, rest, or toileting.

**I have read and understand the above discipline policy for Hope & Play Preschool.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent or Guardian Signature Date

**VPK Classes/Attendance/Tardiness Policy**

Your child may enroll in the VPK Program – 10am-1pm or 10am-3pm(free)

If your child is enrolled in our VPK program, you must read and initial each item, verifying that you understand and will comply with the regulations, requirements, and policies of our VPK program. Continual disregard for any of the policies listed below will result in your child’s dismissal from the VPK program. All enrolled families will receive a calendar showing days off during the school year of August 11th, 2025, through May 27th, 2026.

\_\_\_ 1. **Be On Time:** Parents must adhere to the arrival time for the program. Late arrivals are very disruptive to the classroom and awkward for the late arriving child. **Class begins at 10AM.** Continued tardiness negatively affects your child’s education. Late arrival time also counts toward absences from instructional days as mentioned in #2 below.

\_\_\_ 2. **Absences:** Please keep your child home if they are sick. Children are not permitted to miss more than 20% of the instructional class time each month. Instructional class time is defined as any time designated by classroom instruction. This does not include weekends, days off, and holidays. In other words, if the school is closed for two weeks during the month of December, this means that there are only 15 instructional days (or 45 hours) during the month. Twenty percent of 45 hours equals 9 hours or 3 instructional days. This does not include any late arrivals or early dismissals. If too many days are missed, financial charges will be incurred.

\_\_\_ 3. Parents are required to sign the monthly ELCPH Attendance Certificate verifying their child’s daily attendance in the program.

(**Please see the following page for signature)**

I have read, understand, and agree to the HNP VPK Attendance Policy as outlined above.

Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



VPK Voucher site: https://familyservices.foridaearlylearning.com