



## Preschool

950 7<sup>th</sup> Street, Clermont, FL 34711 352-394-0191  
Proud recipient of the prestigious UMAP Gold Seal Accreditation Award

### Our Mission

The mission of Wesley Christian Academy, a ministry of First United Methodist Church, is to provide a loving, nurturing, and safe environment where preschoolers have the opportunity to develop cognitively, emotionally, physically, socially and bring them close to God spiritually, to the best of his or her ability.

Our goal is to provide a creative, developmentally appropriate curriculum that will address each child's individual needs.

Our philosophy is that all children are unique creations of God, who can make choices, believe in themselves, share with others, and respect the world around them.

### Our Curriculum

Wesley Christian Academy Preschool uses a creative, developmentally appropriate 2-year old curriculum, Preschool Essentials, and Zoo-phonics Preschool Adventures in Learning. We strive to provide an atmosphere in which preschoolers can develop socially and intellectually through play with other children. By encouraging communication, sharing and getting along with others in large and small groups, we hope to develop responsible behavior. Our staff will provide situations in which each preschooler can succeed in order to develop a healthy self-concept. All our curricula address literacy, physical development, science, health and safety, personal and social development, music and movement, social studies and mathematics. Wesley Christian Academy Preschool helps prepare preschoolers for formal schooling by working with reading readiness skills, by exposure to many different language experiences, number concepts and by encouraging motor skill development. Some of the benefits of preschool include: growth in the ability to listen, to follow simple directions, to concentrate, to share, to understand feelings, to use imagination and materials constructively, and to persevere to complete a task.

### Our Classes

We offer classes for children ages 2, 3 and 4 years old by September 1, 2018. Our doors open at 8:45 a.m. for admittance. The following are our class times and days. The following times may be subject to change due to demand and the legislative proposals for VPK.

<u>2 year olds</u>	<u>3 year olds</u>	<u>Pre-K 4 year olds</u>
8:45-11:45	8:45-1:45	8:45-1:45
2day (T/TH)	2day (T/Th)	3 day (M/W/F)
3days (M/W/F)	3day (M/W/F)	

### PALS (Perfecting All Learning Skills)

This program is offered on Tuesday and Thursday, 8:45-1:45, for all 3-day VPK classes. (Once a three year old turns four the PALS program is opened up to 3-day students.) The PALS classes are a supplement to our curriculum. It allows the children extra practice for the skills that they are being exposed to in their normal class days. Parents will pre-register for the days needed each month, in advance.

## **After-Care**

After-care will now be available from 1:45 – 5:30, Monday – Friday, for ages 3 and above. It will be available on a pre-reserved basis, on the days which your child attends. Parents must pre-register in advance for the days needed each month.

## **Fees and Payment Policies**

The following school fees are based on the 180 days that school is in session. Tuition is divided into 10 monthly payments (August-May).

### **2 Year Old Preschool Program (8:45-11:45)**

2 day classes~ \$1950.00/school year  
10 monthly payments \$195.00

3 day classes ~ \$2300.00/school year  
10 monthly payments of \$230.00

### **3 Year Old Preschool Program (8:45-1:45):**

2 day classes~\$2250.00/school year  
10 monthly payments of \$225.00

3 day classes~\$2800.00/school year  
10 monthly payments of \$280.00

### **Voluntary Pre-K/4 Year Old Preschool Program Monday/Wednesday/Friday (8:45-1:45)**

***All VPK students with a Florida Voucher attend free***  
Yearly tuition for any VPK child attending without a voucher  
will be ~\$2800.00/school year  
10 monthly payments of \$280.00

## **PALS**

### **Tuesday and/or Thursday (8:45-1:45)**

\$27.00 daily

## **After-Care**

### **Monday-Friday (1:40pm-TBA)**

5 days/week - \$45  
4 days/week - \$40  
3 days/week - \$35  
2 days/week - \$30  
1 day/week - \$20

**The following fees include the 180 days of school. Registration for these classes is for August-May:**

~There is a \$125 **non-refundable** registration fee and a \$75.00 supply/field trip fee due annually.

~ No fees for all students with a VPK voucher from the state of Florida.

~If a space is to be reserved for a child, all fees must be paid whether or not the child attends. This includes illnesses, vacations, and holidays.

~Tuition is divided into 10 monthly payments from August through May. Your first payment is due on the first day of school. The remaining payments are due by the **10<sup>th</sup>** of each month.

~A late fee is charged for each child who is picked up after the scheduled time of dismissal. We charge fifteen dollars (\$15.00) for the first 10 minutes and \$1.00 for each additional minute. **Please be considerate by picking up your child promptly.**

~Accounts will be charged \$10.00 for checks returned for any reason other than bank error. If more than 2 checks are returned, cash only payments will be required.

~Discounts: A multi-child discount of 15% is given to the second or third child for regular tuition fees. There is no discount if one of the two children attends VPK.

~ The state of Florida has an attendance policy for all students attending VPK. Failure to follow the policy may result in the loss of funding and may result in termination of services at Wesley Christian Academy.

~ Any fees associated with PALS and/or After-Care will be invoiced must be paid by the 10<sup>th</sup> of the month following services. All VPK students must keep current on all PALS / After-Care fees or risk termination of services by the WCA.

~Termination of services requires a two week written notice or two weeks payment.

### **Illness Policies**

~If your child shows signs of head lice, rash, fever, vomiting, diarrhea, cold or other symptoms of illness, please keep him or her at home.

~When you are contacted to pick up your child due to illness, you must do so immediately (within one hour).

~DO NOT MEDICATE YOUR CHILD AND BRING THEM TO SCHOOL.

~A child who must be sent home due to illness must automatically be kept home the following day.

### **Discipline Policies**

It is our policy to redirect inappropriate behavior using positive techniques. The goal of discipline is education, not punishment. The school and staff follow the rules established by State Law.

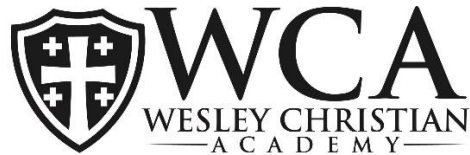
- Children will not be subjected to discipline which is severe, humiliating or frightening.
- Discipline will not be associated with food, rest or toileting.
- Spanking or any other form of physical punishment is prohibited.

### **Admission Policies**

Preschool Only classes are offered for children who are 2 years old on or before September 1<sup>st</sup> of the current year. **No bottles, sippy cups or pacifiers are allowed.**

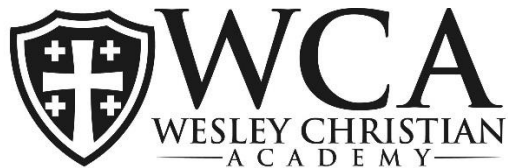
Preschool is offered for children who are 3 years old or 4 years old on or before September 1<sup>st</sup>. **All students enrolling in these classes must be toilet trained. No bottles, pacifiers, sippy cups or pull-ups are allowed.**

Wesley Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its education policies, scholarship programs, and other school-administered programs.



*A ministry of First United Methodist Church*

- **2 Year Old Program**: The cost of our monthly tuition for the **2 day classes is \$195.00** and the **3 day classes is \$230.00** (8:45-11:45). A **non-refundable** registration fee of **\$125** is due at the time of registration and a **\$75** supply/field trip fee is due by the 1st day of school.
- **3 Year Old Program**: The cost of our monthly tuition for the **2 day classes is \$225.00** and the **3 day classes is \$280.00** (8:45-1:45). A **non-refundable** registration fee of **\$125** is due at the time of registration and a **\$75** supply/field trip fee is due by the 1st day of preschool.
- **VPK Families**: There are no fees for your child to attend VPK. In order to confirm your spot you must turn in your Registration Packet and **VPK Voucher** at Preschool Registration. Go to [elclc.org](http://elclc.org), follow the directions and your Voucher will be delivered right to your email. If we have not received your voucher by March 24, 2018 your spot will be given to the next person on our waiting list.
- **PALS (Perfecting All Learning Skills)**: This program is offered on Tuesday/Thursday 8:45-1:45 for all 3-day VPK students. Once a three year old student turns four the PALS program will also be opened up to those wanting or needing extra days for practice on skills, based on availability. Parents must pre-register in advance for the days needed each month. The PALS class is a supplement to our curriculum. It allows the children extra practice for the skills that they are being exposed to in their normal class days. **The daily cost for PALS is \$27**. A yearly registration fee of **\$25.00** is required at the time of first reservation.
- **After-Care Program**: Our After-Care program will be available from 1:45 - 5:30 daily for children age 3 and above. It will be available on a pre-reserved basis, on the days which your child attends. Parents must pre-register and are responsible to pay for attendance even if your child is absent. One week of vacation and sick are available during the school year. A yearly registration fee of **\$25.00** is required at the time of first reservation.



## How Do I Register My Child?

Before filling out the necessary paperwork, confirm with Wesley Christian Academy office that there is space available in the class you desire to register your child for. It is important to note that all registration fees are **non-refundable**.

\_\_\_ Fill out the WCA Registration Form

\_\_\_ Fill out the WCA Application Form

- Medical Consent for Treatment

\_\_\_ Sign the Parent Consent & Acknowledgment Form

\_\_\_ Complete the Volunteer Affidavit (pick this up at school)

\_\_\_ Turn in DCF Form 680 for Immunization

*(Must be obtained from your child's doctor)*

\_\_\_ Turn in DCF Form 3040 Physical Health Form

*(Must be obtained from your child's doctor. Parents please complete the back of the form before submitting to the school.)*

\_\_\_ Diagnosis or IEP if applicable

\_\_\_ All students participating in the VPK voucher program must register with the State of Florida.

Return these forms with your Registration/Deposit Fees (all non VPK students) to the Academy Administration Office to confirm your enrollment in our program. Welcome aboard! All Registration Fees are **non-refundable and must be paid to ensure enrollment in the program.**



**2018-2019  
Preschool Registration Form**

\_\_\_\_\_ Church Member  
\_\_\_\_\_ Alumni

\_\_\_\_\_ New Enrollment  
\_\_\_\_\_ Returning Student

Child's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email address: \_\_\_\_\_ *(please print legibly)*

My child will be \_\_\_\_\_ years old on or before September 1, 2018.

Child's date of birth \_\_\_\_\_

Please enroll my child in the following Class:

**2 year olds**

8:45-11:45

\_\_\_2day (T/Th)

\_\_\_3day (M/W/F)

**3 year olds**

8:45-1:45

\_\_\_2day (T/Th)

\_\_\_3day (M/W/F)

**Pre-K 4 year olds**

8:45-1:45

\_\_\_3day (M/W/F)

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I have read and thoroughly understand the 2018-2019 Wesley Christian Academy policies. I understand that the Registration Fee is **NON-REFUNDABLE**. I also understand that failure to abide by the written policies of the Wesley Christian Academy Handbook (*received at the start of the 2018-19 school year*) will result in termination of services.

Note: All VPK students must be registered with the state to receive their voucher.

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

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*For Office Use Only*

\_\_\_\_\_ Registration Fee (non VPK)  
\_\_\_\_\_ Supply Fee (non VPK)

\_\_\_\_\_ VPK Voucher



**STUDENT INFORMATION: (Please PRINT Clearly)**

2018-19 Preschool Application

Student's Name \_\_\_\_\_  
Last First Middle (Prefers to be called)

Address: \_\_\_\_\_  
Street City/State Zip

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Boy ( ) Girl ( ) Home Phone : \_\_\_\_\_

**Ethnicity:** Caucasian \_\_\_ Hispanic/Latino \_\_\_ American Indian/Alaska Native \_\_\_ Black/African American \_\_\_  
Asian \_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_ Other (specify) \_\_\_\_\_

\*Church Membership (Name of church, city) \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_ Father's/Guardian's Name \_\_\_\_\_

Mother's/Guardian's Employer \_\_\_\_\_ Father's/Guardian's Employer \_\_\_\_\_

Mother's/Guardian's cell # \_\_\_\_\_ Father's/Guardian's cell # \_\_\_\_\_

Mother's/Guardian's work # \_\_\_\_\_ Father's/Guardian's work # \_\_\_\_\_

Mother's/Guardian's Occupation \_\_\_\_\_ Father's/Guardian's Occupation \_\_\_\_\_

E-mail address \_\_\_\_\_ E-mail address \_\_\_\_\_

*In the case of divorce/separation, please indicate custodial arrangement. Please include any legal documents.*

**EMERGENCY NOTIFICATION:**

Please list persons who are authorized to be contacted in case of an emergency. These personal are also allowed to receive/sign incident/accident reports, medical information, or daily progress reports.

Name Address Phone Relationship

Name Address Phone Relationship

Name Address Phone Relationship

Please list all persons who are **authorized to take your child from the facility.** (Please notify your child's teacher and the office if there are any updates to special custodial specifications)

Name Address Phone Relationship

Name Address Phone Relationship

Name Address Phone Relationship

**Primary Vehicle (s) Information (used for carpool pick up)**

Make \_\_\_\_\_ Model \_\_\_\_\_ Tag Number \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Tag Number \_\_\_\_\_



**EMERGENCY MEDICAL INFORMATION FORM**

**2018-19 Preschool Application**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Address: Street \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

**Medical Information:**

This is to certify that for the period from August, 2018 to end of enrollment I hereby constitute and appoint Wesley Christian Academy a ministry of the First United Methodist Church as my true lawful attorney, for the purpose of authorizing medical treatment to, and the performance procedure determined to be necessary after consultation with the Emergency or Family Physician.

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone# \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone# \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Does your child have health insurance: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes:

Policy Name \_\_\_\_\_ Policy # \_\_\_\_\_ Phone \_\_\_\_\_

Has your child been diagnosed with asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

Any known allergies Yes \_\_\_ No \_\_\_ If yes, explain \_\_\_\_\_

Any daily administered medications: \_\_\_\_\_

**\*\*\*Does your child need or receive special services?** Yes \_\_\_ no \_\_\_ If so, please attach a diagnosis or IEP

Special Health Conditions yes \_\_\_\_\_ no \_\_\_\_\_ If yes, explain \_\_\_\_\_

Section 65C-22.006(2), F.A.C., requires a current physical examination (DH Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

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.

By signing below, I hereby agree to all terms set forth by Wesley Christian Academy a ministry of the First United Methodist Church, and verify that I have received the above items and that all information on this enrollment form is complete and accurate.

\_\_\_\_\_  
**Signature of Parent/Guardian**

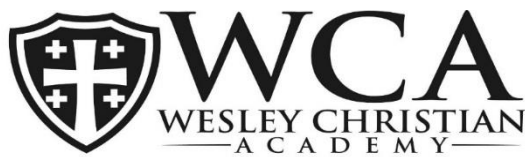
\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

**Witnessed by:** \_\_\_\_\_ **Witnessed by:** \_\_\_\_\_

*This form must be signed by two witnesses.*





Dear Parents,

Thank you for registering your child in our VPK Program! Below you will find information from the Early Learning Coalition of Lake County to assist you in receiving your VPK Voucher for the 2018-19 School Year.

Parents can now apply online by visiting the online portal: [atlas.elclc.org](http://atlas.elclc.org). You are strongly encouraged to either apply online or make an appointment to come into the ELCLC office. Parents who walk in without an appointment are subject to unknown wait time. The best and quickest way to receive a VPK Voucher is by applying online.

Age Requirements: To be eligible for VPK a child must be 4 on or before September 1, 2018.

Parents must provide proof of child eligibility (birth certificate) and Florida residency (FL Drivers License).

Eligibility Requirements:

Please provide one of the following:

- An original or certified copy of a child's birth certificate
- A passport or certificate of arrival in the US showing the birth date of the child.
- An immunization record indicating the child's date of birth signed by a public health officer or by a licensed practicing physician
- A valid military dependent ID card showing the child's date of birth.

Residential Requirements:

Please provide one of the following for proof of residency:

(Post office boxes are NOT accepted)

- Valid Florida Driver's License or Florida ID
- Current utility bill (such as water or electric within the last 6 weeks-must have parent residence printed on bill)
- Signed and dated lease agreement for current calendar year.
- Documentation from a homeless shelter or domestic violence shelter.

VPK Vouchers must be received by the Preschool no later than March 24<sup>th</sup> to complete your registration and hold your child's space.

God Bless You,

Beth Reed  
Director of Student Education

Beth Bernoska  
Director of Administration

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