



Part-Time Preschool (5 day)
REGISTRATION APPLICATION 2020-2021
License C HC 433056 *FEI 46-5713233*

Registration Fee: \$100.00 Individual \$125.00 Family (Non-Refundable)

PLEASE PRINT CHILD'S INFORMATION

Child's Last Name _____ Child's First Name _____ Birthdate ____/____/____ Boy or Girl

Number & Street _____ City _____ Zip Code _____

PARENT INFORMATION	FATHER'S INFORMATION	MOTHER'S INFORMATION
Name		
Home #	()	()
Cell #	()	()
Work #	()	()
Place of Employment		
E-mail address		

Part-Time Preschool Program Request (8:30am-11:30am) Or (8:30am-12:30pm **extended hour)

___ School Year only ___ **Extended Hour (3's & 4's) ** ___ Year round (summer)

___ M-F 1's *(must be 1 by June 1st)

___ M-F 2's *(must be 2 by June 1st)

___ M-F 3's *(must be 3 by Sept 1st)

___ M-F non-VPK 4's *(must be 4 by Sept 1st) or ___ VPK 4's

(*in 2017) ** fee's apply for extended hour/summer options

Do you attend Morningstar Church? (not a prerequisite for admission) **YES** **NO**
 If no, _____ We attend _____
 ___ We do not have a church home at this time.

May your address and phone number be released to other parents? **YES** **NO**

May your email be released to other parents? **YES** **NO**

Photos of your child will be taken during classroom activities, BUT

May these photos/videos be used to promote the Day School on our website or through the news media, and brochures? **YES** **NO**

AUTHORIZED INDIVIDUALS ALLOWED TO PICK-UP YOUR CHILD

Please list individuals, other than Mom or Dad, who are allowed to pick-up your child and/or may be contacted in case of emergency if parent is unable to be reached. Please remember to give us first and last name as it would appear on their picture ID. No nicknames, please.

Please Print Information

AUTHORIZED EMERGENCY CONTACT AND/OR TO PICK-UP	Contact #1	Contact #2	Contact #3
Name			
Cell #	()	()	()
Home #	()	()	()
Relationship			

Additional Authorized Individuals ONLY permitted to pick up your child from school.

Does your child speak *and* understand English? YES NO

If not, what language does your child speak? _____

Has your child attended preschool before? _____ How long? _____

Name of previous school _____

Are you concerned about any of the following developmental areas?					
	Is your child currently receiving:				
Social Skills	Yes	No	Speech/Language Therapy?	Yes	No
Behavior	Yes	No	Occupational Therapy?	Yes	No
Speech/Language	Yes	No	Physical Therapy?	Yes	No
Are any classroom modifications necessary? _____					

The following

- .. Parent Handbook including our disciplinary Policy, AND
- .. "Know Your Child Care Facility," AND
- .. Influenza Virus and Flu Brochure

My signature verifies the following:

- .. I have access to the above documents, AND copies have been provided to me.
- ... I agree to supply my child a nutritious, healthy lunch including multiple food groups, if my child stays extra hours, and
- .. I give my permission for my preschool child's teacher to complete observation tools which will be reviewed on conference day, AND
- .. I give my permission for my child to participate in food-related activities in the classroom, unless the activity is a known food allergy to my child, AND
- .. that all information contained in this application is true and correct, as of this date.

§

Signature of Parent or Legal Guardian

Date

CHILD'S MEDICAL INFORMATION

ALLERGIES	Food Allergies		Medication Allergies	Bug Bite Allergies	Other Allergies
	EPIPEN? Yes No				
Medical Conditions				ASTHMATIC ? Yes No	

	Pediatrician	Hospital
Doctor's Name		
Doctor's Phone		

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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If my child, _____, should become ill or injured at Hope Effect Day School, I understand that the facility will:

- 1) Contact me immediately, and then will
- 2) Contact the person(s) I have designated if I cannot be reached.

Should the facility be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate emergency treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I will accept responsibility for payment of medical services rendered.

§ Signature _____

Date

Relationship _____

.....
CUSTODY OF CHILD: (circle one) **BOTH PARENTS** **FATHER ONLY** **MOTHER ONLY**

If parents are divorced or separated and have joint custody, please provide address information on spouse not living at child's address: _____

Phone (____) _____

ENROLLMENT FORM (SUPPLEMENT)

DISCIPLINARY PRACTICE OF HOPE EFFECT DAY SCHOOL

Section 10M-12.013 requires that parents are notified in writing of the disciplinary practices used by the child care facility. The parent's or legal guardian's signature on the previous page verifies the parents or guardians have been notified in writing of the disciplinary practices of the child care facility.

Children at Hope Effect Day School are guided and directed in a positive, gentle manner. There is to be no severe, humiliating, or frightening disciplinary action taken with children. When dealing with a disruptive child, a teacher will always try to talk and RE-DIRECT that child. When exhibiting harmful behavior, a child may be asked to sit next to the teacher or in a designated space until he/she has gained control of him/herself. Upon rejoining the group, the teacher will discuss with the child his/her behavior and why it is unacceptable. Discipline will not be associated with food, rest, or toileting. Under NO circumstances will there be any form of physical punishment.

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Alternative Nutrition Agreement (lunch to be provided by parent)

I understand that lunch is not provided by the center and I agree to provide the noon meal (if applicable) to meet my child's nutritional and dietary needs. A nutritional lunch consists of one item from each of the 4 major food groups. The center will provide a morning and afternoon snack.

Financial Agreement Part-time Preschool Tuition

8:30 am-11:30 am or 8:30 am-12:30 pm (extended hour)

TIMELY PAYMENTS: Part-time (8:30-11:30) preschool is a pre-paid expense and should be paid before Wednesday noon of each week. A late charge of \$10/child will be added to your account if payment has not been received by Wednesday noon.

VPK Funding: VPK Tuition is paid by the State of Florida for eligible 4-year old students. A Registration fee is collected and held until your child attends the first day of VPK. If your child is enrolled in the 11:30 VPK class the registration fee will be returned to you in August or September, unless you withdraw your child and then the school will keep your registration fee. If you enroll in the 12:30 Extended Hour VPK class, you will be charged the regular registration fee which will not be refunded. Extra hours remain the financial responsibility of the parent. Monthly attendance sheets must be verified and signed by the parent in a timely manner or the state will not pay for your child's tuition for that month.

PAST DUE ACCOUNTS: Part-time (8:30-11:30) preschool cannot fall more than 2 weeks behind in payment. If your child's account is 2 weeks behind, then your child will not be permitted to come to school until payment is received in-full, including penalty charges.

RETURNED CHECKS: The charge for a returned check is \$25. The second time we receive a returned check, for any reason, all subsequent payments must be made with a money order or cash.

VACATION POLICY: Vacation weeks are not applicable to children attending part-time. (whether school year or year round) A full payment for all 10 months (or 12) is expected as tuition is figured on an annual basis, broken down evenly into weekly payments.

WITHDRAWING YOUR CHILD: Hope Effect Day School requests a **2-week written notice** when you plan to withdraw your child. If a 2-week notice is not given, you will be required to pay for the 2 weeks, whether your child is in attendance or not. Withdrawing a child from the Day School removes your child from all enrollment lists, including the next school year if registration has already taken place.