

First Congregational Church Preschool
Where Children Grow, Learn, Aspire



Registration Application
2023-2024

Name of Child:	Date of Birth: (mm/dd/yyyy)	Age: (as of 9/1/23)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nickname:
Scheduled Start Date:				

PARENT / GUARDIAN INFORMATION

Please check the box (<input type="checkbox"/>) to indicate the primary residence of the child listed above.			
<input type="checkbox"/> Parent/Guardian #1		<input type="checkbox"/> Parent/Guardian #2	
Name:		Name:	
Relationship:		Relationship:	
Cell Phone:		Cell Phone:	
Mailing Address:		Mailing Address:	
Employer Name:		Employer Name:	
Employer Phone:		Employer Phone:	
Primary E-Mail:		Primary E-Mail:	
Status of parents: <input type="checkbox"/> Married <input type="checkbox"/> Partners <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Single <input type="checkbox"/> Separated			
If divorced, who has legal custody? Mother Father Shared Parenting (please provide schedule below)			

*If a court order is in place, we must have a copy on file.			

First Congregational Church Preschool & Kindergarten 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 educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Child's Name: _____

MEDICAL RELEASE & INFORMATION

I hereby grant permission for the staff of First Congregational Church Preschool & Kindergarten (FCCPK) to contact the following medical personnel to obtain emergency medical information in case of an emergency. I further authorize FCCPK to secure medical care for my child if needed. I assume responsibility for payment of any services needed.	Parent/Guardian Initials
As the parent/guardian of the above named child, I certify that he/she is in good physical health and may participate in the normal activities of the program and has no conditions or specific needs that require specific accommodations, unless otherwise indicated in the medical information provided above or on attached School Entry Health Exam Form or a Care Plan for Children with Special Health Needs.	

Physician's Name:	
Physician's Phone:	
Hospital Preference:	
Known Allergies:	
If allergies are present, please describe symptoms &/or reaction:	
Epi Pen needed:	Yes / No / Not Applicable
Any other information you feel we should know about your child:	

Parent/ Guardian Signature	Date
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Child's Name: _____

AUTHORIZATION TO RELEASE CHILD

In case of an emergency, or if I am unable to be reached or pick up my child, I authorize FCCPK to release my child to the following persons. I understand no further written authorization from me is required for my child to be released to one of the persons listed herein. **I understand that additions or deletions to this list must be submitted in writing for FCCPK to honor them.** Parents, as a matter of law, are afforded the right to immediate access to their child while attending FCCPK. Please refer to the Parent Handbook for more information on the Release of Children. If there is an issue with a parent picking up this child, discuss it with the school director so the appropriate documentation can be obtained.

Please include anyone upon whom you may call in an emergency to help you with picking up your child. For the safety of your child, please inform all authorized pick-up persons listed herein that we will ask for a government issued photo ID when they arrive to pick up your child. If they do not have a government issued ID with them, we WILL NOT release your child under any circumstance. All persons authorized to pick up must be at least 18 years of age. If additional space is needed, use separate paper.

Parent/Guardian Signature _____ **Date** _____

#1 Name:		#2 Name:	
Relationship to child:		Relationship to child:	
Physical Address: (REQUIRED BY DCF)		Physical Address: (REQUIRED BY DCF)	
Phone Number:		Phone Number:	

WITHDRAWAL NOTIFICATION REQUIRED

We require a 2-week WRITTEN notice of withdrawal. If you withdraw your child without proper written notice, you will be responsible for any tuition up to two weeks after the child's last day of attendance.

Parent/Guardian Signature _____ **Date** _____

Child's Name: _____

RECEIPT OF POLICIES

I (we) attest that all the information on this application is accurate, and that I (we) have received the following information: **PLEASE CHECK EACH BOX TO VERIFY RECEIPT**

- School Parent/Student Handbook with Policies and Procedures
- Policy on the Use of Technology and social media
- Policy on Health & Safety
- Policy on the Methods of Parental Notification of Injuries (if applicable)
- Rule 65C-22.006 (2) FAC & Section 65C-20.001 (1) FAC requires a current physical exam (DH3040) and immunization record (DH 680 or HD 681) within 30 days of enrollment. I am aware that not all students are on the same immunization schedule and that FCCPK accepts Religious Immunization Exemptions
- Section 65C-22.006 (4) FS requires that parents receive a copy of the Child Facility Brochure "Know Your Child Care Facility"
- Section 65C-22.006 (4) FAC requires that parents are notified in writing of the disciplinary practices used by the childcare facility

Parent/Guardian Signature

Date

Tuition & Fees Policy

PLEASE CHECK EACH BOX TO VERIFY RECEIPT

- Tuition is due on the first of each month
- A late fee of \$40.00 will be applied if tuition is received after the 5th of the month
- If payment is not received by the 15th of the month your child will not be able to return until payment is made
- A returned payment fee of \$40.00 will be charged on all returned payments
- Full tuition is due each month regardless of the number days the child has attended
- A registration fee of \$150.00 is due at the time of registration
- An annual materials fee of \$_____ is due at the time of registration
(2 days a week \$200, 3 days a week \$300, 4 days a week \$400, 5 days a week \$500)
- All fees are non-refundable and non-transferable

Once your child has attended class, tuition is due and non-refundable. Your tuition payments enable us to make FCCPK a healthy and adequately supervised environment for your child. All rates are subject to change with reasonable notice.

I have read and understand the tuition and fees policies above. I agree to abide by all the above-mentioned policies.

Parent/Guardian Signature

Date

Child's Name: _____

PERMISSIONS

Walking Trips within the School's neighborhood, using routes that pose no known safety hazards to children, with the understanding that the walk involves no entrance into another facility unless otherwise indicated.

I give permission for my child to participate

I **DO NOT** give permission for my child to participate

Parent/Guardian Signature: _____

Photography FCCPK will take photographs of enrolled students for different occasions throughout the year. These photos are primarily used for School purposes: to display on bulletin boards, create keepsakes for parents, and social media updates. Occasionally, we will use photos for marketing purposes: newsletters, calendars, website, brochures, magazines, or local newspapers.

We will only use your child's photo if we have permission from you. Please indicate below if you do or do not authorize the use of photos of your child.

**Names will never be used in advertising or web-based activity (social media or website)*

Yes, I authorize FCCPK to use photos of my child for these purposes:

Check all that apply

- ALL
- Newsletter
- Website
- Social Media (Facebook and Instagram)
- Advertising (magazine, local newspaper, brochures)
- Parent app (Pro Care)

No, I do NOT authorize FCCPK to use photos of my child

I understand that it is my responsibility to update this form if I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Parent/Guardian Signature

Date

Child's Name: _____

Rates & Fees Information for 2023 - 2024

Annual Registration Fee: \$150.00

Annual Materials Fee: 2 days-\$200 3 days-\$300 4 days-\$400 5 days-\$500 VPK PLUS \$300

Monthly Tuition Rates: *(please mark your schedule choice & the days your child will attend for the 2 or 3 day schedule)*

Toddlers-24 months	<input type="checkbox"/> 2 days: M T W R F \$341.00 monthly	<input type="checkbox"/> 3 days: M T W R F \$510.00 monthly	<input type="checkbox"/> T – F (4 days) \$737.00 monthly	<input type="checkbox"/> 5 days: \$846.00 monthly
2 year old <i>(by 09/01/2022)</i>	<input type="checkbox"/> 2 days: M T W R F \$324.00 monthly	<input type="checkbox"/> 3 days: M T W R F \$486.00 monthly	<input type="checkbox"/> T – F (4 days) \$648.00 monthly	<input type="checkbox"/> 5 days: \$810.00 monthly
3 year old <i>(by 09/01/2022)</i>	<input type="checkbox"/> 2 days: M T W R F \$308.00 monthly	<input type="checkbox"/> 3 days: M T W R F \$461.00 monthly	<input type="checkbox"/> T – F (4 days) \$616.00 monthly	<input type="checkbox"/> 5 days \$769.00 monthly
4 year old <i>(by 09/01/2022)</i> NON-VPK	Not Available	Not Available	<input type="checkbox"/> MTWR: \$602.00 monthly	<input type="checkbox"/> 5 days: \$752.00 monthly
VPK Only (M-TH) 9:00-1:00	Not Available	Not Available	<input type="checkbox"/> MTWR: \$0.00	Not Available
VPK PLUS (M – F) 9:00-3:30	Not Available	Not Available	Not Available	<input type="checkbox"/> 5 days: \$421.00 monthly

FRESH START (early care): 8:15-9:00 am - *charges per month*

2 days \$40.00 3 days \$60.00 4 days \$80.00 5 days \$100.00

Drop In is available with 1 day prior notice: \$18.00 per day

AFTER CARE: 1:00 – 3:30 PM - *charges per month*

2 days \$120.00 3 days \$180.00 4 days \$240.00 5 days \$300.00

Drop In is available with 1 day prior notice: \$45.00 per day

Total Monthly Tuition will be \$ _____

Parent / Guardian Initial _____

Tuition & Fees Agreement 2023 - 2024

Cash is not accepted

Checks made payable to FCCWP Preschool Pay online with PROCARE App

Please initial by each statement below.

_____ August tuition is due by May 31, 2022.

_____ Our tuition is annual and broken into 10 equal monthly payments for your convenience. Monthly tuition is due regardless of the number of days your child attends.

_____ Tuition is due on the 1st of each month. If received after the 5th a late fee of \$40.00 will be charged to your account. If payment is not received by the 10th of the month your child will not be able to return until payment is received in full.

_____ If a payment is returned for any reason a returned payment fee of \$40.00 will be charged to your account.

_____ Rates are subject to change without notice.

_____ Registration fee is waived for active members of First Congregational Church of Winter Park. Membership will be verified by the Church Administrator.

_____ All tuition payments and fees are non- refundable and non- transferable.

I have read and understand all the above policies.

Parent/Guardian Signature

Date

Donation Opportunities

A donation to the Tom Calhoun Scholarship Fund is greatly appreciated! This scholarship allows us to provide scholarships to families in need.

I would like to make a donation to the Tom Calhoun Scholarship Fund in the amount of

\$25.00 \$50.00 \$100 Other Amount \$_____

You can make a checks payable to FCCWP Preschool

Parent/ Guardian Signature

Date

First Congregational Church of Winter Park Preschool & Kindergarten

"Where children Grow, Learn, Aspire"

Discipline Policy

The discipline policy of the First Congregational Church of Winter Park Preschool & Kindergarten (FCCPK) is as follows:

- The goal of discipline is self-regulation. An enriched environment, a quality program designed and based on the interest and capabilities of the child involved, and facilitation by a trained teacher will eliminate most inappropriate behaviors on the part of the child
- Teachers will share guidance as to what is acceptable and appropriate behavior based on the child's age and development
- We utilize modeling, positive reinforcement, and appropriate behavior modification techniques
- We encourage and help children develop their self-regulation skills to enable each child to gain feelings of respect and higher self esteem
- At no time will food or toileting be used as a form of punishment
- Corporal punishment is strictly prohibited
- Teachers and/ or staff will notify parent/s guardians if a child's behavior becomes disruptive to the class or put himself/herself or others in danger
- We reserve the right to dismiss a child based on behaviors that may be seen as dangerous

I have read and understand the above discipline policies.

Parent/ Guardian Signature

Date