



First United Methodist School

Registration Form

Office Use Only:
Enrollment Date:
Registration Paid:
Cash Check ACH Withdrawal

Student Information: Date of Birth: Sex: M / F

Full Name: Last First Middle Nickname

Child's Address:
City and Zip Code:

Wee School I - 1 by Sept 1st (9:00-12:00)
5 days 3 days (M, W, F) 2 Days (T, Th)

Wee School II - 2 by Sept. 1st (9:00-12:00)
5 days 3 days (M, W, F) 2 Days (T, Th)

3 years by Sept 1st (9:00-12:00)
5 days 3 days (T, W, Th)

VPK* - 4 years by Sept 1st (8:30-12:00) 5 days

*A certificate of eligibility from Early Learning Coalition is required for VPK enrollment.

Kindergarten - 5 by Sept 1st (8:30-1:30) 5 days

Family Information:

Mother's Name: Father's Name:

Address: Address:

Home Phone: Home Phone:

Cell Phone: Cell Phone:

Employer: Employer:

Address: Address:

Work Phone: Work Phone:

E-mail address: E-mail address

Custody: Mother Father Both Other

Names and Ages of other children in home:

Photo Permission: Please choose one

- Do not take pictures of my child
Only for classroom use
Classroom and web site

Emergency Contacts other than Immediate Family:

If for some reason the custodial parent or legal guardian cannot be reached, the following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency (**We MUST have 2**). **ALL information must be provided.**

Name:_____	Name:_____
Address:_____	Address:_____
_____	_____
Cell Phone:_____	Cell Phone:_____
Work Phone:_____	Work Phone:_____
Relationship to child:_____	Relationship to child:_____

Authorized Pick-Up:

Child will only be released to the custodial parent/legal guardian, persons listed above, and any additional people listed below: **ALL information must be provided.**

Name:_____	Name:_____
Address:_____	Address:_____
_____	_____
Cell Phone:_____	Cell Phone:_____
Work Phone:_____	Work Phone:_____
Relationship to child:_____	Relationship to child:_____

Name:_____	Name:_____
Address:_____	Address:_____
_____	_____
Cell Phone:_____	Cell Phone:_____
Work Phone:_____	Work Phone:_____
Relationship to child:_____	Relationship to child:_____

List 2 likes or dislikes that will help us know your child:

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: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern:

Read and Initial Each Item:

_____ Emergency Release-If medical care is deemed necessary, and I cannot be contacted, I authorize the First United Methodist School staff to act on my behalf in granting permission for my child to receive emergency treatment or surgery. In such a situation, I authorize medical personnel to perform required emergency procedures.

_____ Field Trip Permission-I authorize my child to go on all field trips taken by First United Methodist School. I will be told in advance of the date and location of the field trip. I understand that First United Methodist School does not provide transportation and it will be my responsibility to arrange transportation for my child to such activities. I also understand that children will be accompanied by the classroom teacher(s).

_____ Rule 65C-22.005(1)(c)2, F.A.C. requires licensed child care facilities to obtain written permission from parents regarding a child’s participation in food related activities including such things as classroom cooking projects, school-wide celebrations, class parties, and birthday celebrations. Please select one of the options below

- _____ My child has no allergies and may participate in food related activities
- _____ My child has allergies (pg.2) and may NOT participate in food related activities
- _____ My child has allergies (pg.2) but may participate in food related activities excluding:

_____ Rule 65C-22.006(2), F.A.C., and Section 65C-20.011(1), F.A.C., require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment. I will provide the school with the required documentation and updates as necessary.

_____ Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY".

_____ Section 65C-22.006(4)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

Discipline Policy: “Never raise a hand to a child.” Physical punishment is against Florida law in preschools and is never used at First Methodist School. We prevent many discipline problems by having a well planned program with trained teachers that understand the needs of children. Our discipline system consists mostly of methods from the “Behavior Modification” and “ Assertive Discipline models.” In using techniques from these models, we take into consideration that each child is an individual. What works for one child may not always work for another. The school realizes the importance of a GOOD SELF-CONCEPT. When disciplining, we do not address the child’s character but the act of misbehavior. This eliminates possible feelings of humiliation.

_____ Section 402.305(9b) requires child care facilities to provide parents with information detailing the causes, symptoms, and transmission of the influenza virus each August or September. Our school covers this information in our parent handbook and during our orientation in August. The parent handbook is available at our website fwbfumc.org/fumschool to download or view.

_____ **EXPULSION AND DISMISSAL POLICY:** Our program is committed to providing a safe, nurturing environment conducive for learning and growth for all our children. We strive to ensure all of our children are set up for success regardless of their need or developmental level. Every effort will be made to prevent the expulsion or dismissal of children from the program. However, FUMS reserves the right to cancel the enrollment of a child for the following reasons, not limited to but including:

- *Non-payment or excessive late payments of fees/tuition.
- *Failure to adhere to policies and procedures as outlined in the program's Family Handbook.
- *The child has needs which we cannot adequately meet with our current staffing patterns.
- *The child's behavior threatens the health and safety of him/herself, the other children or program staff.
- *The parent/guardian exhibits behavior which is detrimental to the health and well-being of the children and staff in a classroom or negatively interferes with the normal functioning of the classroom and/or program. This includes but is not limited to : vulgarity, intimidation, harassment, or violation of child care licensing regulations.

By signing below, you verify that you have been made aware of the above items, that you recognize it is your responsibility to download and read the parent handbook, and that all information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility and The Department of Children & Families to have access to my child's records.

Parent/Guardian (Print)

Signature

Date