

First Presbyterian Preschool



First Presbyterian Preschool
'Where Children Come First'

520 Royal Palm Blvd.,
Vero Beach, FL 32960

772-257-7238

www.firstpresvero.org

Application for Enrollment
License #C19IR0111

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Application for Enrollment

Child Information

Registration Date: _____

Last Name	First Name	M.I.	Nickname
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Classroom Age	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	Address	
		City:	Zip Code:	State:

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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Desired program schedule

- 2 days - Tuesday / Thursday (2 year old program only)
- 3 days - Monday / Wednesday / Friday (2 and 3 year old program only)
- 5 days - Monday – Friday (2 and 3 year old program)
- 5 days – VPK Program - Monday - Friday

Primary Guardian Information – the people listed here are automatically added to the authorized pick up list – please mark if different. *Name(s) of person(s) with whom child is living*

1st Primary Guardian

Last Name	First Name	M.I.	Relationship to Child
Email Address	Cell Phone	Work Phone	
Address			
City:		Zip Code:	State:
Occupation	Employer	Work Address	Work Hours

2nd Primary Guardian

Last Name	First Name	M.I.	Relationship to Child
Email Address	Cell Phone	Work Phone	
Address			
City:		Zip Code:	State:
Occupation	Employer	Work Address	Work Hours

Legal Custody: Mother Father Both Other Relation _____

Person(s) child lives with: _____

Custody/Visiting Arrangements: _____ (Copy of Custody/Legal Papers must be on file)

Emergency Contacts and Authorized Pickups

Child will be released only to the authorized pickups noted below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached.

1st Contact/Pickup			
Last Name		First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Pick up Person	
2nd Contact/Pickup			
Last Name		First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Pick up Person	
3rd Contact/Pickup			
Last Name		First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Pick up Person	
4th Contact/Pickup			
Last Name		First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Pick up Person	
5th Contact/Pickup			
Last Name		First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Pick up Person	

Additional Information and Comments

Has your child previously attended preschool or daycare? _____

If yes, where? _____

Do you have any concerns regarding your child's development? (Speech, motor, social or behavioral etc.) _____

Additional Comments & Information: _____

All children attending our 3 year old class and VPK Program must be COMPLETELY toilet trained prior to the start of school. Please bring a change of clothes for accidents.

Signature

Parent / Guardian Signature

Date

First Presbyterian Preschool Releases

Child's Information

Last Name	First Name	Age	DOB
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Photo Release:

I give my permission for you to use pictures of my child in Church related photos, video's, DVD's, CD's
 Yes No

I give my permission for you to use pictures of my child in Church related Website
 Yes No

Social Media Release:

I give permission for you to post pictures of my child on the Preschool Facebook Page
 Yes No

Special Occasion Food Release:

During birthday parties/holiday celebrations etc., food may be brought into the classroom by other preschool parties. Please indicate if your child is able to consume special occasion food or not.
 Yes No

My child has dietary requirements, so I will provide an alternative food for them (the teacher will inform you in advance of the occasion)
 Yes No

Signature

 Parent / Guardian Signature

 Date

First Presbyterian Preschool Medical Release

To: The Directors and Staff of First Presbyterian Preschool of Vero Beach, Florida:

I, _____, parent/guardian (please specify) of _____ (name of child), a student of First Presbyterian Preschool do hereby grant to First Presbyterian Preschool, in the event of an emergency situation with _____ (name of child) which requires immediate attention, my permission and authority to take all necessary measures, including but not limited to: administration of first aid treatment and/or transport to a medical facility, for the necessary and appropriate treat of _____ (name of child).

I hereby release First Presbyterian Preschool of and from all financial responsibility incurred with respect to medical treatment/expenses of _____ (name of child).

I have read, understand, and in agreement with the above statements.

Child's Information

Last Name	First Name	Age	DOB
Health Insurance	Doctors Name	Phone Number	

Does your child take any medication(s) regularly? Yes No If yes, please list:

Emergency Contact Person if Parent cannot be reached:

Full Name	Relationship to Child	Cell Phone
Full Name	Relationship to Child	Cell Phone

Printed name of parent/guardian

Signature of parent/guardian

Date

First Presbyterian Preschool

Thank you for your interest in First Presbyterian Preschool.

Our 3 year old and 4 year old class applicants, must be **fully toilet trained**, and all children must be the **appropriate age** of class planning to enroll in on or before **September 1st**.

To begin the Enrollment Process, please submit the following:

- Application for Enrollment completed and signed.
- Non-refundable Enrollment fee: \$100 / per student (\$75 for 2nd student)
- A signed VPK certificate (if applicable).

Before your child starts school, you will need to provide the school with the following:

- Your child's current **PHYSICAL** form from their Pediatrician
- Your child's up to date **IMMUNIZATION** record from their Pediatrician

For your information:

- Parent receives a copy of the Child Care Facility Brochure, 'Know Your Child Care Facility'.
- Parent receives a written notification of disciplinary practices used by the Child Care Facility.

Your signature below indicated that you have received the above items, and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Printed name of parent/guardian

Signature of parent/guardian

Date