

In order to register your child, you will need to pay the following:

**Registration Fee,**  
**Material Fee,**  
**and the first installment of Tuition.**

The above fees are non-refundable and non-transferable

**Your child will also need the following forms in their file the *first* week of school:**

\_\_\_\_\_ completed Registration Card

\_\_\_\_\_ **up to date Florida** Immunization Record (obtained from physician)

\_\_\_\_\_ **up to date Florida** Health Record (obtained from physician)

\_\_\_\_\_ completed Child Record form

\_\_\_\_\_ completed and **NOTARIZED** Medical Release Form

\_\_\_\_\_ completed Photo Release form

\_\_\_\_\_ completed Snack Permission Form

\_\_\_\_\_ completed Volunteer Acknowledgement

\_\_\_\_\_ completed Children and Discipline Form

\_\_\_\_\_ completed Flu Information Form (you will sign in August)

## Methodist School for Early Education Registration Card

Today's date \_\_\_\_\_ Home phone # \_\_\_\_\_ (permission to publish in directory? Y N )

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

First ( Nickname if any) Middle Last \_\_\_\_\_ mo/day/yr

Female \_\_\_\_ Male \_\_\_\_ **Current** member of 1<sup>st</sup> United Methodist Church of Winter Park? Y\_\_N\_\_

Address \_\_\_\_\_ (permission to publish in directory? Y N )

Street City Zip code

Mother's name \_\_\_\_\_ Cellphone \_\_\_\_\_

Father's name \_\_\_\_\_ Cellphone \_\_\_\_\_

Dad's Business # \_\_\_\_\_ Mom's Business # \_\_\_\_\_

Email address \_\_\_\_\_

Local Emergency Contact (other than parents!):

Name

Phone

Allergies

### Registering for:

Kindergarten \_\_\_\_\_ 5 day pre-k \_\_\_\_\_ 4 day pre-k \_\_\_\_\_ Young 4s \_\_\_\_\_

5 day 3s \_\_\_\_\_ 3 day 3s \_\_\_\_\_ Young 3s \_\_\_\_\_

3 day 2s \_\_\_\_\_ 2 day 2s \_\_\_\_\_ 1 day 2s \_\_\_\_\_

I understand that all fees are nonrefundable/non transferable

(parent signature)

Florida United Methodist Early Childhood Schools Association  
**EMERGENCY MEDICAL RELEASE FORM**

(We) hereby grant permission for *The Methodist School for Early Education staff* to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

- ◆ Attempt to contact parents or guardian (**please be sure we have correct phone numbers on file**)
- ◆ Attempt to contact the child's physician (listed below)
- ◆ Attempt to contact you through any of the persons listed in the emergency information below
- ◆ If we cannot contact you or your child's physician, we will do any or all of the following:  
A) call another physician or paramedics B) call an ambulance C) have the child taken to an emergency hospital in the company of a staff member
- ◆ Any expense incurred under the above will be borne by the child's family
- ◆ The School **WILL NOT** be responsible for anything that may happen as a result of false medical or personal information given at the time of enrollment

**Persons to contact in the event we cannot reach the parents or guardian**  
(PLEASE GIVE AT LEAST 2 NAMES)

Name	Phone #	Name	Phone #
1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____

Physician to contact in the event of an emergency:

Name	Phone #	Address
_____	_____	_____
_____	_____	_____

To Whom It May Concern:

I (We) hereby give my (our) consent to (name your choice of hospital) \_\_\_\_\_ to administer treatment to my (our) child \_\_\_\_\_ in the event of an emergency at which time I (We) cannot be contacted. I (We) give consent to transport by ambulance if situation warrants.

Parent(s) Signature \_\_\_\_\_

Subscribed and sworn to before me at \_\_\_\_\_, Florida  
on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public State of Florida at large \_\_\_\_\_

My commission expires \_\_\_\_\_

## TUITION and FEES - Methodist School for Early Education 2020/2021

### To REGISTER your child, you will need to:

1. pay the Registration fee
2. pay the Material fee
3. pay the 1st tuition installment

#### Registration:

There is a **\$80.00** NON-REFUNDABLE/NON-TRANSFERABLE registration fee (per child), which is **due when you register** your child.

#### Material Fee:

This NON-REFUNDABLE/NON TRANSFERABLE fee is **due when you register** your child. These fees are used to purchase educational and consumable supplies, and to HELP cover the cost of field trips when applicable (pre k and kindergarten classes).

<u>Class</u>	<u>Material Fee</u>	<u>Class</u>	<u>Material Fee</u>
Kindergarten	\$450.00	3 day 3s	\$225.00
5 day pre-kindergarten	\$315.00	5 day 2s	\$305.00
4 day pre-kindergarten	\$290.00	3 day 2s	\$225.00
Young 4s	\$290.00	2 day 2s	\$180.00
5 day 3s	\$315.00	Young 2s	\$180.00

#### Tuition:

**Tuition is based on a ten month calendar**, beginning in August and ending in May. **TUITION IS AN ANNUAL FEE** which can be divided, for your convenience, into **10 equal installments**. Tuition is payable on an annual, semi-annual, or monthly basis. Full year tuition installments are due August 1<sup>st</sup>, semi-annual installments are due August 1<sup>st</sup> and January 1<sup>st</sup>, and **monthly installments are due the first day of each month**. We offer the convenience of **TUITION EXPRESS**, an automated payment processing system that allows you to pay online, or thru automated deductions through your credit card, or checking account. **There is a \$20.00 late fee charged for tuition installments received in the office after the 10<sup>th</sup> of each month.** A **WRITTEN two-week notice** to the school office is required when withdrawing your child from the program for any reason. You will be responsible for payment during this two-week period whether or not your child is in the classroom.

**FIRST MONTH'S INSTALLMENT IS DUE AT REGISTRATION (THIS IS ALSO NON-REFUNDABLE/NON-TRANSFERABLE).**  
**YEARLY / MONTHLY TUITION RATES:**

<u>Class:</u>	<u>Tuition: year/month</u>	<u>Church member/2nd child</u>	<u>Class:</u>	<u>Tuition: year/month</u>	<u>Church member/2nd child</u>
Kindergarten	\$5200.00/\$520.00	\$5100.00/\$510.00	3 day 3s	\$3500.00/\$350.00	\$3400.00/\$340.00
5 day prek	\$4250.00/\$425.00	\$4150.00/\$415.00	5 day 2s	\$5900.00/\$590.00	\$5800.00/\$580.00
4 day prek	\$3800.00/\$380.00	\$3700.00/\$370.00	3 day 2s	\$3700.00/\$370.00	\$3600.00/\$360.00
Young 4s	\$3800.00/\$380.00	\$3700.00/\$370.00	2 day 2s	\$2800.00/\$280.00	\$2700.00/\$270.00
5 day 3s	\$4850.00/\$485.00	\$4750.00/\$475.00	Young 2s	\$2800.00/\$280.00	\$2700.00/\$270.00

**Afternoon Enrichment fee will be \$18.00 per day** (12:00 noon - 2:00 p.m.) - open to all children - **begins second week of school**  
Church members receive a discount on tuition for each child. Non-church member families with *more than one* child enrolled in the school will receive a discount for the younger child (ren). Please note that because our expenses are continuous, no credit can be given for absences. No credit given for scheduled school holidays, vacation periods, or days cancelled due to weather emergencies or other unforeseen catastrophes. **WE FOLLOW ORANGE COUNTY PUBLIC SCHOOLS EMERGENCY PLAN ON DAY ONE, AFTER DAY ONE**, please call the school office for message on answering machine. If there is no message, we have no electrical power or we have sustained damage to our building and, therefore, are not able to conduct classes. We also have plans for *in-house* emergencies. Emergency days will NOT be made up unless Methodist School Board of Education advises. The Methodist School for Early Education admits students of any race, color, and national, or ethnic origin.

## Information for Child's Record

Date of this record \_\_\_\_\_

1. Child's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Nickname \_\_\_\_\_ Do you wish your child to be called by nickname? \_\_\_\_\_

2. Date of Birth \_\_\_\_\_  
Mo Day Yr  
Place of birth \_\_\_\_\_  
City County State

3. Home Address \_\_\_\_\_  
Street City Zip code  
Home Phone # \_\_\_\_\_ Cell phone #s \_\_\_\_\_  
E mail address \_\_\_\_\_

4. Check one: Parent(s) \_\_\_\_\_ Guardian(s) \_\_\_\_\_  
Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_  
Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Religious Denomination \_\_\_\_\_ Religious Denomination \_\_\_\_\_  
Are you currently members of 1<sup>st</sup> United Methodist Church of Winter Park? \_\_\_\_\_  
Marital Status \_\_\_\_\_ Marital Status \_\_\_\_\_

5. Please list the names and birth dates of brothers and/or sisters, indicate which school they attend or where they are employed (if applicable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. With whom does child live?

\_\_\_\_\_ both parents \_\_\_\_\_ both grandparents  
\_\_\_\_\_ father \_\_\_\_\_ grandfather  
\_\_\_\_\_ mother \_\_\_\_\_ grandmother  
\_\_\_\_\_ other (please explain) \_\_\_\_\_

7. Is child adopted? \_\_\_\_\_

If so, what has child been told about his/her adoption? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Characteristics of this child. (use back of sheet to give details you believe may be helpful in understanding this child)

Yes      No

_____	_____	Does child play with other children of same sex?
_____	_____	Of opposite sex?
_____	_____	Of younger age?
_____	_____	Of older age?
_____	_____	Does child get along with his/her playmates?
_____	_____	Does he/she bring friends home?
_____	_____	Does he/she visit in the homes of friends?
_____	_____	Does he/she attend Sunday School?
_____	_____	Does he/she enjoy listening to stories/books?
_____	_____	Do you often read to your child?
_____	_____	Does he/she listen to the radio/cds/tapes?
_____	_____	Does he/she watch television/movies?

9. What method of discipline is your child accustomed to? \_\_\_\_\_

What methods are most effective? \_\_\_\_\_

Do parents agree on method? \_\_\_\_\_

10. How many hours of night sleep does your child get? \_\_\_\_\_

Are there any sleep problems? \_\_\_\_\_ If yes, please give examples \_\_\_\_\_

Does child nap daily? \_\_\_\_\_

11. Is your child right handed? \_\_\_\_\_ left handed? \_\_\_\_\_ undecided? \_\_\_\_\_

12. Are there any food allergies? \_\_\_\_\_ If yes, please list \_\_\_\_\_

Is there any vomiting with food allergies? \_\_\_\_\_ Refusal to eat? \_\_\_\_\_

Please list **any other allergies** \_\_\_\_\_

Does child require use of EpiPen? \_\_\_\_\_

13. Are there any problems in relation to toilet habits? \_\_\_\_\_

14. Does your child exhibit any of the following behaviors?

Thumbsucking? \_\_\_\_\_

Speech difficulties? (stuttering, etc.) \_\_\_\_\_

Vision problems? \_\_\_\_\_

Does he/she wear corrective shoes? \_\_\_\_\_

15. Does he/she exhibit any behavior which worries you? \_\_\_\_\_

Give examples \_\_\_\_\_  
\_\_\_\_\_

16. Has child been away from family before? \_\_\_\_\_  
How does he/she react to your leaving? \_\_\_\_\_

17. What one word will best describe your child? \_\_\_\_\_  
What do you enjoy most about your child? \_\_\_\_\_

**# 18 is for pre k and kindergarten children only**

Will you give permission for your child to make educational excursions from the school under adequate supervision? (Parents will be driving their own vehicles)

\_\_\_\_\_ Yes \_\_\_\_\_ No

Signature \_\_\_\_\_

Would you like to transport (and chaperone) children on a field trip? \_\_\_\_\_ Yes \_\_\_\_\_  
No

How many seatbelts does your vehicle have? \_\_\_\_\_

19. Will you give permission for your child to be photographed for newspaper articles, TV coverage, etc. promoting school related activities? \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature \_\_\_\_\_

20. In case of an emergency, which physician should we contact?

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

21. Would you give permission to call 911 in the event of an emergency \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature \_\_\_\_\_

(every effort will be made to contact parents)

22. Whom should we call if child's parents are not available?

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

Relationship to child? \_\_\_\_\_

23. Who will transport child to/from school? \_\_\_\_\_

24. What led you to select Methodist School for enrollment? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

25. What do you expect your child to gain from attending preschool? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_





## VOLUNTEER ACKNOWLEDGEMENT

I attest my name is \_\_\_\_\_ and  
(print volunteer/foster grandparent name)

serve in the child care program known as \_\_\_\_\_  
(print name of child care program)

I serve as a (check one)

- ☐ Volunteer – As a volunteer, I do not receive any form of payment or compensation such as money, free or reduced child care, or any other type of compensation for my time. I also understand that as a volunteer, I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children. If I volunteer 10 hours or more per month, or receive some form of compensation, I understand that I must submit background screening information in accordance with section 402.302(3), Florida Statutes, and complete the state mandated training requirements.
- ☐ Foster Grandparent – As a foster grandparent, I adhere to all of the Foster Grandparent Program Guidelines pursuant to Title 45, Public Welfare, Code of Federal Regulations, section 2552.75. I also understand I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children. I must begin training within 30 days of working in the child care industry in any Florida child care facility and have the following courses completed, either by instructor-led or online, within one year from the working start date: Child Care Facility Rules and Regulations; Health, Safety and Nutrition; Identifying and Reporting Child Abuse and Neglect; and Special Needs Appropriate Practices.

I attest that I have read and that I understand the foregoing.

\_\_\_\_\_  
Volunteer/Foster Grandparent Signature

\_\_\_\_\_  
Date

### To Be Completed by the Owner/Operator/Director

I attest my name is \_\_\_\_\_, and I  
(print owner/operator/director name)

am the owner/operator/director of the child care program identified above. The above  
(circle one)

individual serves, under the above definition, as a volunteer/foster grandparent in this child care program.

I attest that I have read and that I understand the foregoing.

\_\_\_\_\_  
Owner /Operator /Director Signature

\_\_\_\_\_  
Date



## *Children and Discipline*

We are committed to the belief that children learn best in an atmosphere which values and respects the uniqueness of each individual child. We believe that an important part of our teaching task involves helping children develop an inner discipline. This means we must provide reasonable rules, logical consequences for breaking those rules, and be willing to give more personal responsibility to the children as they are able to assume it.

In this program we utilize positive techniques of guidance, including redirection, anticipation and elimination of potential problems, positive reinforcement, and encouragement. As the circumstances may require, we will use supervised time apart from the group. Consistent, clear rules and daily routines are established and we stress the importance that they be followed by everyone.

In the event of any persisting problem with your child, we will work closely with you so that together with our mutual understanding and reinforcement we can direct a behavioral pattern. If a child has continual difficulty controlling behavior to the extent that there is continual disruption to the class, making it impossible for others to have a successful school experience, a conference will be necessary to determine the continuation of the child in our program.

Remember that a crisis at home affects the child's behavior at school. Let us know the joyous happenings, the upsetting experiences, or important changes at home which may affect behavior. It is also important to let teachers know what a child has been told about an impending birth, serious illness, being adopted, or a recent death so any conversation can follow with complete empathy.

In all events, we like to consider this a joint venture with you in a mode of continuing development for your child.

\*\*\*\*\*

- Section 65C-22.006(2) F.A.C. requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 402.3125(5), F.S. requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/P1 175-24)
- Section 65C-22.006(3)(c), 2, F.A.C., requires that all parents are notified in writing of the disciplinary practices used by the child care facility.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

---

Signature of Parent/Guardian

---

Date



## Photo Release Form

I hereby grant **First United Methodist Church Winter Park** permission to use my likeness in a photograph and video in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the **First United Methodist Church Winter Park**.

I hereby irrevocably authorize **First United Methodist Church Winter Park** to edit, alter, copy, exhibit, publish or distribute my photo/likeness for purposes of publicizing the **First United Methodist Church Winter Park** ministries/programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge **First United Methodist Church Winter Park** from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

### Authorization:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Names and Ages of Minor Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to Children: \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to participate in snacks provided at the Methodist School for Early Education.

Signed \_\_\_\_\_

Date \_\_\_\_\_

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: \_\_\_\_\_

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

Date Received: \_\_\_\_\_

Signature: \_\_\_\_\_

*Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.*



### What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

### CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



### How can I protect my child from the flu?

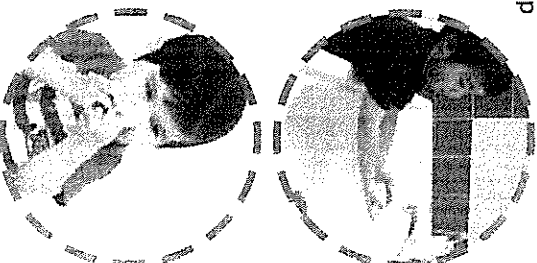
A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

### What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



### When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.