



# Methodist School for Early Education 2022-2023 Registration

To register your child for the 2022-2023 school year, payment for the following is required:

**Registration Fee**

**Material Fee**

**First installment of Tuition**

The above fees are **NON-REFUNDABLE** and **NON-TRANSFERABLE**.

**Your child will need the following forms  
completed & in the file by 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 Image Release Form
- \_\_\_\_\_ completed Snack Permission Form
- \_\_\_\_\_ completed Volunteer Acknowledgement
- \_\_\_\_\_ completed Children and Discipline Form

## 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 \_\_\_\_\_ Older 3s/Young 4s \_\_\_\_\_

5 day 3s \_\_\_\_\_ 3 day 3s \_\_\_\_\_ Older 2s/Young 3s \_\_\_\_\_

5 day 2s \_\_\_\_\_ 3 day 2s \_\_\_\_\_ 2 day 2s \_\_\_\_\_ Young 2s \_\_\_\_\_

I understand that **all fees** are **nonrefundable/non transferable** \_\_\_\_\_

Please see age eligibility on reverse side

(parent signature)

## Age eligibility for each class

Kindergarten	age 5 by September 1 <sup>st</sup>
Pre-K	age 4 by September 1 <sup>st</sup>
Older 3s/Young 4s	age 4 between September 1 <sup>st</sup> - December 31 <sup>st</sup>
Threes	age 3 by September 1 <sup>st</sup>
Older 2s/Young 3s	age 3 between September 1 <sup>st</sup> - December 31 <sup>st</sup>
Twos	age 2 by September 1 <sup>st</sup>
Young 2s	age 2 between September 1 <sup>st</sup> - December 31 <sup>st</sup>

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

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**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 \_\_\_\_\_



## Methodist School for Early Education 2022-23 TUITION & FEES

- To REGISTER your child, you will need to pay**
- (1.) Registration Fee
  - (2.) Materials Fee
  - (3.) 1<sup>st</sup> Month Tuition

### **REGISTRATION**

There is a **\$100.00 NON-REFUNDABLE/NON-TRANSFERABLE** registration fee per child **due at registration**.

### **MATERIAL FEE**

A **NON-REFUNDABLE/NON-TRANSFERABLE** material fee is **due at registration** and will be used to purchase educational/consumable supplies and to *HELP* cover the cost of field trips (in PreK & K classes only).

<b><u>CLASS</u></b>	<b><u>MATERIAL FEE</u></b>	<b><u>CLASS</u></b>	<b><u>MATERIAL FEE</u></b>
Kindergarten	\$450.00	3 Day 3's	\$225.00
5 Day PreKindergarten	\$315.00	5 Day 2's	\$305.00
4 Day PreKindergarten	\$290.00	3 Day 2's	\$225.00
Young 4's	\$290.00	2 Day 2's	\$180.00
5 Day 3's	\$315.00	Young 2's	\$180.00

### **TUITION**

**Tuition is based on a ten-month calendar**, beginning in August & ending in May. **TUITION IS AN ANNUAL FEE** which can be divided into **10 equal installments**, for your convenience. 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> & January 1<sup>st</sup>, and **monthly installments are due the first day of each month**. MSEE offers **TUITION EXPRESS**, an automated payment processing system that allows you to pay thru automated deductions of your debit card or checking account. **There is a \$20.00 late fee charged for tuition installments received 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 your child is in the classroom. **FIRST MONTH'S INSTALLMENT IS DUE AT REGISTRATION** and is **NON-REFUNDABLE/NON-TRANSFERABLE**.

### **YEARLY/MONTHLY TUITION RATES**

<b><u>CLASS</u></b>	<b><u>TUITION</u></b>	<b><u>FUMCWP member/</u></b>	<b><u>CLASS</u></b>	<b><u>TUITION</u></b>	<b><u>FUMCWP member/</u></b>
	<b><u>Year/Month</u></b>	<b><u>2nd child</u></b>		<b><u>Year/Month</u></b>	<b><u>2nd child</u></b>
Kindergarten	\$5400/\$540	\$5300/\$530	3 Day 3's	\$3700/\$370	\$3600/\$360
5 Day PreK	\$4450/\$445	\$4350/\$435	5 Day 2s	\$6100/\$610	\$6000/\$600
4 Day PreK	\$4000/\$400	\$3900/\$390	3 Day 2's	\$3900/\$390	\$3800/\$380
Young 4's	\$4000/\$400	\$3900/\$390	2 Day 2's	\$3000/\$300	\$2900/\$290
5 Day 3's	\$5050/\$505	\$4950/\$495	Young 2's	\$3000/\$300	\$2900/\$290

**Lunch Bunch is \$18.00 per day**. Lunch bunch is an extended day option held from **12:00 – 2:00 p.m.** that begins the second week of school. Lunch Bunch is open to all children; Young's 2's may begin attending Lunch Bunch in January 2023. FUMCWP members will receive a \$10 discount on tuition for each child. Non-church member families with more than one child enrolled will receive a \$10 discount for the younger child(ren). NOTE: School expenses are continuous, and NO credit will be given for absences. NO credit will be given for scheduled school holidays, vacation periods, or days cancelled due to weather emergencies or other unforeseen catastrophes.

The Methodist School for Early Education admits students of any race, color, and national, or ethnic origin.

For office use only:  
Enrollment Date -

## Information for Child's Record

Today's Date \_\_\_\_\_

1. Child's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Nickname \_\_\_\_\_ Do you wish your child to be called by nickname? Yes / No
2. Date of Birth \_\_\_\_\_  
Mo Day Year  
Place of Birth \_\_\_\_\_  
City County State
3. Home Address \_\_\_\_\_  
Street City Zip code  
Home Phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_  
Email 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? Yes / No  
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? Yes / No  
 Give examples \_\_\_\_\_  
 \_\_\_\_\_
16. Has child been away from family before? Yes / No  
 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 PreK 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

Parent/Guardian 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

Parent/Guardian 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

Parent/Guardian 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. Please list all adults who are authorized to drop off/pick up from school  
\*\* Children will only be released to parents or those persons listed as Emergency and Release Contacts. If you would like to have a person who **IS NOT** identified as an Emergency and Release Contact pick-up your child from school, you must notify us in advance, in writing.

**NO CHILD WILL BE RELEASED WITHOUT PRIOR WRITTEN AUTHORIZATION**

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Relationship to child? \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Relationship to child? \_\_\_\_\_

3. Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Relationship to child? \_\_\_\_\_

4. Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Relationship to child? \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

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

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

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## VOLUNTEER ACKNOWLEDGEMENT FOR CHILD CARE PROGRAM

I attest my name is \_\_\_\_\_, and I serve in the child care  
(print volunteer's/foster grandparent's name)  
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 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's/Foster Grandparent's Signature

\_\_\_\_\_  
Date

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

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

(check one) ☐ Owner ☐ Operator ☐ Director of the child care program identified above.

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

I attest that I have read and understand the foregoing.

\_\_\_\_\_  
Owner's / Operator's / Director's 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. Please note some children may be on a delayed immunization schedule.
- 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, as well as granting consent for child care personnel to have access to child's records.

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Signature of Parent/Guardian

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Date



## PHOTOGRAPHY AND IMAGE ASSIGNMENT, WAIVER AND RELEASE (FOR ADULT)

Please complete and return this Assignment, Waiver and Release **ONLY** if you **DO CONSENT** to the First United Methodist Church of Winter Park's publication of your image and likeness. **If you DO NOT CONSENT to the Church's publication of your image and likeness, please complete the OPT-OUT section at the bottom of the page.**

I, the undersigned, for valuable consideration received, and for being allowed access to property, activities, or events belonging to or affiliated with First United Methodist Church of Winter Park, expressly assign to First United Methodist Church of Winter Park and the Florida Conference of the United Methodist Church, and to all of their current, former and future agents, schools (including the Methodist School for Early Education and Trinity Christian Academy) and related entities and affiliates (collectively, the "Church"), all rights, title and interest in, and to, the use of my image or likeness, including, but not limited to, all videotape recordings, photographs, or audio recordings of, or made by, me (the "Property") on Church property, during Church-sponsored events, or for any other Church purpose. The Church shall have the right to assign its rights in the Property, in whole or in part, to any school or other entity within the Church, without my consent.

I voluntarily consent to and authorize the Church and its employees, independent contractors, volunteers or other agents to take, reproduce and release photographs, videos and audio recordings of me. I hereby irrevocably grant the Church perpetually and exclusively, the right to use and incorporate (alone or together with other materials), in whole or in part, the Property, in any Church publication, news release, social media outlet or for any other purpose. Further, I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or distribution of the Property without limitation for any purposes whatsoever and I further waive all rights to any compensation for my appearance or participation in the Property. I understand and have been advised that the Property may be used in publications, websites and other materials produced from time to time by the Church. I further understand that the Church has no control over the use of Property taken by media that may be covering an event at the Church in which I participate.

I hereby waive any claims against and release the Church, its current, former and future religious, employees, independent contractors, volunteers, agents, representatives, affiliates, successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I may have against the Church in connection with the taking, reproduction and/or use of the Property.

I acknowledge that the Church cannot control all photographic access to its properties, and that my name may be printed with the Property. I represent that I am eighteen years of age or older and that I have thoroughly read and understand the terms of this Assignment, Waiver and Release.

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

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

### PHOTOGRAPHY AND IMAGE OPT-OUT

\*Please complete and return THIS SECTION **ONLY** if you **DO NOT CONSENT** to the Church's publication of your image and likeness.

I, the undersigned, do not consent to the Church's publication of my image or likeness, including any photos, videos or audio recordings of me. I understand that the Church will make reasonable efforts to comply with this request. I further understand that the Church has no control over the use of my image or likeness taken by a third-party or media that may be covering an event at the Church in which I participate. If I become aware of any reproduction or publication of my image or likeness, I will immediately notify the Church of the same.

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

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

## PHOTOGRAPHY AND IMAGE ASSIGNMENT, WAIVER AND RELEASE (FOR MINOR CHILD)



Please complete and return this Assignment, Waiver and Release **ONLY** if you **DO CONSENT** to the First United Methodist Church of Winter Park's publication of your minor child(ren)'s image and likeness. If you **DO NOT CONSENT** to the Church's publication of your minor child(ren)'s image and likeness, please complete the OPT-OUT section at the bottom of the page.

I, the undersigned, for valuable consideration received, and for being allowed access to property, activities, or events belonging to or affiliated with First United Methodist Church of Winter Park, expressly assign to First United Methodist Church of Winter Park and the Florida Conference of the United Methodist Church, and to all of their current, former and future agents, schools (including the Methodist School for Early Education and Trinity Christian Academy) and related entities and affiliates (collectively, the "Church"), all rights, title and interest in, and to, the use of my child(ren)'s image or likeness, including, but not limited to, all videotape recordings, photographs, or audio recordings of, or made by, my child(ren) (the "Property") on Church property, during Church-sponsored events, or for any other Church purpose. The Church shall have the right to assign its rights in the Property, in whole or in part, to any school or other entity within the Church, without my consent.

I voluntarily consent to and authorize the Church and its employees, independent contractors, volunteers or other agents to take, reproduce and release photographs, videos and audio recordings of my child(ren). I hereby irrevocably grant the Church perpetually and exclusively, the right to use and incorporate (alone or together with other materials), in whole or in part, the Property, in any Church publication, news release, social media outlet or for any other purpose. Further, I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or distribution of the Property without limitation for any purposes whatsoever and I further waive all rights to any compensation for my child(ren)'s appearance or participation in the Property. I understand and have been advised that the Property may be used in publications, websites and other materials produced from time to time by the Church. I further understand that the Church has no control over the use of Property taken by media that may be covering an event at the Church in which my child(ren) participate(s).

I hereby waive any claims against and release the Church, its current, former and future religious, employees, independent contractors, volunteers, agents, representatives, affiliates, successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I and/or my child(ren) may have against the Church in connection with the taking, reproduction and/or use of the Property.

I acknowledge that the Church cannot control all photographic access to its properties, and that my child(ren)'s name may be printed with the Property. I represent that I am eighteen years of age or older, that I am the parent or legal guardian of the child(ren) listed below and that I have thoroughly read and understand the terms of this Assignment, Waiver and Release.

Names of minor child(ren): \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

### PHOTOGRAPHY AND IMAGE OPT-OUT

\*Please complete and return THIS SECTION **ONLY** if you **DO NOT CONSENT** to the Church's publication of your minor child(ren)'s image and likeness.

I, the undersigned, do not consent to the Church's publication of my minor child(ren)'s image or likeness, including any photos, videos or audio recordings of my minor child(ren). I understand that the Church will make reasonable efforts to comply with this request. I further understand that the Church has no control over the use of my child(ren)'s image or likeness taken by a third-party or media that may be covering an event at the Church in which my child(ren) participate(s). If I become aware of any reproduction or publication of my child(ren)'s image or likeness, I will immediately notify the Church of the same.

Names of minor child(ren): \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete both sides of form.

## MSEE Snack and Food Guidelines

Preschool snack is a special time for the children to gather and share food and conversation with each other. During the school year the children will take turns bringing the "snack basket" home to refill. Snacks should be healthy. It is not necessary to send in juice, as we give the children water. Your child's teacher will notify you of the weekly rotation.

For the health and safety of your child, children with food concerns will be asked to bring in their own snack from home each day.

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

Signed \_\_\_\_\_

Date \_\_\_\_\_



## Parent's Role

A parent's role in quality child care is vital:

- ☐ Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- ☐ Know the facility's policies and procedures.
- ☐ Communicate directly with caregivers.
- ☐ Visit and observe the facility.
- ☐ Participate in special activities, meetings, and conferences.
- ☐ Talk to your child about their daily experiences in child care.
- ☐ Arrange alternate care for their child when they are sick.
- ☐ Familiarize yourself with the child care standards used to license the child care facility.



## More information and free resources:

[MyFLFamilies.com/ChildCare](http://MyFLFamilies.com/ChildCare)



This child care facility is licensed according to the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).

License Number: \_\_\_\_\_

License Issued on \_\_/\_\_/\_\_

License Expires on \_\_/\_\_/\_\_

For more information regarding the compliance history of this child care provider, please visit:

[MyFLFamilies.com/childcare](http://MyFLFamilies.com/childcare)



OFFICE OF CHILD CARE REGULATION  
AND BACKGROUND SCREENING  
[MYFLFAMILIES.COM](http://MYFLFAMILIES.COM)

To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

CF/PI 175-24, 03/2014

This brochure was created by the  
Florida Department of Children and Families,  
Office of Child Care Regulation and Background Screening  
pursuant to s. 402.3125(5), F.S.,



## Know Your Child Care Facility

[MyFLFamilies.com/ChildCare](http://MyFLFamilies.com/ChildCare)



# General Requirements

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:

- Valid license posted for parents to see.
- All staff appropriately screened.
- Maintain appropriate transportation vehicles (if transportation is provided).
- Provide parents with written disciplinary practices used by the facility.
- Provide access to the facility during normal hours of operation.
- Maintain minimum staff-to-child ratios:

Age of Child	Child: Teacher Ratio
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

## Health Related Requirements

- Emergency procedures that include:
  - Posting Florida Abuse Hotline number along with other emergency numbers.
  - Staff trained in first aid and Infant/Child CPR on the premises at all times.
  - Fully stocked first aid kit.
  - A working fire extinguisher and documented monthly fire drills with children and staff.
- Medication and hazardous materials are inaccessible and out of children’s reach.

## Training Requirements

- 40-hour introductory child care training.
- 10-hour in-service training annually.
- 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- Director Credential for all facility directors.

## Food and Nutrition

- Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

## Record Keeping

- Maintain accurate records that include:
  - Children’s health exam/immunization record.
  - Medication records.
  - Enrollment information.
  - Personnel records.
  - Daily attendance.
  - Accidents and incidents.
  - Parental permission for field trips and administration of medications.

## Physical Environment

- Maintain sufficient usable indoor floor space for playing, working, and napping.
- Provide space that is clean and free of litter and other hazards.
- Maintain sufficient lighting and inside temperatures.
- Equipt with age and developmentally appropriate toys.
- Provide appropriate bathroom facilities and other furnishings.
- Provide isolation area for children who become ill.
- Practice proper hand washing, toileting, and diapering activities.

# Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, the following indicators should be considered:

## Quality Activities

- Are children initiated and teacher facilitated.
- Include social interchanges with all children.
- Are expressive including play, painting, drawing, story telling, music, dancing, and other varied activities.
- Include exercise and coordination development.
- Include free play and organized activities.
- Include opportunities for all children to read, be creative, explore, and problem-solve.

## Quality Caregivers

- Are friendly and eager to care for children.
- Accept family cultural and ethnic differences.
- Are warm, understanding, encouraging, and responsive to each child’s individual needs.
- Use a pleasant tone of voice and frequently hold, cuddle, and talk to the children.
- Help children manage their behavior in a positive, constructive, and non-threatening manner.
- Allow children to play alone or in small groups.
- Are attentive to and interact with the children.
- Provide stimulating, interesting, and educational activities.
- Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- Communicate with parents.

## Quality Environments

- Are clean, safe, inviting, comfortable, child-friendly.
- Provide easy access to age-appropriate toys.
- Display children’s activities and creations.
- Provide a safe and secure environment that fosters the growing independence of all children.

