



Southside United Methodist Pres
3100 Hendricks Avenue, Jacksonville, FL 32207 | 904.38

ENROLLMENT FORM

Today's date _____

STUDENT INFORMATON

Child's name (please print): _____ Nickname: _____

Birthdate _____ Sex _____ Preferred Contact Phone Number: _____

Present address _____ Zip code _____

What previous group experiences has your child had? _____

FAMILY INFORMATON

Child lives with: _____ Custody: Mother _____ Father _____ Both _____ Other _____

Mother's Name: _____

Address: _____

Home Phone: _____ Cell: _____

Email Address: _____

Employer: _____

Work Phone Number: _____

Father's Name: _____

Address: _____

Home Phone: _____ Cell: _____

Email Address: _____

Employer: _____

Work Phone Number: _____

Marital Status of Parents: Married/living together _____ Separated _____ Divorced _____

(Stepfather, Stepmother): _____

Custody/Visiting arrangements: _____

Siblings:

Name: _____ M _____/F _____ Date of Birth _____ Grade in School _____

Name: _____ M _____/F _____ Date of Birth _____ Grade in School _____

Name: _____ M _____/F _____ Date of Birth _____ Grade in School _____

Name: _____ M _____/F _____ Date of Birth _____ Grade in School _____

Church family attends (or church preference) _____

Do you wish to receive information about Southside United Methodist Church _____ yes _____ no

CONTACTS: * MINIMUM OF ATLEAST ONE CONTACT OTHER THAN PARENTS REQUIRED INCASE OF AN EMERGENCY

The child will be released only to the custodial parent or legal guardian and the persons listed below. The following people may 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.

Name Relationship Address Home Phone Cell Phone

Name Relationship Address Home Phone Cell Phone

Name Relationship Address Home Phone Cell Phone

Name Relationship Address Home Phone Cell Phone



Southside United Methodist Preschool
3700 Hendricks Avenue, Jacksonville, FL 32217 (904.386.1111)

ENROLLMENT FORM

Student's Name: _____

Please print

MEDICAL INFORMATION

Child's Doctor: _____ Address: _____ Phone: _____

Child's Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Please list any allergies, special medical or dietary needs, or other areas of concern: **(please indicate N/A if no concerns)**

Does your child have frequent illnesses? (Tonsillitis, ear aches, etc.) **(N/A if none)**

Has your child had any serious accidents or illnesses or Head Injury? **(N/A if none)** Explain _____

Operations and/or Hospitalizations? **(N/A if none)**

Has your child had vision tested? _____ Had hearing tested? _____

What Illnesses has your child had? At what age? **(please answer each one below - indicate N/A if illness has not occurred)**

Chicken Pox ___ at age _____ Scarlet Fever ___ at age _____ Diabetes ___ at age _____

Mumps ___ at age _____ Measels ___ at age _____ Hepatitis ___ at age _____

EMERGENCY PERMISSION

In the event that (child's name) _____ suffers any illness or accident requiring emergency treatment and/or emergency ambulatory transport to a local hospital/emergency care center while in any activity of Southside United Methodist Preschool, and I cannot be reached at the time of illness or accident, I hereby give my permission any necessary treatment, transport, hospitalization as recommended by a qualified physician.

Signature of Parent/Guardian

Print name of Parent/Guardian

Date

ILLNESS POLICY

Children should remain at home when they show any of the symptoms in accordance with our Illness Policy. If the onset of symptoms occurs while child is at school, parents will be asked to immediately pick up their child. In compliance with Department of Children and Families, Southside United Methodist requires that children must be free of any of the symptoms listed on our Illness Policy Form and MUST be **without any fever reducing** medication for the period of time indicated on our Illness Policy Form before returning to school (*Illness Policy Form located on our website*).

A child may be excluded from preschool for an extended period depending on the illness and/or infectious period. The extended time of absence would be determined by administration and/or a health care professional.

I hereby acknowledge that I have read the Illness Policy Form on the website and agree to abide by the Illness Policy of Southside United Methodist Preschool.

Signature of Parent/Guardian

Print name of Parent/Guardian

Date



ENROLLMENT FORM

Please print

DEVELOPMENTAL INFORMATION

This information helps Teachers and Assistants get to know and understand your child

Age at which the child walked alone? _____ Completed toilet training? _____ (* "NY" if not yet potty trained)

Comments regarding toileting: _____

Word child uses for urination: _____ Bowel Movement: _____ Usual Time for BM: _____

Does your child dress and undress self? _____

Does your child seem to be: Right-handed _____ Left-handed _____ Both _____ Not evident at this time _____

Does your child have any eating problems or restrictions? _____

What time does your child usually eat breakfast? _____ lunch? _____ dinner? _____

What time does your child usually go to bed at night? _____ Get up in the morning? _____

Does your child sleep well? _____

Does your child take a daytime nap or rest? _____ If yes, how long? _____

Do you feel that your child's speech is easily understood? _____

What languages are spoken in the home? _____ Have you moved recently? _____

Does your child play with other children? Yes _____ No _____ Older? _____ Younger? _____ Same age? _____

What method of behavior management is used in your home? _____

What is your child's usual reaction to discipline? _____

Does your child have any special fears that you are aware of? _____

How would you describe your child's personality? _____

What are your child's favorite indoor play activities? _____

What are your child's favorite outdoor play activities? _____

During the school year what would you like your child to do/learn? _____

At the present time do you have any special concerns in regard to your child's development?: _____

Any other helpful information about your child: _____



ENROLLMENT FORM

Student's Name: _____

Please print

Southside United Methodist Preschool
3120 Hendricks Avenue, Jacksonville, FL 32207-1904-200-28

WITHDRAWAL NOTICE

I hereby agree to notify the school **in writing** at least two weeks in advance of withdrawal. I also hereby agree to make payment that is due for the **full month** in which withdrawal takes place. No partial payments / no refunds for final month.

Signature of Parent/Guardian

Print name of Parent/Guardian

Date

MEDIA RELEASE

SUM Preschool has my permission to use photographs and/or videos of my child taken during school or any school event for the purposes such as SUM Preschool website, newsletters, brochures, and emails. Parent's signature is not required for classroom projects and bulletin boards.

_____ YES, S.U.M. Preschool has my permission

_____ NO, S.U.M. Preschool does not have my permission

Occasionally, the local paper and/or local community news will come and take photographs of the children for special events. SUM Preschool has my permission to use photographs of my child taken during school or any school event for the purpose of the local and/or local community news

_____ YES, S.U.M. Preschool has my permission

_____ NO, S.U.M. Preschool does not have my permission

SUM Preschool has my permission to post pictures on the SUM Preschool Facebook page. Names will not be used.

_____ YES, S.U.M. Preschool has my permission

_____ NO, S.U.M. Preschool does not have my permission

Signature of Parent/Guardian

Print name of Parent/Guardian

Date

INFORMATION RELEASE FOR ROOM PARENTS

I give permission to have my phone number and email address printed on a class list to be used by the room parent and parents of my child's classmates.

Signature of Parent/Guardian

Print name of Parent/Guardian

Date

INFORMATION RELEASE FOR DIRECTORY

I give permission to have my phone number and email address published in a Family Directory on our Website.

Signature of Parent/Guardian

Print name of Parent/Guardian

Date

OFF- CAMPUS FIELD TRIP CONSENT

I give permission for my child to go on off campus field trips with Southside United Methodist Preschool. **In accordance with the Department of Children and Families Policies, off-campus fieldtrips would include the pumpkin patch, chapel, and any other location on church property that is not considered part of "Preschool Campus" by DCF.** Chaperones may be asked to go on fieldtrips if additional supervision is required. Due to budget restraints, students and chaperones will be asked to pay their own cost for the buses and admission to any field trips that require an admission fee. Chaperones must provide **UNDISTRACTED SUPERVISION** of the children in their group at all times. For this reason siblings are not allowed to attend field trips and cell phones can only be used in the case of an emergency. *(Please refer to Policy and Procedures Handbook for all information regarding Field Trips)*

If you DO NOT wish for your child to go on an "off campus" field trip, DO NOT SIGN THE LINES BELOW. However, please be aware that there are no "on campus" accommodations for children not attending a field trip with their class. It will be the parent's responsibility to make arrangements for their child's care if they do not go on the field trip.

Signature of Parent/Guardian

Print name of Parent/Guardian

Date



ENROLLMENT FORM

Southside United Methodist Preschool
9100 Hendricks Avenue, Jacksonville, FL 32217 (904) 386-1333

Please print

ON-CAMPUS FIELD TRIP, ACTIVITY/EVENT CONSENT

I give permission for my child to participate in on-campus field trips, activities, and events at United Methodist Preschool . All events are walking distance from classrooms and on the property of Southside United Methodist Church.

Signature of Parent/Guardian

Print name of Parent/Guardian

Date

PARTICIPATION CONSENT

I give permission for my child to participate in cooking activities, birthday parties and other classroom events where food will be present and possibly consumed.

Signature of Parent/Guardian

Print name of Parent/Guardian

Date

TUITION AND FEES AGREEMENT

TUITION is an annual rate that is divided by 9 monthly payments. The payment schedule due dates for Southside United Methodist Preschool are: August 1, September 1, October 1, November 1, December 1, January 1, February 1, March 1 and April 1. A late fee of \$20.00 will be assessed for any payments not received by the 5th of each month. Tuition is billed via email. Payments must be kept current unless arrangements have been made with the Director. No reduction or refund of tuition will be given due to holidays and/or illness. The annual Curriculum Enhancement Fee is due with the September 1st payment. A tuition discount of 5% of total annual tuition will be given if tuition is paid in full by August 1st. A 5% discount will be given to 2nd child if both children are in a full rate tuition status. If any other discount or funding is applied to either child (ie VPK funding, scholarship, 2 Day/3 Day discounted rate for 5 day 2 year old or 5 day 3 year old, 5 % for full year prepay), 2nd child discount does not apply . Discount applies to Tuition charges only. Only one discount will be applied per family. Tuition payments can be mailed, delivered to Church Office Preschool drop box, one of two drop boxes located in the Preschool building main hallway or brought directly to the preschool office. Cash or checks only are acceptable payment. Payments for Early Arrival and/or Extended Day are due on the 1st with Tuition according to payment schedule for those services.

FEES such as Registration Fee and Annual Curriculum Enhancement Fee (A.C.E.) are required for all students (Wee Ones through non-VPK 4's and are requested for all VPK students. ALL FEES, REGISTRATION, AND CURRENT TUITION MUST BE PAID FOR ANY CHILD (INCLUDING VPK STUDENTS) WHO PARTICIPATES IN EARLY ARRIVAL AND/OR EXTENDED DAY. Early Arrival and/or Extended Day rates will apply for services rendered.

I agree to the above terms and conditions, including the obligation to pay Southside United Methodist Preschool for all charges for tuition and fees, and to be responsible for the financial obligations of my child.

Signature of Parent/Guardian

Print name of Parent/Guardian

Date

DISTRACTED ADULT BROCHURE - UNATTENDED CHILDREN IN CARS:

The Department of Children and Families now requires all Child Care Facilities to provide parents/guardians with information pertaining to the dangers of leaving a child in a vehicle, including tips for prevention. In addition, DCF requires parents to sign a document **EVERY SEPTEMBER AND APRIL** stating they have seen and will comply with the information on the document. Our Staff cannot be responsible to watch a child in a vehicle for a parent/legal guardian while they are on duty with other responsibilities. Our Staff is required to address the situation immediately if they observe an adult leaving a child unattended in a vehicle.

Please sign and date below acknowledging that you will comply with this Department of Children and Families requirement.

Signature of Parent/Guardian

Print name of Parent/Guardian

Date



ENROLLMENT FORM

Student's Name: _____

Please print

REPORTING ABSENCES

Please let the child's teacher or preschool office administration know....

- if you know ahead of time that your child will be absent
- If your child wakes up sick and will not be in school
- If you will be on vacation and your child will not be in school
- If your child will be absent for any other reason

You may email the preschool office at sumcps@yahoo.com , call the preschool office at 904-396-2676 ext. 121 or 122, or communicate this information with your child's teacher via text, email, written note, phone call, etc.

PLEASE REMEMBER, YOUR CHILD WILL BENEFIT THE MOST FROM PRESCHOOL WITH REGULAR ATTENDANCE.

IF YOUR CHILD IS IN A VPK CLASS, PLEASE BE AWARE THAT THERE IS A REQUIRED VPK ATTENDANCE POLICY THAT PARENTS MUST SIGN AND ADHERE TO IN ORDER FOR S.U.M. PRESCHOOL TO RECEIVE PAYMENT FROM THE STATE OF FLORIDA FOR YOUR CHILD.

Signature of Parent/Guardian

Print name of Parent/Guardian

Date

OTHER REQUIREMENTS

Health Form, Immunization Form, Policy And Procedure Acknowledgement Form

SOUTHSIDE UNITED METHODIST PRESCHOOL REQUIRES:

- Both the Florida Department of Health Physical Examination (form 3040) and the Florida Certificate of Immunization (form 680 or 681) **BY THE FIRST DAY OF SCHOOL**. Child may not attend until both up-to-date forms have been received
- An original or photo copy of your child's birth certificate
- An acknowledgement that you have reviewed our Policies and Procedures Parent Handbook and will comply with them.

Know Your Child Care Facility Brochure and Disciplinary Practice and Expulsion Policy

THE DEPARTMENT OF CHILDREN AND FAMILIES REQUIRES THAT SOUTHSIDE UNITED METHODIST MAKE AVAILABLE THE ITEMS LISTED BELOW FOR PARENTS TO REVIEW. BOTH ITEMS LISTED ABOVE ARE AVAILABLE ON OUR WEBSITE AT WWW.SUMPRESCHOOL.ORG

- "KNOW YOUR CHILD CARE FACILITY " BROCHURE
- Our Disciplinary Practices and the Expulsion Policy which is locate in our Policies and Procedures Parent Handbook

Your signature below indicates that you agree to provide an up-to- date Health Form, Immunization Form and original or photo copy of your child's birth certificate. Your signature also indicates you have reviewed the "KNOW YOUR CHILD CARE FACILITY" brochure, the DISCIPLINARY PRACTICES and EXPULSION POLICY, and the POLICIES AND PROCEDURES PARENT HANDBOOK and will comply with them.

Signature of Parent/Guardian

Print name of Parent/Guardian

Date

I verify that all 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 enrollment records.

Signature of Parent/Guardian

Print name of Parent/Guardian

Date

SOUTHSIDE UNITED METHODIST PRESCHOOL MISSION STATEMENT

Southside United Methodist Church Preschool is dedicated to providing age and developmentally appropriate experiences that ensure our student's intellectual, spiritual, social-emotional, and physical growth in a safe and nurturing Christian environment. It is our mission to develop a meaningful and lasting bond between the child, the family, and our school.



Southside United Methodist Preschool
3100 Hendricks Avenue, Jacksonville, FL 32217 | 904.386.2676

Southside United Methodist Preschool

Certificate of License:
C04DU0355

ENROLLMENT FORM

Page 7

RECAP OF REQUIRED FORMS

ALL STUDENTS:

The following forms are available at www.sumpreschool.org under Enrollment Package:

- This Enrollment Form (Pages 1 -6)
STUDENT'S NAME MUST BE PRINTED ON ALL PAGES
- Influenza Form from the Department of Children on Families (signature page only)

The following forms must be obtained from your child's pediatrician:

- Up-to-date Florida Department of Health Physical Examination (Form 3040)
- Up-to-date Florida Certificate of Immunization (Form 680 or 681)

The following forms must be provided by parent:

- Original or photo copy of birth certificate (only if we do not have one on file)

STUDENTS IN VPK :

(IN ADDITION TO THE FORMS LISTED ABOVE)

- Fees Acknowledgement Form
- VPK Attendance Policy (Parent's will sign this form at orientation)

OPTIONAL FORMS :

(the following forms are required **ONLY IF PARTICIPATING IN THESE PROGRAM.** Forms are available at www.sumpreschool.org)

- Early Arrival Form for MONTHLY use of Early Arrival
- Extended Day Form for MONTHLY use of Extended Day
- Carpool Sign-up Form
- Volunteer Acknowledgement Form – *it is recommended that all parents complete this form so that if a volunteer opportunity arises that you would like to participate in, the required form is already on file.*