

Registration # _____

2019-2020 Voluntary PreKindergarten Enrollment Form

Child's Name: _____
(Last) (First) (Middle Initial)

Full Mailing Address: _____

(City) (State) (ZIP)

(Please Check) I authorize my E-mail address to be used for newsletters and teacher communication purposes. E-mail address: _____

Preferred Contact Number: _____ Alternate Contact Number: _____

Child's Birthdate: _____ Age as of Sept. 1, 2019: _____

Parent(s)' name(s): _____

Primary Home Language: (Check One) Sex: (Check One) Male Female
 English Spanish Creole Haitian-Creole Other: _____

Race: (Check One)
 White, Non-Hispanic Black, Non-Hispanic Hispanic Asian/Pacific Islander
 American Indian/Alaskan Native Multi-racial

How did you hear about us? (Check One)
 Worship Guide Print Ad/Newspaper Brochure Email/E-Update Website
 Outdoor Banner Word of Mouth Other

Voluntary Pre-Kindergarten Program

(9:00 a.m. to 12:00 p.m.)

5 Days (Monday thru Friday) _____ VPK Program

Are you enrolling another child? No Yes Age: _____

Are you a member of St. Luke's United Methodist Church? _____

(Parent's Signature) (Date)

For St. Luke's Use Only: Date enrollment received: _____ Enrollment received by: _____

Emergency Information

Father's place of employment: _____

Work phone number: _____

Mother's place of employment: _____

Work phone number: _____

Under no circumstances will your child be released to anyone not known to the Center without authorization from the parent(s) or guardian. Authorized release forms are available in the CDC office.

Persons authorized to pick up your child: _____

Persons to be contacted in case of emergency:

Name: _____ Relationship to Child: _____

Address: _____ Phone Number: _____

Name: _____ Relationship to Child: _____

Address: _____ Phone Number: _____

Child's Physician: _____ Phone Number: _____

Child's Dentist: _____ Phone Number: _____

Emergency Hospital Preference: _____

My child has permission to eat store-bought snacks for special occasions. (Check One) Yes No

Any special medical or emotional problems or allergies: _____

Please list your child's siblings and ages: _____

Medical Emergency Form for 2019-2020

I/WE, _____, of
(Parent(s)/Guardian)

_____, City of _____,
(Street Address)

County of _____, State of _____ am/are

the parent(s)/or have legal custody of _____
(Student's Name)

a minor, age _____, born _____, who resides with me/

us at the address set forth above.

IN CASE OF AN EMERGENCY, I/WE authorize any representative of St. Luke's United Methodist Child Development Center, in whose care the minor has been entrusted, to present such minor to an approved medical treatment center, and do consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general practitioner or surgeon licensed to practice in any state of the United States, and do consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care, to be rendered to the minor by a dentist licensed to practice in any state in the United States.

Dated this _____ day of _____, 20_____.

(Parent/Guardian Signature)

Personally appearing before me, _____.

This _____ day of _____, 20_____.

(Notary Public)

My Commission Expires: _____

- ID provided: Personally known
 Driver's License _____
 Other _____

Video/Website/Photograph Permission Release Form

While your child is attending St. Luke's Child Development Center, there may be occasions when your child will be photographed or videotaped in our school's environment. This form is requesting your authorization for such pictures to be published or used by the ministries of St. Luke's United Methodist Church.

Date: _____

Child's Name

Signature of Parent/ Guardian

Please check one of following options and return to CDC Office.

I hereby authorize publication of school activity pictures.

I do not authorize publication of school activity pictures.

HRS Checklist for 2019-2020

Section 10-12.025(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680). Some children in care have a Religious Exemption from Immunization form, DH681. **These forms are due on or before the first day of school.**

Section 402.3125(5), F.S. requires that parents receive a copy of the Child Care Facility Brochure, **"Know Your Child Care Center"** (www.st.lukes.org/cdc).

Section 10M-12.025(4)2, F.A.C. requires that parents are notified in writing of the disciplinary practices used by the child care facility.*

Section 65C-22.001 requires that enrollment information be available for childcare personnel to review as needed.*

Section 65C-22.008 School Age Child Care, Chapter 386, F.S. requires that all parents are notified in writing that smoking, including e-cigarettes is prohibited on the premises of the child care facility.*

Section 402.3054 requires that parents be notified of on-campus field trips. Field trips apply only for Preschool and VPK classes. Specific dates for field trips will be indicated on the monthly class calendars. Your signature on this form authorizes your child to participate in these special events.*

Section 402.301-402.309 requires that parents are notified of St. Luke's Child Development Center's Emergency Evacuation Plan and Security Procedures.*

Section 2.8 requires that parents are notified in writing of the disciplinary and expulsion policies.*

By signing below, you acknowledge that you have received the St. Luke's Child Development Center Handbook and the documentation required by licensing at www.st.lukes.org/cdc.

*Information provided in St. Luke's Child Developments Center's Handbook.

Signature of Parent/Guardian

Date

Student's Name (Please Print)

Parent Guidelines for VPK

Florida's Voluntary Pre-Kindergarten Education Program offers high quality learning opportunities for all four-year-old children. The VPK Mission Statement is: "To ensure that all children are intellectually, emotionally, physically and socially ready to enter school."

The Florida Department of Education/State Board of Education is required by law (Section 1002.69(5), Florida Statutes (F.S.) to calculate a kindergarten readiness rate every year for each private or public school VPK provider. The VPK Provider Kindergarten Readiness Rate measures how well a VPK provider prepares four-year-olds to be ready for Kindergarten based upon the Florida Kindergarten Readiness Screener (FLKRS).

VPK Education Standards: fldoe.org/earlylearning and elcoforangecounty.org

Attendance

VPK school hours are from 9:00 a.m. to 12:00 p.m. Please be sure your child arrives on time ready to begin their daily activities. When your child attends a portion of the school day, it will count as a full day.

- Parents must complete the "Sign In and Sign-Out Log" each day. Requires full signature.
- At the end of the month, a parent or legal guardian must sign the Student Attendance and Parental Choice Certificate. Without this form, we cannot receive payment for your child.
- The VPK attendance policy is called the 80/20 Attendance Rule. This means that a child is allowed 20% absences for the entire school year. This amounts to 36 absences for the school year. If your child exceeds more than 20% absences for the year, CDC will not be reimbursed for those days missed.
- Daily attendance is directly related to higher scores on the Kindergarten Readiness Screener. All children will be screened during the first thirty days of Kindergarten.
- Please notify the CDC office or your child's teacher when you know of absences in advance. If your child is absent more than three days, documentation must be dated, signed and state the reason for absence.
- A preschool offering VPK has the right to dismiss a child for excessive absences.
- All parents must sign the VPK Parent Guidelines and the 80/20 Attendance Rule form.

VPK Parent Guidelines and Attendance Rule

I acknowledge that I have received a copy of and agree to the VPK Parent Guidelines and the 80/20 Attendance Rule.

Signature of Parent/Guardian

Student's Name

Date