



4851 S. Apopka-Vineland Rd.  
Orlando, FL 32819

407.876.1155  
st.lukes.org/cdc

## 2026-2027 Parent's Day Out Registration 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, 2026: \_\_\_\_\_

Parent(s)' Name(s): \_\_\_\_\_

Primary Home Language: (Check One) Sex: (Check One)  Male  Female  
 English  Spanish  Portuguese  Arabic  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

### Parent's Day Out Program

(9:00 a.m. to 2:30 p.m.)

• **Toddler I (8 to 16 months): 3-Days ONLY**

Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

• **Toddler II (17 to 27 months): Check which days you are registering for: 3-Days 4-Days 5-Days**

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

• **2's Plus (28 to 35 months): Check which days you are registering for: 3-Days 4-Days 5-Days**

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Are you enrolling another child? No  Yes  Age: \_\_\_\_\_

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

**Non-refundable Registration fee of \$200<sup>00</sup> (payable to "St. Luke's CDC") must accompany this registration form. Written notice is required two weeks prior to withdrawing from our program. No fee required to be placed on a Wait List.**

(Parent's Signature)

(Date)

For St. Luke's Use Only: Date registration received: _____	Registration received by: _____
Amount Paid: \$ _____	Check # _____



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## Emergency Information

Parent's place of employment: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Parent'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 (an additional authorization form will be required):

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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: \_\_\_\_\_

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Please list your child's siblings and ages: \_\_\_\_\_

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## Medical Emergency Form for 2026-2027

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 \_\_\_\_\_



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## 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.
  
- I hereby authorize publication of school activity pictures within Procare ONLY.



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## DCF Checklist for 2026-2027

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](http://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.\*

Influenza Virus Brochure, CF/PI 175-70, June 2009, requires that parents review the “**Influenza Virus, The Flu, A Guide to Parents**” Brochure, Department of Children and Family/Department of Health ([www.st.lukes.org/cdc](http://www.st.lukes.org/cdc)).

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 Handbook and the documentation required by licensing and it is available at [www.st.lukes.org/cdc](http://www.st.lukes.org/cdc).

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

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Signature of Parent/Guardian

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Date

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Student's Name (Please Print)