



Please return this form for each child you plan to register for the 2021-2022 school year.

Child's Name: _____ Birthday: ____/____/____

Parent/Guardian Names: _____

Address: _____
Street City Zip

Telephone: _____
Home Work Cell

Email Addresses: _____

Church Affiliation: _____ Child's Age as of 9/1/21: _____

Programs Offered: Please mark selection

Toddler (18 months by 9/1/21) **Three Year Old Class*** (3 years old by 9/1/21)

VPK (4 years old by 9/1/21)

Annual Registration Fee: \$100 per child or \$150 if you are registering more than one student.

5 DAYS/WEEK (M-F) PRESCHOOL
Please mark selection

A 9:00am-12:00pm..... \$410/month

B 7:30am-12:00pm.....\$515/month

C 9:00am-2:00pm.....\$570/month

D 7:30am-2:00pm..... \$650/month

E 7:30am-6:00pm.....\$785/month

3 DAYS/WEEK (M,W,F) PRESCHOOL
Please mark selection

F 9:00am-12:00pm..... \$290/month

G 7:30am – 12:00pm.....\$350/month

H 9:00am-2:00pm.....\$385/month

I 7:30am-2:00pm..... \$435/month

J 7:30am-6:00pm.....\$525/month

VPK PROGRAM (M-F)
Please mark selection

A 9:00am-12:00pm.....State Funded

B 7:30am-12:00pm.....\$150/month

C 9:00am-2:00pm.....\$200/month

D 7:30am-2:00pm..... \$300/month

E 7:30am-6:00pm.....\$600/month

DROP IN OPTIONS

- Early Care 7:30am-9:00am.....\$10/day
- Lunch Bunch 12:00pm-2:00pm..\$15/day
- After Care 12:00pm-6:00pm.....\$30/day
- Camp Day 8:30am-4:30pm.....\$50/day

*Students entering the 3 year old class must be toilet trained

**A Tuition discount of 10% will be offered to families who have 2 or more students enrolled in a tuition based program. The discount is offered for the base tuition only. Not applicable for Special Events.

REQUIRED WITH EASTMINSTER PACKET:

1. **\$100.00 Registration Fee** for Toddler, 3 year old and VPK Extended Programs
There is **NO Registration Fee** for the 9:00-12:00 VPK Program.
2. **\$150 Family Registration Fee** for two or more students.
(All registration fees are non-refundable or transferable)
3. DCF Childcare Application for Enrollment
4. Copy of Child's Birth Certificate *(If not already on file)*
5. Immunization or Exemption *(From Physician's Office)*
6. School Physical Form *(From Physician's Office)*
7. Certificate of Eligibility *(VPK Students Only; from Brevard Early Learning Coalition)*

Tuition Policy

Our tuition fee is due for each student at the beginning of the month. Written or verbal notice shall be given if payment is not received by the 10th of the month. When no payment has been made the student may be considered withdrawn and will no longer be able to attend the program. An additional fee may be charged when tuition is past due.

Our costs remain consistent for salaries and operational expenses, therefore no deductions in tuition will be made for days a student does not attend school whether for illness, vacation or school holidays.

A late fee, to be determined each year, will be charged when your child is picked up past the scheduled dismissal time. Excessive tardiness may be cause for the student to be withdrawn.

There is a non-refundable annual Registration Fee for each student enrolled. A student will not be considered enrolled until this fee is paid.

I have read the above information and marked the program appropriate for my child. I have received Eastminster Preschool's Tuition Policy and agree to the terms.

Parent/Guardian Signature: _____ Date: _____

Eastminster Presbyterian Preschool



State of Florida
Department of Children and Families

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: Sex: Date of Enrollment:

Full Name: Last First Middle Nickname

Child's Physical Address:

Primary Hours of Care: From To

Days of the Week in Care: M T W Th F Sa Su

Family Information: Child Lives With:

Mother's Name: Father's Name:

Address: Address:

Home Phone: Home Phone:

Employer: Employer:

Address: Address:

Work Phone: /Cell: Work Phone: /Cell:

Custody: Mother Father Both Other

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: Address: Phone:

Doctor: Address: Phone:

Dentist: Address: Phone:

Hospital Preference: Please list allergies, special medical or dietary needs, or other areas of concern:

Emergency Care Plan instructions (if applicable):

Emergency Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also 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 Address Work# Home#

Name Address Work# Home#

Name Address Work# Home#

Helpful Information About Child:

- Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or**
- Section 8.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, **or**
- Section 2.3, of the Family Day Care Home/ Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the 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 records.

Signature of Parent/Guardian

Date



EMERGENCY MEDICAL CONSENT FORM

I, _____ (Mother, Father or Guardian)
of _____, age _____, do hereby give my permission for
emergency medical care and/or treatment as my above named child might require while under
Eastminster Presbyterian’s supervision. Staff members may take steps including any or all of the following if they
believe an emergency situation exists:

- 1. Call an ambulance and have the child taken to the emergency unit of a hospital.
- 2. Call the child’s physician.
- 3. Call another physician.

In the case of emergency, every effort will be made to notify parents and to contact the child’s physician
immediately. If it is necessary to have the child transported to a hospital, we will arrange for the child to be taken
by emergency vehicle to the nearest hospital. I agree to pay all of the costs and fees for any emergency medical
care or treatment for my child as secured or authorized under this consent.

The following will be called in case of an emergency:

Child’s physician: Name _____
Address _____ Phone _____

Child’s Hospital: Name _____
Address _____ Phone _____

Mother/Guardian’s Name _____ Phone _____

Father/Guardian’s Name _____ Phone _____

Relatives or friends who may be contacted for assistance or information in case of emergency. (Should also be
listed on the pick-up permission form)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Medical Insurance Carrier: _____ Policy Number: _____

Allergies, medication, or other conditions pertinent to emergency care:

Other Medical Conditions: _____

Signature of Parent or Guardian: _____ Date: _____

This authorization shall remain effective until June 1st, 2022 unless sooner revoked in writing



PHOTO RELEASE FORM

I understand that Eastminster Preschool offers school photographs to be taken twice per year by Elizabeth Cottrill Portraits. I further understand that I am under no obligation to purchase photos taken of my child or pictures that my child may be in.

I understand that Eastminster Preschool may take pictures of my child playing and engaging in activities alone or within the group of students for use within their classroom for projects. Pictures of my child learning throughout the day may include other students and it is possible that a particular image may be sent or shared. I understand pictures of my child or that include my child may be shared via email or on the Preschool Facebook page.

I agree to give permission for Eastminster Preschool to take photographs or video images of my child. I agree to allow these photographs to be displayed in my child's room, sent via email, posted on Facebook, displayed on room or Preschool bulletin boards; I further agree to allow the Preschool to use these photographs or video images in limited promotional or training applications.

I agree not to share images taken, posted or sent for personal use without permission from parent or guardian.

Child's Name: _____

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____



PICK-UP PERMISSION & EMERGENCY CONTACT FORM

Name of child: _____

I hereby give permission for my child to leave Eastminster Preschool with the following persons named below. It is the responsibility of the parents to notify Eastminster Preschool, in writing, of any change.

(Even Parent/Guardians name(s) need to be listed below)

Table with 5 columns: Date, Name, Relationship, Home/Cell phone, Work Phone. Includes 5 horizontal lines for data entry.

If there is a separation or divorce custody problem of which Eastminster Preschool should be aware, please explain. (Attach custody documentation if necessary)

3 horizontal lines for explanation text.

Names of persons who may NOT pick up the child:

2 horizontal lines for names of persons who may not pick up the child.

Signature of Parent or Guardian

Date



Student Profile for _____

Personality Profile:

Is the child adopted? Y N At what age? _____ has he/she been told about the adoption? Y N
How would you describe your child's normal disposition? _____
Does he/she have any specific fears or phobias? If so please describe them. _____

What means of discipline do you find most effective? _____
Describe the experience your child has had playing with other children. _____
What Language(s) is spoken at home: _____
By Nature, is your child friendly? _____ Shy? _____ Aggressive? _____ Other: _____
What frustrates your child, or makes them angry? _____
What is the best way to communicate with your child? _____
Who does most of the disciplining in your household? _____
How do you comfort your child? _____
Has your child had a frightening experience with? Animals? _____ Loud Noises? _____ The Dark? _____ Other: _____
Is there anything out-of-the-ordinary that might help us in understanding and working with your child more effectively?
(i.e. new baby, divorce, death, new step-parent, etc.) _____
Has your child ever attend a Childcare Center? Y N How Long? _____ Where? _____
What areas or special attention you would like us to focus on this year? _____

Health/Physical Profile

Known Allergies _____
Regular or Necessary Medication _____
Physical Disabilities or Limitations _____
Any other Health Problems the Center should be aware of _____

Developmental Profile

Toilet Habits _____
Is your child Potty Trained? Yes No if No does he/she use? Diapers Pull ups
Can we depend on your child to tell us when they need to go to the bathroom? _____
Any special words your child may use: _____

Sleeping Habits

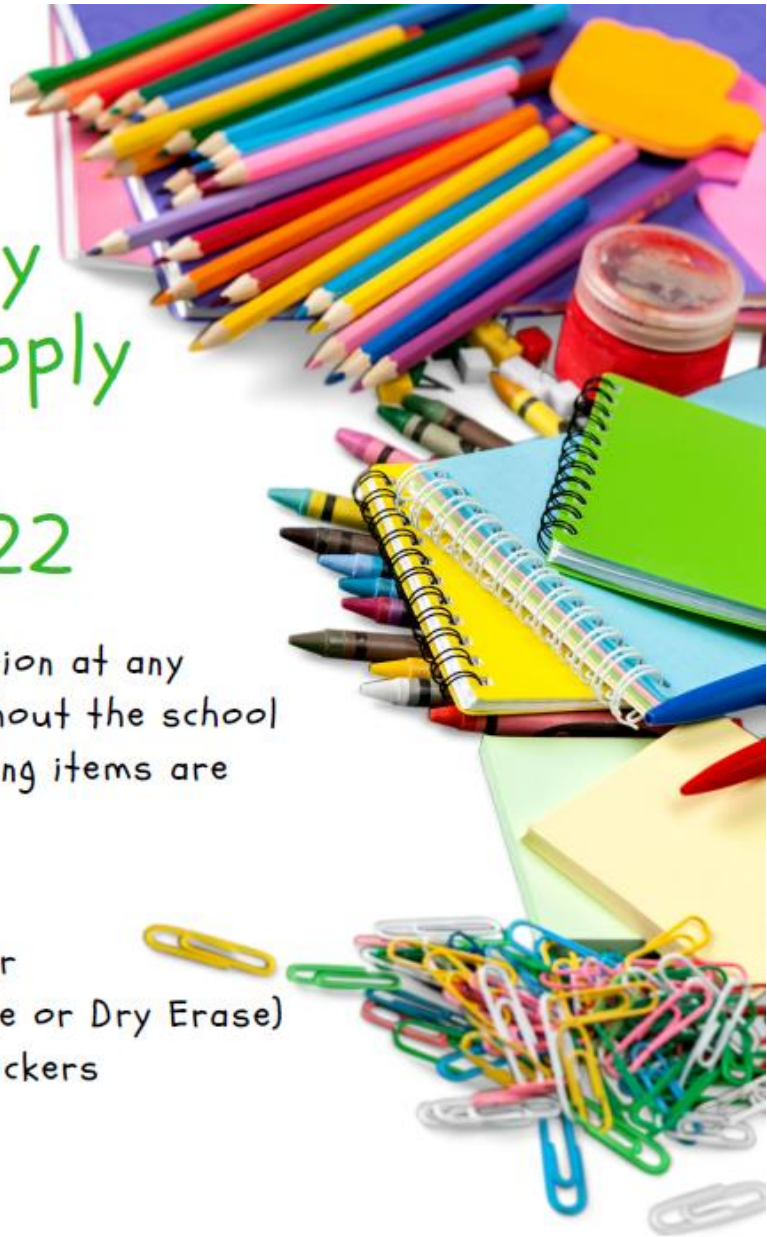
Special Naptime Instructions? _____
Normal Bedtime _____ Awaken? _____ Nap? _____ Length _____ Bedtime Buddy _____
Special Sleeping Routine (song, story, etc.) _____



Voluntary School Supply List 2021-2022

Please bring your donation at any convenient time throughout the school year. Any of the following items are appreciated:

- Glue Sticks
- Construction Paper
- Markers (Washable or Dry Erase)
- Fun Classroom Stickers
- Hand Sanitizer
- Box Tissues
- Baby Wipes
- Paper Towels
- Clorox Wipes
- Aerosol Lysol Disinfectant Spray
- \$25 Walmart Gift Card for Cooking and Science Supplies (Optional but Much Appreciated)





Please send your child to school
with the following items:

First Day:

Individual photo and family photo for
office and classroom.

Everyday:

Change of Clothes for Life's Emergencies

Filled Water Bottle

Closed Toe Shoes

Lunch (peanut free) if staying past 12pm

Every Monday:

Nap items if staying full day

To help prevent loss, please put your child's
name on all items sent to school.

Be sure to check with your teacher at the beginning
of the school year for any additional items.