

Student Name: _____



St. Mary's Preschool

Enrollment Form 2019-2020

Student Date of Birth: _____ Age on 9/1/19 _____ Gender: Male Female

Student Name: _____
First Middle Last Nickname

Mailing Address: _____
Street Address City State Zip Code

Primary Phone: _____ Cell or Landline? *(please circle)*

Email *(one that is checked regularly)* _____

Previous School(s) attended? _____

Parent Information (check answers that apply)

Status of biological parents: Married Divorced Widowed Separated Single

If divorced who has legal custody? Mother Father Shared Parenting (Please provide schedule below)

*If a court order is in place the Preschool must have a copy on file.

Father/ Guardian Name: _____

Address is different than above _____

Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Step-Mother (if applicable) Name: _____ Phone: _____

Permission to pick up: yes No

Mother/ Guardian Name: _____

Address is different than above _____

Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Step-Father (if applicable) Name: _____ Phone: _____

Permission to pick up: yes No

Student Name: _____

I am enrolling my child in: (please circle the class that applies)

**age of child on or before September 1, 2019*

2 yr old – MWF

3 yr old – MWF

4 yr old – VPK

2 yr old – T/ TH

3 yr old – T/ TH

4 yr old – NON-VPK

3 yr old – M-F

3 yr old – M-F

Fees & Tuition

An annual registration fee of \$225.00 is due at the time of registration. This non-refundable/ non-transferrable. This is help cover the cost of consumables and other costs during the school year for the classrooms. VPK students are not required to pay the registration fee, however a donation of \$150 is greatly appreciated. This is viewed as a donation and non-refundable.

An annual technology fee of \$25 is due with your first month's tuition. This helps cover the cost of our security system and online portal.

Tuition is an annual fee. For your convenience it is divided into 10 equal payments running from August to May. Tuition is due on the 1st of each month including August. If payment is received after the 10th a late of \$50 will be charged to your account. If payment is not received by the 15th you child will not be able to return to school until it is paid in full. We gladly accept checks or money order. You may also pay by credit card or ACH debit through our Smartcare app. Once your child has attended class, the full month's tuition is due and non-refundable. Your tuition payments enable us to make St. Mary's Preschool a healthy and adequately supervised Christian environment for your child.

Upon registering for class, we will need a copy of your child's birth certificate, health (physical), and immunization record.

A 10% discount is given to siblings. The discount is taken from the lesser tuition.

2 Year Old (must be 2 on or before September 1, 2019)

MWF: \$300.00 per month T/TH: \$260.00 per month M-F: \$422.00

3 Year Old (must be 3 on or before September 1, 2019)

MWF: \$267.00 per month T/TH: \$227.00 per month M-F: \$410.00

4 Year Old (must be 2 on or before September 1, 2019)

VPK: Paid by State Non-VPK: \$375.00 per month

Drop In Rates: (These are daily rates and added to your statement at the end of each month)

Early Care (7:00-8:50): \$6.00 per day Lunch Bunch (12:00-2:00): \$8.00 per day

Extended Day (2:00-5:30): \$14.00 per day

Student Name: _____

Student Withdrawal Procedure:

We require a 2 week WRITTEN notice of withdrawal If you withdrawal your child without proper written notice you will be responsible for any tuition up to two weeks after the child's last day of attendance.

Medical Information/ Release:

I hereby grant permission for the staff of St. Mary's Preschool to contact the following medical personnel to obtain emergency medical information in case of an emergency. I further authorize the Preschool to secure medical care for my child if needed. I assume responsibility for payment of any services needed.

Student's Pediatrician: _____ Phone: _____

Known Allergies: _____

If student has allergies how severe: ___ Severe ___ Mild ___ Unknown

Authorization for Release of child:

In case of an emergency, or if I am unable to be reached or pick up my child, I authorize St. Mary's Preschool to release my child _____ to the following persons. I understand no further written authorization from me is required for my child to be released to one of the persons listed herein. **I understand that additions or deletions to this list must be submitted in writing for the Preschool to honor them.** Parents, as a matter of law, are afforded the right to immediate access to their child while attending St. Mary's Preschool. Please refer to the Parent Handbook for more information on the Release of Children. If there is an issue with a parent picking up this child discuss it with the Preschool Director so the appropriate documentation can be obtained.

Parent Signature

Date

Please include anyone upon whom you may call in an emergency to help you with picking up your child. For the safety of your child, please inform all authorized pick up persons listed herein that we will ask for a government issued photo ID when they arrive to pick up you child. If they do not have a government issued ID with them we WILL NOT release your child under any circumstance. All persons authorized to pick up must be at least 18 years of age.

Name: _____	Relationship to child _____
Physical Address: _____	
Primary Phone: _____	Cell Phone _____

Name: _____	Relationship to child _____
Physical Address: _____	
Primary Phone: _____	Cell Phone _____

Student Name: _____

Authorization for Release of child:

Name: _____ Relationship to child _____
Physical Address: _____
Primary Phone: _____ Cell Phone _____

Name: _____ Relationship to child _____
Physical Address: _____
Primary Phone: _____ Cell Phone _____

Name: _____ Relationship to child _____
Physical Address: _____
Primary Phone: _____ Cell Phone _____

Name: _____ Relationship to child _____
Physical Address: _____
Primary Phone: _____ Cell Phone _____

Verification of Receipt:

Rule 65C-22.006 (2) FAC & Section 65C-20.001(1) FAC requires a current physical exam (DH3040) and immunization record (DH 680 or HD 681) within 30 days of enrollment.

Section 402.3125(5) FS requires that parents receive a copy of the Child Facility Brochure "Know Your Child Care Facility"

Section 65C-22.006(4) FAC requires that parents are notified in writing of the disciplinary practices used by the child care facility.

Each family receives a St. Mary's Preschool Parent Handbook on the first day of school or at orientation prior to the start of school. You can also access the handbook online at www.stnaryspreschool.org

I verify that I have received all items indicated above and all information on this form is complete and accurate.

Parent Signature _____ Date _____

Student Name: _____

Permission to Photograph your child:

St. Mary's Preschool will take photographs of enrolled students for different occasions throughout the year. These photos are primarily used for Preschool purposes: to display on bulletin boards, create keepsakes for parents, and Facebook updates. Occasionally, we will have a need to use photos for marketing purposes: newsletters, calendars, website, brochure, or ads in print.

We can only use your child's photo if we have permission from you. Please indicate below if you do or do not authorize the use of photos of your child.

**Names will never be used in advertising or web based activity*

Yes, I authorize St Mary's Preschool to use photos of my child for the purposes:

Check all that apply

- All (listed above)
- Preschool Newsletter
- St. Mary's Preschool Website
- St. Mary's Preschool Social Media
- Printed advertising including but not limited to magazine, newspaper, brochures)

No, I do NOT authorize St. Mary's Preschool to use photos of my child.

I understand that it is my responsibility to update this form if my wishes stated above change in any way.

I agree that this form will remain in effect during the term of my child's enrollment.

Print Parent/ Guardian Name

Parent/ Guardian Signature

Date

Student Name: _____

Parent and School Promise

St. Mary's Preschool agrees to provide child care for my child. I _____
Parent/ Guardian Printed Name

understand the following:

Before any medication is dispensed to my child, I will provide a written authorization (school form), which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or Preschool personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

I authorize St. Mary's Preschool to obtain emergency medical care for my child if needed.

I have received a copy of the handbook and agree to abide by the policies and procedures for St. Mary's Preschool.

I understand that the facility will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs.

I also understand that my participation is encouraged in facility.

I have read, understand and been given the opportunity to ask questions regarding the above promise between St. Mary's Preschool and myself.

Parent Signature

Date

Brandi Crawford-Lavoie

Preschool Director

Date

Student Name: _____

St. Mary's Preschool Permission Request

EMAIL ADDRESS & TEXT MESSAGES

We send notices, newsletters, and special event reminders to our families through email throughout the school year. We may also send group texts for additional important reminders. Please list any email address & cell number below that you would like these communications sent to. Please print clearly.

CLASS ROSTER

We will be providing our families with a class roster that will include: child's name, parents' names, mailing address(es), phone number(s), and email address(es). Please let us know what information you would like to be included.

I give permission for the following information to be included on the class roster (check all that apply):

- Child's Name _____
- Parents' Name(s) _____
- Mailing Address(es) _____
- Email Address(es) _____
- Phone Number (home &/or cell) _____

Parent/ Guardian Signature

Date