

2010 – 2011 CHILDREN'S PLACE PRESCHOOL VPK RESERVATION FORM

FAIRPOINT CAMPUS _____ SOUNDSIDE CAMPUS _____ STARTING DATE September 7, 2010

9:00 am – 1:00 pm Monday, Tuesday, Thursday Friday are paid by the State of Florida (see calendar for any exceptions)
An Optional "Drop In" Day will be available on Wednesdays for an additional fee of \$20 per day.
Extended Care is not included in VPK. Early Play and Stay and Play are each \$10 per use.

Child's Last Name _____ First _____ Middle _____

Name Called By _____ Date of Birth _____ / _____ / _____ Sex _____

Mother's Name _____ E Mail Address: _____

Address: _____ Home # _____ Cell/# _____

City _____ State _____ Zip Code _____

Occupation/Employer _____ Work# _____

Father's Name _____ E Mail Address: _____

Address: _____ Home # _____ Cell# _____

City _____ State _____ Zip Code _____

Occupation/Employer _____ Work # _____

Who is the legal guardian of the above child? _____ Lives with: _____

Child's Physician (required) _____ Physician's Phone # (required) _____

Physician's Address (required) _____

Does your child have any allergies or other issues we need to know about? No _____ Yes _____ (Describe below, if yes)

If either parent cannot be reached, the following person(s) are authorized to be contacted in case of illness, accident or emergency and has/have permission to pickup this child from Children's Place, if necessary. **Children & Family Services requires at least one contact.**

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Phone#</u>
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Yes ___ No ___ May we include your family address and phone number on our class roster sent home for invitations, etc.?

Yes ___ No ___ **If you are a returning family, is your address a change from last year?**

Yes ___ No ___ Are you presently attending church services at Gulf Breeze United Methodist Church (GBUMC)?

If yes, circle which campus you mainly attend: Fairpoint Campus Soundside Campus Which service (time)? _____

Yes ___ No ___ Can your child be included in a group picture on the school's Web Site?

Yes ___ No ___ Can your child be in a group photo taken by a member of the Media (Pensacola New Journal, Gulf Breeze News)?

I understand that this form is for a reservation in Children's Place Preschool and DOES NOT register my child with the State of Florida VPK program. I have to register my child with the Early Learning Coalition of Santa Rosa County for VPK and **turn in these forms to Children's Place** in order to complete the registration process. I have received a copy of the brochure "Know Your Child's Childcare Facility", Parent Handbook and the Children's Place disciplinary practices. (Will soon be found on our website www.gbumc.org). New students must provide a Children's Place a Florida Well Child Physical Examination form and a Florida Immunization Record within 20 days **These must be kept current at all times.** (Forms are available from local physicians and Health Department.) I understand that in case of emergency, my child will be transported/treated by EMS.

Parent Signature (Required)

Date