

2024– 2025 CHILDREN’S PLACE PRESCHOOL ENROLLMENT FORM

Age as of Sept 1, 2024 _____ (please provide age in months if under 3)

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 _____ *Cellphone provider _____

Occupation/Employer _____ Work# _____

Father’s Name _____ E Mail Address: _____

Address _____ Home # _____ Cell# _____

City _____ State _____ Zip Code _____ Cellphone provider _____

Occupation/Employer _____ Work # _____

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

Child’s Local Physician (required) _____ Physicians Phone # (required) _____

Physician’s address (required) _____

Does your child have any allergies or other concerns 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 have permission to pickup this child from Children’s Place, if necessary. (write additional names to the back)

Children & Family Services requires AT LEAST ONE LOCAL contact – please confirm at least 1 local contact address on the list.

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Phone#</u>
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Yes ___ No ___ May we include your family address, email and/or phone number on our class rosters to share?

Yes ___ No ___ Do you currently attend church services at Gulf Breeze United Methodist Church?

Yes ___ No ___ Can your child be included in pictures on the school’s Web Site/Social Media pages?

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

I will read a copy of the brochure “Know Your Childcare Facility”, CP Parent Handbook, “The Flu: A Guide for Parents”, the Children’s Place disciplinary practices, snack/food policies and “Distracted Adults”. (All found on our website: <https://www.gbumc.org/childrens-place>)

I will provide a **Florida Well Child Physical Examination form and Florida Immunization Record of my child within 30 days of registration and keep these forms updated.** (Forms available from local physicians or Health Department.) I understand that in case of emergency, my child will be transported/treated by EMS. I provide consent for Children’s Place Personnel to have access to my child’s records.

-I must keep a Tuition Express payment form on file with the Children’s Place Office. *ALL FEES ARE NON-REFUNDABLE

Parent Signature _____ Date _____

Cell Provider needed to send out mass texts to preschool families