

2022– 2023 CHILDREN’S PLACE PRESCHOOL ENROLLMENT FORM 1 YEAR OLDS

School Year Begins: August 22, 2022

First date child will be in class _____

**Refer to school calendar for holidays/planning days

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 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 have permission to pickup this child from Children’s Place, if necessary. **Children & Family Services requires AT LEAST ONE MORE contact.**

Name	Address	Relationship	Phone#
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_____ (attach additional names)

Yes ___ No ___ May we include your family address and phone number on our class roster sent home for invitations, etc?

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

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 News Journal, Gulf Breeze News)?

I will read a copy of the brochure “Know Your Childcare Facility”, Parent Handbook, “The Flu: A Guide for Parents”, the Children’s Place disciplinary practices and snack/food policies, Rilya Wilson Act (All found on our website www.gbumc.org. Click on “Get Connected”.)

-If new to Children’s Place, I will provide a **Florida Well Child Physical Examination form and Florida Immunization Record of my child within 30 days** and keep these forms updated. **Returning students must keep these forms updated at all times.** (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. THE FIRST PAYMENT WHICH IS MADE AT REGISTRATION IS NON-REFUNDABLE.

Parent Signature _____ Date _____

Cell Provider needed to send out mass texts to preschool families / **TURN OVER AND COMPLETE THE BACK**

CHILDREN'S PLACE PRESCHOOL

2022-2023 SCHOOL YEAR RATES

The first of ten payments is due upon receipt of registration form and is NON-REFUNDABLE.
The second payment is processed in August. The next 8 payments will be processed the first work day of each month from October-May. All payments are made using the Tuition Express information given to the Children's Place Office.

1 YEAR OLDS

(Must turn one before Sept.1, 2022)

PLEASE CIRCLE OPTION 1, OPTION 2 OR OPTION 3

Option 1:

Monday – Friday part time (9:00 am – 1:00 pm)

\$4,600/year divided into 10 payments of \$460

Option 2:

Monday/Wednesday/Friday part time (9:00 am – 1:00 pm)

\$3,500/year divided into 10 payments of \$350

Option 3:

Tuesday/Thursday part time (9:00 am – 1:00 pm)

\$2,800/year divided into 10 payments of \$280

Early Care is offered, provided there is space available, on a drop in basis from 7:30am – 9:00am at the rate of **\$8.00 per 30 minutes. *NO AFTERCARE IS AVAILABLE FOR ONE YEAR OLDS.**

ALL STUDENTS MUST HAVE AN UP TO DATE IMMUNIZATION FORM AND WELL CHECK PHYSICAL FORM ON FILE AT THE CHILDREN'S PLACE OFFICE NO LATER THAN THEIR FIRST DAY OF SCHOOL. These forms must be on the correct State of Florida Dept. of Health Forms. ALL FAMILIES MUST ALSO HAVE A TUITION EXPRESS FORM ON FILE IN THE OFFICE.