

# First Presbyterian Preschool



First Presbyterian Preschool  
'Where Children Come First'

520 Royal Palm Blvd.,  
Vero Beach, FL 32960

772-257-7238

[www.firstpresvero.org](http://www.firstpresvero.org)

Application for Enrollment  
License #C19IR0111

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Vero Beach, FL 32960



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## Application for Enrollment

### Child Information

Projected Start Date: \_\_\_\_\_

|           |            |      |          |
|-----------|------------|------|----------|
| Last Name | First Name | M.I. | Nickname |
|-----------|------------|------|----------|

|               |   |            |                  |
|---------------|---|------------|------------------|
| Classroom Age | <input type="checkbox"/> Male <input type="checkbox"/> Female | Birth Date | Address          |
|               |   | City:      | Zip Code: State: |

Existing medical conditions, medications and/or special attention your child may require

Allergies

|                     |       |         |
|---------------------|-------|---------|
| Pediatrician's Name | Phone | Address |
|---------------------|-------|---------|

### Desired program schedule

- 2 days - Tuesday / Thursday (2 year old program only)
- 3 days - Monday / Wednesday / Friday (2 and 3 year old program only)
- 5 days - Monday – Friday (2 and 3 year old program)
- 5 days – VPK Program - Monday - Friday

### Primary Guardian Information – the people listed here are automatically added to the authorized pick up list – please mark if different. *Name(s) of person(s) with whom child is living*

| 1st Primary Guardian |            |              |                       |
|----------------------|------------|--------------|-----------------------|
| Last Name            | First Name | M.I.         | Relationship to Child |
| Email Address        | Cell Phone | Work Phone   |                       |
| Address              |            |              |                       |
| City:                |            | Zip Code:    | State:                |
| Occupation           | Employer   | Work Address | Work Hours            |

| 2nd Primary Guardian |            |              |                       |
|----------------------|------------|--------------|-----------------------|
| Last Name            | First Name | M.I.         | Relationship to Child |
| Email Address        | Cell Phone | Work Phone   |                       |
| Address              |            |              |                       |
| City:                |            | Zip Code:    | State:                |
| Occupation           | Employer   | Work Address | Work Hours            |

Legal Custody:  Mother  Father  Both  Other Relation \_\_\_\_\_

Person(s) child lives with: \_\_\_\_\_

Custody/Visiting Arrangements: \_\_\_\_\_ (Copy of Custody/Legal Papers must be on file)

## Emergency Contacts and Authorized Pickups

Child will be released only to the authorized pickups noted 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.

| 1st Contact/Pickup |            |  |                       |
|--------------------|------------|--|-----------------------|
| Last Name          |            | First Name   | Relationship to Child |
| Home Phone         | Cell Phone | <input type="checkbox"/> Emergency Contact<br><input type="checkbox"/> Authorized Pick up Person |                       |
| 2nd Contact/Pickup |            |  |                       |
| Last Name          |            | First Name   | Relationship to Child |
| Home Phone         | Cell Phone | <input type="checkbox"/> Emergency Contact<br><input type="checkbox"/> Authorized Pick up Person |                       |
| 3rd Contact/Pickup |            |  |                       |
| Last Name          |            | First Name   | Relationship to Child |
| Home Phone         | Cell Phone | <input type="checkbox"/> Emergency Contact<br><input type="checkbox"/> Authorized Pick up Person |                       |
| 4th Contact/Pickup |            |  |                       |
| Last Name          |            | First Name   | Relationship to Child |
| Home Phone         | Cell Phone | <input type="checkbox"/> Emergency Contact<br><input type="checkbox"/> Authorized Pick up Person |                       |
| 5th Contact/Pickup |            |  |                       |
| Last Name          |            | First Name   | Relationship to Child |
| Home Phone         | Cell Phone | <input type="checkbox"/> Emergency Contact<br><input type="checkbox"/> Authorized Pick up Person |                       |

## Additional Information and Comments

Has your child previously attended preschool or daycare? \_\_\_\_\_

If yes, where? \_\_\_\_\_

Do you have any concerns regarding your child's development? (Speech, motor, social or behavioral etc.) \_\_\_\_\_

Additional Comments & Information: \_\_\_\_\_

**All children attending our 3 year old class and VPK Program must be COMPLETELY toilet trained prior to the start of school. Please bring a change of clothes for accidents.**

## Signature

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

# First Presbyterian Preschool Releases

## Child's Information

|           |            |     |     |
|-----------|------------|-----|-----|
| Last Name | First Name | Age | DOB |
|-----------|------------|-----|-----|

### Photo Release:

I give my permission for you to use pictures of my child in Church related photos, video's, DVD's, CD's  
 Yes  No

I give my permission for you to use pictures of my child in Church related Website  
 Yes  No

### Social Media Release:

I give permission for you to post pictures of my child on the Preschool Facebook Page  
 Yes  No

### Special Occasion Food Release:

During birthday parties/holiday celebrations etc., food may be brought into the classroom by other preschool parties. Please indicate if your child is able to consume special occasion food or not.  
 Yes  No

My child has dietary requirements, so I will provide an alternative food for them (the teacher will inform you in advance of the occasion)  
 Yes  No

## Signature

\_\_\_\_\_  
 Parent / Guardian Signature

\_\_\_\_\_  
 Date



# First Presbyterian Preschool

**Thank you for your interest in First Presbyterian Preschool.**

Our 3 year old and 4 year old class applicants, must be **fully toiled trained**, and all children must be the **appropriate age** of class planning to enroll in on or before **September 1<sup>st</sup>**.

**To begin the Enrollment Process, please submit the following:**

- Application for Enrollment completed and signed.
- Non-refundable Enrollment fee: \$100 / per student (\$75 for 2<sup>nd</sup> student)
- A signed VPK certificate (if applicable).

**Before your child starts school, you will need to provide the school with the following:**

- Your child’s current **PHYSICAL** form from their Pediatrician
- Your child’s up to date **IMMUNIZATION** record from their Pediatrician

**For your information:**

- Parent receives a copy of the Child Care Facility Brochure, ‘Know Your Child Care Facility’.
- Parent receives a written notification of disciplinary practices used by the Child Care Facility.

Your signature below indicated 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.

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Printed name of parent/guardian                      Signature of parent/guardian                      Date