

# 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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'Where Children Come First'

## Application for Enrollment

### Child Information

Registration Date: \_\_\_\_\_

Last Name	First Name	M.I.	Nickname
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Classroom Age	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	Address	City:	Zip Code:	State:
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Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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### 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 <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 <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 <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 <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 <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
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### 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 Medical Release

To: The Directors and Staff of First Presbyterian Preschool of Vero Beach, Florida:

I, \_\_\_\_\_, parent/guardian (please specify) of \_\_\_\_\_ (name of child), a student of First Presbyterian Preschool do hereby grant to First Presbyterian Preschool, in the event of an emergency situation with \_\_\_\_\_ (name of child) which requires immediate attention, my permission and authority to take all necessary measures, including but not limited to: administration of first aid treatment and/or transport to a medical facility, for the necessary and appropriate treat of \_\_\_\_\_ (name of child).

By participating in First Presbyterian Preschool related events and activities, there are certain risks to me arising from or related to possible exposure to communicable diseases including, but not limited to, the virus 'severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)', which is responsible for the Coronavirus Disease (also known as COVID-19) and/or any mutation or variation thereof (collectively referred to as 'Communicable Diseases'). I am fully aware of the hazards associated with such Communicable Diseases and knowingly and voluntarily assume full responsibility for any and all risk of personal injury or other loss that I may sustain in connection with such Communicable Diseases.

I hereby release First Presbyterian Preschool of and from all financial responsibility incurred with respect to medical treatment/expenses of \_\_\_\_\_ (name of child).

I have read, understand, and in agreement with the above statements.

## Child's Information

Last Name	First Name	Age	DOB
Health Insurance	Doctors Name	Phone Number	

Does your child take any medication(s) regularly?     Yes     No    If yes, please list:

## Emergency Contact Person if Parent cannot be reached:

Full Name	Relationship to Child	Cell Phone
Full Name	Relationship to Child	Cell Phone

Printed name of parent/guardian

Signature of parent/guardian

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