

# 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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## 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

- ☐ 3 days - Monday / Wednesday / Friday (2 year old program only)  
☐ 5 days - Monday – Friday (2 and 3 year old program)  
☐ 5 days – VPK Program - Monday – Friday – AM Class (8:30am-11:30am)  
☐ 5 days – VPK Program - Monday – Friday – PM Class (12:30pm-3:30pm)

### 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: \_\_\_\_\_

How did you hear about our Preschool? \_\_\_\_\_

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  |
| <br>      | <br>       | <br> | <br> |

### 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 toilet 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) – Not applicable for VPK Students
- A signed VPK Certificate of Eligibility (VPK Students only).

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

- Your child’s current **PHYSICAL** form from their Pediatrician – Form DH3040
- Your child’s up to date **IMMUNIZATION** record from their Pediatrician – Form DH680

**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.

---

Printed name of parent/guardianSignature of parent/guardianDate

## **First Presbyterian Preschool - Discipline Policy**

Our staff have been trained in the Conscious Discipline program. This approach has adults responding to conflict daily, and turning it into a “teachable” moment. We do not use the “time out” method, but rather redirect the child to another activity. The strategy that our facility uses allows students to learn about critical life skills that will help them in the future. Conscious Discipline is an evidence proven method that is the model of character education in the state of Florida.

Teachers may utilize a variety of discipline techniques to meet the needs of different situations:

- Let children make some decisions and choices – one good way to teach responsibility is to give the child as much responsibility as possible.
- Give reasons for rules – understanding the reasons for rules make it easier to remember and follow them.
- Be consistent in our language and behavioral response to children – consistent behavior by adults facilitates development of inner control through modeling.
- Remove children from situations they can’t handle – if a child is too young to understand, or there is no way to change the cause, it may be possible to change the situation.
- Redirect children’s behavior – often there is a way to let children do something in a better place or safer way.
- Let children learn the consequences of their actions – experience is the best teacher.

Teachers WILL NOT humiliate or demean a child in any form, verbally or physically. Such actions will be cause for immediate dismissal. No punitive actions toward children will be tolerated including slapping, hitting, and/or spanking.

In the occurrence of disruptive discipline problems, the staff will notify parents using an incident report, and phone call. To create a behavior plan for the child, the teacher will request a meeting with the parent of the child.

Several attempts will be made to resolve continuing behavioral problems. In the event that no resolution benefiting the child can be achieved, the child will be asked to be withdrawn.

### **Biting Policy**

We want to ensure that every child is safe while in our care. Our program provides an environment that encourages and promotes cooperative interaction, respect for others, and non-aggressive problem solving between the children. Biting is a normal stage of development for young children who are teething and are still developing their language skills. It is usually a temporary condition that is common between ages 2-3. This means that it is a particular concern for the staff in the 2's and 3's Rooms.

Our policy for handling a biting incident is the following:

- The biter is immediately removed from the group with a firm NO. The bitten child is consoled first and the bitten area washed with soap and water. If necessary, ice is applied to reduce any swelling or bruising. The biter is not allowed to return to play and is spoken with and then redirected.
- A phone call is made to each parent.
- A written incident report is given to the parents of all children involved that day.
- The center will make all efforts to ensure the safety of all of our children. If there is a child who (after many different interventions) is seen as a danger to other children, we will consider asking the family to withdraw the biting child.

### **Child Abuse or Neglect**

First Presbyterian Preschool employees are mandated by law to report any indications of child abuse or neglect. Children are viewed as special gifts from God