**First Presbyterian Preschool Registration 2019 – 2020**

250 Sixth Street South Naples, FL 34102

Phone: 239.262.8315 Fax: 239.262.1275 Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ashleyh@fpcnaples.org](mailto:ashleyh@fpcnaples.org) www.fppnaples.org

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nickname:\_\_\_\_\_\_\_\_\_\_\_\_ Male or Female

(Circle one)

Child’s Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

Person responsible for tuition payments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Work Cell

Parent’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission to list email & phone in class directory? Y N Permission to list email & phone in class directory? Y N

Child lives with: Both parents Mother Father Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check the class schedule for which you would like to register.** *(Minimum enrollment required for all classes.)*

*$125.00 Non-refundable Registration Fee, $60 Supply Fee, and first month’s tuition due at time of registration.*

How did you hear about our program?

Print Ad 

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Web 

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Friend 

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AGE** | | | **CLASS DAYS** | | | | **TUITION** | | **SELECT** | **Due at Registration** |
| **18 - 24 Months** | | | 2 | Tues & Thurs | | | **$290** | |  | *$475* |
| Child must be **2 yrs old** by March 1, 2020 | | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **2 years old** | | | 2 | Tues & Thurs | | | **$270** | |  | *$455* |
| Child must be **2 yrs old** by Sept 1, 2019 | | | 3 | M - W - F | | | **$335** | |  | *$520* |
| 5 |  | M - F |  |  | **$605** |  | *$850* |
|  |  |  |  |  |  |  |  |  |  |  |
| **3 years old** | | | 3 | M - W - F | | | **$300** | |  | *$485* |
| Child must be **3 yrs old** by Sept 1, 2019 | | | 5 | M - F | | | **$450** | |  | *$635* |
|  |  | | |  | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **4 years old** | | | 5 | **VPK** M - F **wraparound** (No supply fee) | | | **$175** | |  | *$300* |
| Child must be **4 yrs old** by Sept 1, 2019 | | |
| 5 | **Non VPK** M - F | | | **$450** | |  | *$635* |

**FOR OFFICE USE ONLY**

Cash Receipt #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amt:\_\_\_\_\_\_\_\_\_\_\_\_\_

Check #\_\_\_\_\_\_\_\_\_\_\_ Amt: \_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

Online Payment \_\_\_\_ Amt: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

$125 Non-refundable Registration Fee received\_\_\_\_\_

$60 Supply Fee received \_\_\_\_\_

First month’s tuition received \_\_\_\_\_

Referral discount? \_\_\_\_\_

Referred by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By signing below, we agree to make all required payments as outlined in the Tuition Policy on the back of this page and in the Preschool Handbook.**

**Parent:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*BOTH PARENT/GUARDIAN SIGNATURES REQUIRED**

**TUITION POLICY**

Registration Fee: $125 Supply Fee: $60 (per class)

\*No supply fee for VPK

Tuition for 3’s and 4’s VPK Wraparound Tuition for 2’s Tuition for 18-24 mos

5 days-$450 5 days-$175 3 days-$335 2 days - $290

3 days-$300 2 days-$270

5 days-$605

Our very reasonable tuition schedule is made possible by full enrollment, operating efficiency and predictable monthly income. You can help us maintain this favorable tuition structure by observing a few simple requirements:

1. At the time of registration, the Preschool will collect a $125 non-refundable registration fee, a $60 supply fee (per class, excluding VPK) **and** the first month’s tuition. If you should elect to withdraw from the Preschool prior to the beginning of the school year, you must notify the school **in writing** by 7/1/19 in order to receive a refund of your tuition and supply fee.
2. Each month’s tuition is due on the first day of the month and is past due after the 8th day of the month. You are welcome to prepay tuition for the entire year if you wish. The following payment options are available:
   1. A box inside the Director’s office is available for you to drop your payment. If paying by cash, please see the Director or Assistant for a receipt before placing your payment in the box.
   2. You can mail your payment to: First Presbyterian Church, Preschool Program, 250 Sixth St South, Naples, FL 34102.
   3. You may use our website to pay online, [www.fppnaples.org](http://www.fppnaples.org), using your credit/debit card, checking or savings account information. You can also set up recurring payments using the online system. (See *Online Tuition Payment* instructions)
3. Make checks payable to “First Presbyterian Church” or “FPC” and on the memo line, please note the child’s name.
4. A child’s absence from school does not reduce tuition payments. As you can appreciate, our expenses continue just the same.
5. Similarly, tuition is not reduced for those months containing holidays. The overall tuition schedule has taken days out of school into account.
6. Your account is past due after the 8th day of the month and a $20 late fee will be applied to your account. If the 8th falls on a weekend, payment is due in the office prior to the weekend, or you can make an online payment up until the 8th. You will have until the 15th to make payment or schedule a meeting with the Director. If payment is not received by the 15th or by the agreed upon terms, your child will not be permitted to return to school.
7. We trust that you will love the care and experiences your child will receive while at First Presbyterian Preschool, but if you should need to withdraw your child after 7/1/2019, we do require a written notice at least 60 days in advance of your child’s last day of school. You will be responsible for making tuition payments for the full two months following receipt of your 60 day notice.

**First Presbyterian Preschool**

250 Sixth Street South **Child’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Naples, FL 34102

239.262.8315

Checklist of Forms

FILES FOR YOU TO KEEP:

* Welcome Letter
* Online Payment Instructions
* School Calendar

FILES TO BE RETURNED:

* FPP Registration (Sign at bottom)
* DCF Application for Enrollment (Sign on page 2)
* Information & Annual Permission Form
* Policy for Discipline Form
* Health and Development Questionnaire
* Current Immunization Form\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + - Obtain from your Florida pediatrician
* Current Physical Form\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + - Obtain from your Florida pediatrician
* VPK Voucher (If applicable)

\* Returning students will be notified if updated medical forms are needed

OFFICE USE:

Payment received \_\_\_\_\_\_\_\_\_\_\_\_ Class registered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Presbyterian Preschool**

250 Sixth Street South

Naples, FL 34102

239.262.8315

Dear Parents:

We are happy and excited to have your child registering for the 2019-2020 school year. We are looking forward to an exciting and interesting year. This registration packet will advise you of important dates and information you may need, but if there are any questions please feel free to call me at 262.8315 (school) or via email at ashleyh@fpcnaples.org.

**Required Forms:**

Some forms in this packet are for you to keep and others are for you to return to school. I have provided you with a checklist of the forms that you must return to minimize the confusion. All forms except the physical and immunization forms are to be returned at the time of registration. You will need to provide us with an immunization form and a physical form, both of which may be obtained from your child’s Florida pediatrician or from the Collier County Health Department. **These must be submitted to the school by the first day of the school year.** You may drop off your forms to the preschool, mail them to the school (250 Sixth Street South, Naples, FL 34102), or fax them to 239.262.1275. Your child will not be able to start school until we have received all the appropriate forms.

**Contact Information:**

We often need to contact parents by email and/or phone. We ask that parents/guardians ensure that all contact information maintained by the Preschool Office be accurate at all times.

**School Calendar:**

We follow the Collier County Public School calendar in its entirety.

**School Hours:**

Children may be brought to school between 8:30 and 9:00 a.m. Parents are required to sign their children in and out each day. The day ends at 1:00 p.m. Children must be signed out at or before 1:00 p.m., or we will charge a late fee. Children are only able to be picked up by parents or previously authorized persons. Persons picking children up must be at least 16 years of age and must have a government issued form of photo I.D. Aftercare is available for a limited number of students on a daily basis for children in the 3 or 4 year old classes from 1:00 – 3:00 p.m. Aftercare is available on a sporadic basis for children in the 2 year old classes from 1:00 – 3:00 p.m. The cost for aftercare is $12/day. If you wish to prepay for an entire month of aftercare for your 3 or 4 year old (child uses aftercare each day that they attend school), the daily charge is reduced to $10.

**Separation Anxiety:**

If this is the first time that your child has attended school, you may be experiencing some anxiety about the possibility of separating from your child or may be anxious about how your child will handle the separation. If this is the case, there are several steps that you can take to minimize the separation anxiety for your child.

1. Begin to talk about school. Describe what will happen in simple, positive language: “Daddy or Mommy will take you to school. You will stay and play with your new friends and teacher while Daddy or Mommy work/get groceries/etc. Daddy or Mommy will come back to get you after lunch.” This gives your child a framework for understanding that the time after lunch will be the time that he/she can expect to see you again. Remember that the words that you use should be positive. Do not tell your child that you will be sad to be apart from him/her as this communicates your own anxiety about the separation. Be upbeat.

2. Practice separating from your child. If you do not have a babysitter, consider one. Leave your child for short periods. When you return, always say, “I told you that I would come back. Here I am.” Using this language upon your return reinforces with your child that he/she can trust you to return.

3. Visit the preschool. Open house (see below) is a perfect opportunity to become more comfortable with the preschool environment.

4. Have a play date with a schoolmate. The more comfortable that your child can become with the preschool environment or his/her schoolmates, the easier the transition to school will be.

5. Read books from the library about going to school or separating from a parent. Two good books are *Tom Goes to Kindergarten* and *The Kissing Hand.* These books deal with separation gently and with humor.

6. When school begins the parent with whom the child has less trouble separating should bring him/her to school for the first few days, if possible. Children often react better to the separation this way. In addition, do not linger at drop-off. Lingering at drop-off does not minimize the separation; it only lengthens the anxiety. Be sure, though, to say goodbye to your child before you leave even if this causes your child to become upset or to cry. If you leave without saying goodbye, this will cause more long-term anxiety.

While following these suggestions may lessen your child’s anxiety, he/she may still have trouble separating. As you leave the classroom your child may be crying. Please know that the teachers are all experienced in dealing with separation anxiety and will work closely with you and your child to make the transition into school as smooth as possible. If you have any concerns about this issue or any other, please bring them to your child’s teacher or to me.

**Tuition:**

Tuition is paid each month from August through May. **The first month’s tuition is due at the time of registration**. (If payment is being submitted online, registration is not confirmed until payment has been received and processed.) Thereafter, tuition is due on the first day of each month. Tuition can be paid online, by check, or by cash. Instructions for online payment are attached, including details on how to set up recurring online payments to automatically debit your bank account or credit card. If you are paying by check, please make your check payable to “First Presbyterian Church” or “FPC” and in the memo space, please enter your child’s name. If you are mailing your tuition, please address it to the attention of the preschool and ensure delivery prior to the 8th in order to avoid a late fee. If you bring the tuition to school, please place it in the drop box located outside the door of the Director’s office. **You may refer to the Tuition Policy for more information.**

**What to bring:**

Here is a helpful list of items your child needs to bring to school. Each should be labeled with your child’s name.

1. Lunch
2. Snack

3. A couple changes of clothes including underwear and socks

4. Small Backpack (no large sized backpacks/bags, please)

5. Diapers (if applicable)

**Open House:**

Open house will be held on a designated day the week prior to school beginning. Open house hours are 10:30 a.m.-12:00 p.m. Upon classroom placement confirmation, you will receive notification of your child’s open house date. You and your child can visit the classroom and meet the teacher well as other parents and classmates. We encourage you to come, if you are able.

**VPK:**

First Presbyterian is proud to offer VPK to all eligible children entering the 4 year old class. Enrolling in VPK carries certain responsibilities that the state outlines in its VPK handbook. Enrollment for VPK requires registration through the state and registration at the preschool. Children utilizing our VPK wrap around services will receive priority enrollment before children needing VPK only services. Please see the school handbook for additional information about our VPK program.

Thank you in advance for your cooperation and support. I am eagerly awaiting the opportunity to serve you and your children in the coming year.

Ashley Houk

Preschool Director

First Presbyterian Church



Online Tuition Payment

We have established a link on our website that allows you to make online payments using your credit card (Visa, Mastercard, Discover, American Express), checking account or savings account information. Keep in mind that if you utilize your checking or savings account for payment, the Preschool is not charged any additional fees. We will continue accepting cash and check payments in the Preschool office.

How to utilize our online payment option:

* Visit [www.fppnaples.org](http://www.fppnaples.org), and click on “Support Our School”
* Scroll down and click on “Make Payment”
* “Give”-enter tuition amount (one amount per child)\*
* “to”-choose Preschool Tuition Payment from drop down box
* “optional memo”-enter child’s name (if paying tuition for multiple children, “+ add more” to add additional child’s information)
* Enter your email address

At this point, you will be invited to continue as a guest or to set up an account (if you are setting up *recurring payments*, you must create an account; otherwise, you may proceed as a guest.)

If you are establishing recurring payments, you will be prompted to provide information regarding the frequency and the dates of payments. Following registration, which includes your first tuition payment, there are **9** tuition payments due for the school year, beginning in September and ending in May. Please ensure your payments are made prior to the 8th day of the month to prevent a late fee charge.

* Enter payment information when prompted (credit/debit card, checking account, savings account)

You will receive a transaction confirmation and an email confirmation.

If you choose to create an account for your tuition payments, you can use the “Manage Account” link on the “Support Our School” page to manage your payments or make changes.

\*You must add a late fee of $20 (per child) to your payment if you are submitting your online payment after the 8th day of the month.

Please note that students’ registration for your selected program is not confirmed until payment is received, either online or via cash or check made payable to

*First Presbyterian Church* or *FPC*.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REGISTRATION/ENROLLMENT TOTALS DUE** | | | | |
| $125 non-refundable registration fee + $60 supply fee (*if applicable)* + first month tuition | | | | |
|
| **18-24 mos 2 days** | $475 |  | **3yr 3 days** | $485 |
| **2yr 2 days** | $455 |  | **3yr 5 days** | $635 |
| **2yr 3 days** | $520 |  | **4yr VPK** | $300 |
| **2yr 5 days \*** | $850 |  | **4yr non-VPK** | $635 |
| \* This program is a combination of registering for the 2 day and 3 day programs | | |  |  |
|  |  |

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## 2019-2020 SCHOOL Calendar

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AUGUST** | |  | **JANUARY** | |
| Tues 8/13 | First Day of School |  | Tues 1/7 | Students Return |
|  |  |  | Mon 1/20 | No School - MLK, Jr. Day |
| **SEPTEMBER** | |  |  |  |
| Mon 9/2 | No School - Labor Day |  | **FEBRUARY** | |
| Mon 9/30 | No School |  | Mon 2/17 | No School - Presidents' Day |
|  |  |  |  |  |
| **OCTOBER** | |  | **MARCH** | |
| Mon 10/9 | No School |  | Spring Break: Mon 3/9 - Fri 3/13 | |
| Thurs 10/17 | No School |  | Mon 3/16 | No School |
| Fri 10/18 | No School |  |  |  |
|  |  |  | **APRIL** | |
| **NOVEMBER** | |  | Fri 4/10 | No School |
| Mon 11/25 | No School |  | Mon 4/13 | No School |
| Tues 11/26 | No School |  |  |  |
| Thanksgiving Break: Wed 11/27 - Fri 11/29 | |  | **MAY** | |
|  |  |  | Mon 5/25 | No School - Memorial Day |
| **DECEMBER** | |  |  |  |
| Christmas Break: | |  | **JUNE** | |
| Mon 12/23 - Mon 1/6 | |  | Wed 6/3 | Last Day of School |

Please note that we follow the Collier County Public School

calendar and inclement weather directives.

**State of Florida**

**Department of Children and Families**

**CHILD CARE APPLICATION FOR ENROLLMENT**

**Student Information:** Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_ Date of Enrollment: \_\_\_\_\_\_\_\_\_\_\_

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Nickname

Child’s Physical Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Hours of Care: From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days of the Week in Care: M T W Th F Sa Su

**Family Information:** Child Lives With: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_/Cell:\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_/Cell:\_\_\_\_\_\_\_\_\_\_\_\_

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

**Medical Information:**

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted:

Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_

Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_

Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_

Hospital Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list allergies, special medical or dietary needs, or other areas of concern:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Care Plan instructions (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts:**

Child will be released only to the custodial parent or legal guardian and the persons listed 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:

CF-FSP 5219, Child Care Application for Enrollment, October 2017, 65C-22.001(7)(f) F.A.C. Page 1 of 2

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Work# | Home# |
| Name | Address | Work# | Home# |
| Name | Address | Work# | Home# |
| Name | Address | Work# | Home# |

**Helpful Information About Child:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Sections 7.1 and 7.2 of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
* Section 7.3 of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, “Know Your Child Care Facility” (CF/PI 175-24), **or**
* Section 8.3, of the Family Day Care Home/Large Family Child Care Home Handbook, requires that parent(s) receive a copy of the family day care home brochure, “Selecting A Family Day Care Home Provider” (CF/PI 175-28).
* Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, **or**
* Section 2.3, of the Family Day Care Home/Large Family Child Care Home Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

CF-FSP 5219, Child Care Application for Enrollment, October 2017, 65C-22.001(7)(f) F.A.C. Page 2 of 2

**First Presbyterian Preschool**

**Information and Annual Permission Form**

**First Presbyterian Church of Naples**

**250 Sixth Street South Naples, FL 34102**Valid from August 1, 2019 to July 31, 2020

Child full/legal name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child Health Information:**

If child does not have medical insurance, check here \_\_\_

If child is insured complete the appropriate blanks below:

Name of Insured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Group/Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle any and all condition(s) relevant to your child, then on the lines below offer any necessary explanation (attach additional pages if needed):

A.D.D. / A.D.H.D. Medication Allergies Chronic Illness or ongoing medical condition

Asthma Food Allergies Under the care of a mental health professional

Bedwetting Diabetes Operations or serious injuries

Fainting Eating Disorder Skin problems (acne, rash, other)

Seizures Heart problems Taking medication (ongoing only – list meds)

Sleep Walking Back problems Any special condition that limits physical activity

Other Joint problems Recent broken bones or frequent broken bones

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Liability Release**

We (I), in consideration for our child attending First Presbyterian Preschool and Children, Youth, and Family Ministry activities and being under the age of 21, do hereby release, forever discharge and agree to hold harmless First Presbyterian Church Preschool and the directors thereof from any and all liability, claims of demands for personal injury, sickness of death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in First Presbyterian Church Children, Youth, and Family Ministry trips and activities.

Furthermore, we (I) [and on behalf of our (my) child-participant] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and related activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this child.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as a result of negligent, willful or intentional acts of said child, including expenses incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this child, and hereby grant our (my) permission for her (him) to participate fully in First Presbyterian Preschool and Church of Naples Children, Youth, and Family Ministry activities, and hereby give our (my) permission to take said child to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

We (I) agree to allow First Presbyterian Preschool to use any photographs or video of my child for the purpose of First Presbyterian Preschool/Church publicity. We (I) agree to allow my child to participate in neighborhood walks. I understand that I may withdraw my permission for a walk if I so desire. We (I) grant permission for my child to participate in the activities and in the use of the equipment at the Preschool.

Either of both parents must sign. If divorced or separated, custodial parent or legal guardian must sign. This form is valid for a period covering August 1, 2019 through July 31, 2020.

Mother’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Information update or revocation of this document is the responsibility of the parent or guardian and must be received in writing at First Presbyterian Church, 250 Sixth Street S, Naples, FL, 34102.*

Policy for Discipline

First Presbyterian Preschool believes that it is very important to a child’s development that he or she be nurtured through caring, patience, and understanding. We teach our students to make appropriate choices that are fair and considerate to everyone. With the use of consistent expectations and rules for behavior and conduct, both personally and in a group setting, students will learn basic human values such as respect, trust, honesty and caring. We will reinforce and repeat these rules often in a multitude of settings. When conflicts arise among students, we will work with the students to think and talk through the conflict to reach a desirable outcome for all involved. Should students need assistance with verbalization during this process, staff will provide appropriate language.

Students of First Presbyterian Preschool are expected to exhibit the following the acceptable behaviors.

* Be respectful of others
* Be kind and respectful of property (books, equipment, etc.)
* Use kind hands
* Use kind words
* Use listening ears

The list below outlines the techniques we may incorporate to help the children stay within the acceptable behavioral limits.

* Anticipate and act to limit problematic behaviors
* Give gentle reminders of appropriate behaviors
* Offer encouragement through positive reinforcement
* Provide a positive model
* Offer acceptable alternative choices
* Provide acknowledgement and compliments for positive behaviors
* Clarify messages, rules, and expectations
* Point out natural or logical consequences for misbehaviors
* Provide time to refocus while participating in a personal, quiet activity
* Provide discussion with the Director

It is also important to remember that this is the first time in a social setting for many children. In this age group it is not uncommon to have some aggressive behavior. For actions that hurt other children or staff such as hitting, biting, pinching, etc., the following steps will be implemented. The child gets one warning at which time he/she will be told what they did was inappropriate, along with an explanation as to why, and warned that the next offense will result in some time apart from others. The next offense will result in time apart from the class/activity. Each incident will be properly documented and will require parent acknowledgement. The teacher may request a meeting with the parents/guardians to discuss the behavior and ask for support in reinforcing appropriate behaviors. This may also include the involvement of outside resources such as, but not limited to, speech therapist, behavioral therapist, occupational therapist, etc.

School administration will make every attempt to follow the policy as outlined; however, in cases where the severity of behaviors create an unsafe and/or disruptive environment for students, staff, and/or the school, we may take more direct action, which may include immediate dismissal (please reference the Dismissal Policy).

We (I) have read the above Policy for Discipline and hereby agree to the rules:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name

\*Policy can be amended at the will of the Preschool or the Church. Each family shall be provided with a copy of any revisions. Any revisions shall supersede all previously published policies.

Approved May 30, 2019

First Presbyterian Preschool   
Child Health and Development Questionnaire

STUDENT’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEX \_\_\_

How would you like name displayed in the classroom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGE \_\_\_\_\_\_\_\_\_\_\_\_ BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_ WEIGHT \_\_\_\_\_\_\_\_

PARENT INFORMATION:

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE \_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Questionnaire:

1. Has your child ever been enrolled in an Early Childhood Education program? \_\_\_Yes \_\_\_No If so, at what age and for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Describe your child's appetite \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Does your child dislike any foods? \_\_\_ If so, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. What does your child usually eat for breakfast before arriving at the Preschool? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. How easily does your child fall asleep? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. What is the usual bedtime? \_\_\_\_\_\_\_\_\_ Wake up time? \_\_\_\_\_\_\_\_\_
7. What is the usual naptime? \_\_\_\_\_\_\_\_\_ Wake up time? \_\_\_\_\_\_\_\_\_
8. Is your child potty trained\*? \_\_\_Yes \_\_\_No (\*must be potty trained to enter 3 year old program)
9. Are other adults (not family) able to understand the child's speech? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Does your child have a regular playmate? \_\_\_\_ Same age \_\_\_\_ Older \_\_\_\_ Younger
11. What is your child's favorite toy or activity at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. Does your child have temper tantrums? \_\_\_\_\_\_\_\_\_\_\_\_
13. Does your child bite his/her nails? \_\_\_Yes \_\_\_No Twist his/her hair? \_\_\_Yes \_\_\_No
14. If you could describe your child in one word, what would it be? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
15. Please list your child's strong points, such as happy, curious, loving, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
16. Do you attend church? \_\_\_\_\_\_ If so, which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
17. What is the primary language spoken in the home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
18. Has your child ever been recommended for, or participated in, a developmental screening and/or evaluation? \_\_\_\_Yes \_\_\_\_No If yes, general details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. List any allergies or medical concerns and treatments. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_