

## Isle of Faith Child Development Center Enrollment Checklist

Please complete each line and sign each page where indicated.

- Child Care Application for Enrollment
- Parent Agreement Form
- Field Trip Permission Form
- Health / Physical Record~ please submit on/before 1<sup>st</sup> day
- Immunization Record~ please submit on/before 1<sup>st</sup> day
- VPK only
  - Signed VPK Certificate of Eligibility (from Early Learning Coalition)
  - VPK Attendance Policy
- Fees:
  - Tuition Express Enrollment Form **OR** Deposit (equal to one week's tuition) due at enrollment
  - Registration Fee (\$150 preschool, \$75 school age programs, n/a part-time VPK) due at enrollment
  - Financial Overview Form

February 24, 2025

Dear Families,

The registration process for the next school year has begun. As a currently enrolled family, you have priority for a spot on our next year's roster. If you have a sibling that you would like to enroll, now is the time to register them also. This priority enrollment period will end when general enrollment opens to all on March 17, 2025.

A non-refundable \$150 registration fee (per enrolled child) is due with the registration forms. You may attach a check to the forms OR authorize the automatic withdrawal through Tuition Express. (The annual supply fee (\$100) will not be assessed until October.)

Tuition rates for the 2025-2026 school year have increased due to the increase in our operation costs. We have tried to minimize this increase as much as possible.

The new rates are:

- Full Day Toddlers                      \$310/week
- Full Day 2's                              \$270/week
- Full Day 3's                              \$255/week
- Full Day VPK/4's                      \$210/week
- Full Day Non-VPK                      \$220/week (Duval County Closures)
- Part-Time 3's                              \$290/month
- Part-Time VPK                              State Paid
- School Age
  - Registration fee                      \$75
  - Before                                      \$35/week
  - After                                        \$70/week
  - Before & After                          \$95/week

Thank you for giving us the privilege to serve you and your beloved children. We strive to provide a safe, caring, learning environment for each child as well as excellent partners with you.

M'Lis Strain  
Center Director

\*Part-time VPK is fully state funded and thus does not require a registration fee from applicant.

\*Registration fee for School Age is \$75. School Age Summer Camp registration will be in March.

"All you children will be taught by the Lord, and great will be their peace." ~ Isaiah 54:13



**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 / Dentist	Address	Phone #
Hospital Preference:		

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

**Please provide helpful information about Child:**

**Are you leaving a school to attend Isle of Faith CDC? Is so, please provide prior school and state what you hope we can do differently, if anything, to help your 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 entitled "Know Your Child Care Facility" (CF/PI 175-24) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=860>], 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 entitled "Selecting A Family Day Care Home Provider" (CF/PI 175-28) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=841>].
- 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



## Financial Overview – Tuition & Fees for 2025-2026

**Tuition: Due weekly each Monday or the first day of the week if different. Monthly program tuition is due the first Tuesday of each month.**

### TUITION

Full Day Tuition: - Classrooms are assigned based on child's age as of September 1<sup>st</sup>.

- Toddlers: \$310/week
- Two's: \$270 week
- Three's: \$255/week
- VPK Wrap: \$210/week during school session & \$220/week outside of school session

Part-time Tuition:

- Three's: \$290/month
- VPK/Fours: State Paid

School Age Tuition – During school session

- Before Care: \$35/week
- After Care: \$70/week
- Before/After: \$95/week

School Age Drop In – outside of school session\*

- Enrolled in school age program: \$30/day
- Non enrolled in school age program: \$55/day

(Excludes summer camp program. See separate rate schedule.)

### FEES / Discounts

- Annual Registration Fee: \$150 preschool, \$75 school age, PT VPK n/a. Due at enrollment.
- Annual Supply Fee: \$100 (excludes school age program). Assessed in August.
- **Late Payment Fee: \$25.**
- Returned Check Insufficient Funds: \$50.
- **Late Pick Up Fee after 6 pm: \$25 per child. Every additional minute after 6pm: \$1.00/minute/child.**
- Sibling/family Discount: \$10.00/week.

### DEPOSIT (Refundable)

- Equal to one week's tuition. Will be applied to student account last week of attendance. **May be waived if enrolled in Tuition Express auto payment.**

I have read and understood the financial responsibility of enrollment at the CDC.

Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Parent Agreement Form

## Isle of Faith Child Development Center

1821 San Pablo Road  
Jacksonville, Florida 32224  
(904) 221-5437

I have read the Isle of Faith Child Development Center Parent Handbook and agree to follow the policies contained within it, including but not limited to:

- general services to be offered
- requirements for admission and procedures for enrollment
- health policies (including illnesses--shot and immunization forms are required before child can attend school )
- fees and payment policies  
(I understand my child may not attend IOF if I have not paid his/her tuition (weekly tuition is due each Monday). I understand I may be called to pick up my child if I have not paid his/her tuition.)
- rules relating to personal belongings (I understand IOF will not reimburse me for loss or damage to personal items.)
- policy defining discipline procedures
- information regarding complaint procedure
- hours of operation, holidays, and other closures
- parents' right to observe and be involved
- center's Termination/Expulsion Policy

I have read and agree to abide by the CDC policies:

Parent's signature \_\_\_\_\_

Child's name \_\_\_\_\_

Date \_\_\_\_\_

Do you have a Church Family? \_\_\_\_\_

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

The Isle of Faith Child Development Center's Parent Handbook is available online at [www.iofumc.org](http://www.iofumc.org). A printed copy is available upon request.

# Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR

## CREDIT CARD

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account

Check with the center for accepted credit card types.

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

Cardholder Name \_\_\_\_\_ Phone # \_\_\_\_\_

Cardholder Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_