

February 23, 2026

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 13, 2026.

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 2026–2027 school year will increase slightly to help cover rising operational costs. While we reserve the right to make additional adjustments, if necessary, we have made every effort to keep rates as stable as possible. The increase for our School-Age program will be higher, as those rates had not been updated in several years.

The new rates are:

- Full Day Toddlers \$315/week
- Full Day 2's \$275/week
- Full Day 3's \$260/week
- Full Day VPK/4's \$215/week
- Full Day Non-VPK \$225/week (Duval County Closures)
- Part-Time 3's \$295/month
- Part-Time VPK State Paid
- School Age
 - Registration fee \$85
 - Before \$35/week
 - After \$80/week
 - Before & After \$105/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 \$85. 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

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 1st day
- Immunization Record~ please submit on/before 1st 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, \$85 school age programs, n/a part-time VPK) due at enrollment
 - Financial Overview Form



Isle of Faith Child Development Center
Child Care Application for Enrollment

FOR OFFICE USE ONLY
 Enrollment Date _____

Student Information: Date of Birth: _____ Sex: _____

Full Name: _____

Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From: _____ to: _____

Days of Week in Care: __ M __ Tu __ Wed __ Th __ Fri

Family Information: Child lives with: _____

Custody: __ Mother __ Father __ Both __ Other (specify) _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Emergency Contacts: Student may be released to the following people who also may be contacted and are authorized to remove student from the facility in cases of illness/accident/emergency or if custodial parent or legal guardian cannot be reached.

Name	Address	Home/Cell Phone	Work Phone

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

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. A printed copy is available upon request.

The Department of Children and Families requires us to have an up-to-date immunization form (DH 680) and a Physical form (DH 3040) at all time. These completed form are provided to you by your child's doctor.

Both forms need to be turned in to us on or before the school year. We are asking that you have these forms in by August 7th, 2025.

FLORIDA CERTIFICATE OF IMMUNIZATION **Florida Shots**
 Department of Health, Division of Disease Prevention, Bureau of Immunization, Rule 68B-2.001, Florida Administrative Code

LAST NAME: _____ FIRST NAME: _____ SEX: _____ DOB (MM/DD/YYYY): _____

PRESENT GRADE/SCHOOL: _____ GRADE/SCHOOL YEAR: _____ DATE OF IMMUNIZATION: _____

VACCINE

	DTaP	DT	Td	Td	MM	MM (Conjunctive)	MM (Sequential)						
DTaP	A												
DT		B											
Td			C										
Td				D									
MM					E								
MM (Conjunctive)						F							
MM (Sequential)							G						
MM (Conjunctive)								H					
MM (Sequential)									I				
MM (Conjunctive)										J			
MM (Sequential)											K		

Signature of Child's Parent: _____ Date: _____
 Signature of School Nurse: _____ Date: _____

STATE OF FLORIDA **School Entry Health Exam** Page 1 of 2

To be completed by a parent or guardian of a child who is entering a public school for the first time. This form is a required document for all children who are entering a public school for the first time.

DATE OF EXAMINATION: _____

NAME OF CHILD: _____

DATE OF BIRTH: _____

SEX: _____

Grade: _____

PHYSICAL EXAMINATION RESULTS

1. Vision: Yes No Not tested

2. Hearing: Yes No Not tested

3. Heart: Yes No Not tested

4. Lungs: Yes No Not tested

5. Stomach: Yes No Not tested

6. Genitals: Yes No Not tested

7. Teeth: Yes No Not tested

8. Head: Yes No Not tested

9. Neck: Yes No Not tested

10. Back: Yes No Not tested

11. Limbs: Yes No Not tested

12. Reflexes: Yes No Not tested

13. Blood Pressure: Yes No Not tested

14. Height: Yes No Not tested

15. Weight: Yes No Not tested

16. Vision Screening: Yes No Not tested

17. Hearing Screening: Yes No Not tested

18. Dental Exam: Yes No Not tested

19. TB Test: Yes No Not tested

20. Lead Level: Yes No Not tested

Signature of School Nurse: _____ Date: _____

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) LOF 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		

This form is to be completed each school year, even if you think we have one on file.

Thank you.

Financial Overview – Tuition & Fees for 2026-2027

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 1st.

- Toddlers: \$315/week
- Two's: \$275 week
- Three's: \$260/week
- VPK Wrap: \$215/week during school session & \$225/week outside of school session

Part-time Tuition:

- Three's: \$295/month
- VPK/Fours: State Paid

School Age Tuition – During school session

- Before Care: \$35/week
- After Care: \$80/week
- Before/After: \$105/week

School Age Drop In – outside of school session*

- Daily rate: \$40 or \$175/week

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

FEES / Discounts

- Annual Registration Fee: \$150 Preschool; \$85 School Age; PT VPK n/a. Due at enrollment.
- Annual Supply Fee: \$100 (excludes School Age program). Assessed in October.
- Late Payment Fee: \$25. **After the second late payment or declined Tuition Express transaction, a \$50 fee will be charged for each additional late payment or declined transaction. Timely payments are mandatory. Continued late payments or declined transactions may result in further action, including possible suspension or termination of services.**
- Returned Check – Insufficient Funds: \$50.
- Late Pick-Up Fee: \$25 per child after 6:00 PM. Each additional minute after 6:00 PM will be charged at \$1.00 per minute, per child.
- Sibling/Family Discount: \$10.00 per 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: _____

Isle of Faith Child Development Center

FIELD TRIP PERMISSION

I give permission for my child, _____
to participate in activities within and around the IOF/UMC
Property,
including the Mission Hall, the Sanctuary, the big field
adjacent
to our parking lot and nature walks around the school
property.

This permission will be in effect from 08/10/2026 through
8/13/2027.

Parent's Name _____

Parent's Signature _____

Date _____