OFFICE PERSONAL ONLY

_____ , _____
(Childs Last Name) (Childs First Name)

Singed Up For: **BS AS B&AS**

School Year: _____/_____

Grade: _____

Teachers Name: _____

IOF School Age
Before & After School
Financial Overview & School Age Program Sign Up

Please Complete & Sign Each Page

1. Financial Overview & School Age Program Sign Up ____
2. Application for Enrollment ____
3. Parent Agreement (Handbook) ____
4. Walking Permission Slip ____
5. Tuition Express Payment Authorization _____

DEPOSIT (Refundable)

- Tuition Express Enrollment Form **OR** Deposit (equal to one week's tuition) Due at Enrollment will be applied to student account last week of attendance.
  May be waived if enrolled in Tuition Express auto payment.

FEES

- Annual Registration Fee: **$85.**
- **Late Payment Fee: $25.**
- If the bank returns a check, your account will be charged **$50**. If your Tuition Express autopay is declined, we will notify you and if it declined again, we may charge your account **$50.**
- **Late Pick Up Fee after 6 pm: $25 per child. Every additional minute after 6pm: $1.00/minute/child.**

School Age Programs TUITION

- Before School **$35** per week
- After School only **$80** per week
- Before & After school **$105** per week

Holliday Care (NOT Including Summer Camp Program)

- Full day rate for out of school days. **$40** per day
  (Excludes Summer camp program.)

AM/PM Snack and Lunch Provided when in Session

***PAYMENT*: Due WEEKLY each MONDAY or the first Open day of the week if Closed.**

Signing Up For: (Select ONE)

Before Only (am): _____
After Only (pm): _____
Both AM & PM: _____

Print Childs Name _____

_____ **Date/Time**_____
Signature of Parent/Guardian

OFFICE PERSONAL ONLY

Packet Turned In Date: _____ Received By: _____

Registration Fee Amount: $_____ Date Paid: _____ Received By: _____

Weekly Amount Due: _____

IOF School Age
Before & After School

SCHOOL AGE EXPECTATIONS

1. **Walking / Transportation Expectations:**
   - MUST Hold Your Partners Hand. Your Job Is to Keep Your Partner Safe.
   - Stay In Line. Two by Two. One Behind the Other
   - Look Forwards at All Times
2. **Room Expectations**
   - Ask Before Leaving the Room to Get or Put Away Something
   - Use Furniture as it Was Intended to Be Used
   - Walking At All Times
   - Teacher Desk Area Is OFF LIMITS
   - Follow the Rules Even If Your Parent or Guardian is In the Room
   - Toys From Home Stay at Home
   - Lights Out Means Stop Talking Immediately Until Lights are Back On
2. **Bathroom Expectations**
   - Ask a Teacher Before Going to the Bathroom
   - Put Your Name Up On the Bathroom Pass Wall Before Going to the Bathroom
   - One Person at a Time In the Bathroom
   - Accidents Happen and Toilets Get Clogged, Just Let a Teacher Know
   - Wash Your Hands
   - Respect Others Privacy
3. **Respect Yourself, Teachers & All Others**
   - Show Respect to Teachers, Yourself and All Others
   - Respect Others' Property. Touch Only What Belong to You
   - Be a Kind Person
   - Accidents Happen, Just Say Sorry
4. **Follow Directions**
   - When Directions are Given, Follow Them the First Time
   - Listen and Respect Your Friends Words the First Time
5. **Respect and Follow Each Stations Expectations**
   - Stay In Your Station Until Switch Time
   - Do Not Open Any Cabinets
   - If it's In a Cabinet, Don't Grab It
6. **Help Keep a Positive Environment**
   - BULLYING will NOT be Tolerated
   - Name Calling, "Bad" Words, Hurtful Words and Threats of Any Kind, will NOT be Tolerated
   - Negative, Hurtful or Aggressive Actions will NOT be Tolerated
   - **Remember, If You Don't Have Something Nice to Say, Don't Say Anything at All**
7. **Take Responsibility for Your Actions**
   - If You Did It, Own Up to It
   - Don't Deny it, Lie About it, or Blame Someone Else
   - Honesty is the Best Policy
   - Accidents Happen, Just Say Sorry
8. **Clean Up After Yourself and Before You Leave**
   - Don't Expect that Others Will Clean Up Your Mess
   - In Stations, If You Play Together, Clean Up Together
9. **Food, Drinks & Water Bottles in Permitted Areas & Times Only.**
   - No Candy Unless a Teacher Allows It
   - Breakfast Must Be Eaten At the Big Table Between 7:00-8:30 a.m. Only
   - Only Teacher Can Touch the Water Cooler
   - Water Bottles, Snacks and Lunch Boxes Must Stay On the Water Cooler Table Or Table in Mission Hall
   - Snacks and Lunch are Eaten in Mission Hall During Scheduled Times Only
10. **Turn off cell phones & electronic devices**
    - Electronic Such as Handheld Games are NOT Permitted.
    - Cell Phones Should be Turned OFF and Invisible During the Day

CONSEQUENCES

Depending on Incident & Place of Incident:

1. **Verbal warning**
2. **Think it Through Time, Walk and Talk, Calming Kit and Possibly a Written Incident Report**
3. **Visit with Director or Assistant Director and Written Incident Report**
4. **Call Home and Written Incident Report**

* Serious offenses can, at the teacher's discretion, result in more severe consequences regardless of previous steps taken.

Isle of Faith Child Development Center

Child Care Application for Enrollment

FOR OFICE 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

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.

Isle of Faith Summer Camp 2026

Walking FIELD TRIP PERMISSION

I give permission for my child,_____,
to participate in activities utilizing the **Sanctuary**, the Mission Hall, the **big field adjacent to our parking lot and nature walks around the school property.** This permission will be in effect from 8/10/2026 through 8/13/27.

Parent's Name_____

Parent's Signature_____

Date_____

2026/2027 Isle of Faith

Walking Trips
Permission Slips

I _____, the parent of _____
(PRINT Parent/Guardian name) (PRINT Child's name)

Give permission for my child to participate in the initialed Walking trips listed below with the Isle of Faith Child Development Center for the duration of the 2026/2027. I understand transportation is by walking and I agree to hold harmless the Child Development Center and any employees and/or Volunteers in the event of an accident. I understand changes may be made due to weather and/or conditions that may develop and are beyond the control of the Center. Finally, I understand if my child's behavior is disruptive or endangers his/her safety or that of others he/she may be excluded from these trips. In this case, I understand and agree that my child will stay at Isle of Faith with the Director or in a downstairs classroom.

Please Initial by Each Location Approved for the duration of 2026/2027 and Sign at the Bottom

Locations	Initial
• Alimacani Elementary School ----------	_____

_____ _____

Parent/Guardian Signature Date

IOF School Age
Before & After School
2026-2027

PG Movie
Permission Slip

Child's Name_____
Has my permission to watch PG rated Movies at Isle of Faith Child Development Center.

_____ _____
(Parent Signature) (Date)

Automated Payment Processing

Procare SOLUTIONS

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) IOF 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.