2025-2026 Preschool Registration for Four-Year-Old's (VPK)

Satellite Beach United Methodist Preschool **321) 777-0116 x223** susans@sbumc.net
450 Lee Ave., Satellite Beach, FL 32937 www.sbumc.net/preschool

Registration documents check list: Tuition Ex Authorization (Registration fee)_____ Registration Date _____
Flu Flyer _____Immunization Record_____ FL Physical Form _____ Enrollment Date_____

PLEASE PRINT ALL REQUESTED INFORMATION

_____ _____/_____/___
Student Last Name Student First Name Preferred Name Birthdate

_____
Address (Number & Street) City Zip Code

Child's age on 9/1/2025 _____ Male ____ Female ___

VPK PRESCHOOL PROGRAMS REQUESTED

Check all that apply **Please see Tuition and Registration Information Document for more Details**

- ☐ VPK Program (must have VPK certificate)
- ☐ Private Pay Student $4250/year billed in 10 equal payments of $425/m
- ☐ Before Care M – F (8:05 – 9am)
- ☐ Other M T W T F Please circle days
- ☐ Extended Day M – Th (Noon – 1:55pm)

PARENT/GUARDIAN INFORMATION

	Circle Relationship Father, Step-Father, Grandfather	**Circle Relationship Mother, Step-Mother, Grandmother**
Name		
Cell Phone Number	( )	( )
Place of Employment		
Email Address for Preschool Use		
Relationship If Not Biological Parent		

CUSTODY

Please Circle : Both Parents Mother Only Father Only Other _____

The preschool must have supporting documentation if a parent **MAY NOT** remove child.

If parents are divorced or separated and have joint custody, please provide information on the nonresidential parent.

Name _____

Address _____

Cell Phone (_____) _____ Email _____

EMERGENCY CONTACTS AUTHORIZED TO PICK UP YOUR CHILD

Per Department of Children and Families list 2 or more authorized persons, **other than parent or guardian**, to be contacted to pick up your child if parent does not arrive for dismissal time and cannot be reached. Authorized persons should be able to pick up your child within **30 minutes**. ***Authorized persons will be issued a Pin number in Procare.***

	Contact #1	Contact #2	Contact #3
Name			
Cell Phone Number	( )	( )	( )
Relationship			

ADDITIONAL INDIVIDUALS PERMITTED TO PICK UP YOUR CHILD FROM SCHOOL

Please include out of town family. All authorized persons will need to have a Pin number in Procare.

Name (Do not duplicate above names)	Relationship	Phone Number
		( )
		( )
		( )
		( )

MEDIA RELEASE

- I understand group pictures with my child will be used in Preschool Program Slideshows, SBUMC Newsletters, Announcements, and the website as well as the SBUM Preschool Facebook page/group.

CHILD CARE BROCHURE

- **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) (Online at website)**
- **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, per the SBUMP Parent Handbook. (Online at website)**
- **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.**
- **Emergency Care Plan instructions (if applicable). (This would be for needs particular to your child due to an IEP, or a particular medical condition, etc.)**

- _____
  _____
  _____
  _____

All information contained in this application is true and correct as of this date.

My signature verifies the above:

-
- Child's Name:_____
-
- _____
- *Signature of Parent or Legal Guardian 1* *Date* *Signature of Parent or Legal Guardian 2* *Date*
-

SATELLITE BEACH UNITED METHODIST PRESCHOOL MEDICAL INFORMATION

	Primary Doctor	*Secondary Doctor*	*Hospital*	*Dentist*
Name				
Phone Number				
Health Insurance Information #1	*Company*	*Policy #*	*Name of Insured*	
Health Insurance #2				
Allergies and Medical Conditions	*Food Allergies*	*Medication Allergies*	*Bug Bite Allergies*	*Medical Conditions*
Indicate Daily Medications				

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If my child, _____, should become ill or injured at Satellite Beach United Methodist Preschool, I understand the facility will:

1. Contact me immediately
2. Contact the person(s) I have designated, (Authorized persons to Pick Up), if I cannot be reached.

Should the facility be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate emergency treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I will accept responsibility for payment of medical services rendered.

_____ _____
Signature of Parent or Legal Guardian 1 Date

_____ _____
Signature of Parent or Legal Guardian 2 Date

GUIDELINES FOR A WELL CHILD

Satellite Beach United Methodist Preschool requires children to stay home from school if any of the following symptoms are displayed **during the previous 24 hours**:

1. **Fever** equal to **100** degrees or greater, sore throat
2. A constant untreated **cough, a persistent runny nose, persistent sneezing**
3. Signs of a possible **communicable disease**, **such as skin rash, inflamed eyes, Covid-19, etc**.
4. **Diarrhea** and/or **vomiting**
5. **Lice and nits in the hair, student may not return until all nits are removed.**

The Preschool program is not equipped to take care of sick children and cannot accept responsibility to do so. Satellite Beach United Methodist Preschool policy states children sent home during the preschool day due to sickness or showing signs of illness should stay home one more day for the health and safety of the preschool community. At all times, including a doctor's release note to enter school, we reserve the right to consider the health and safety of all students and decline admitting a student to class using our judgment as to the wellness of a child.

Once a child's health is determined not well by Preschool staff, parents agree their child may be removed from class for the health and safety of others. Parents are **notified** and then **responsible** to pick up their child from school within 30 minutes.

2025-2026 Satellite Beach United Methodist Preschool
Financial Agreement for Preschool Students

TIMELY PAYMENTS

Satellite Beach United Methodist Church Preschool uses ProCare Software, a Child Care Management Software System, and its integrated payment system Tuition Express, to collect tuition and program fees. Families may choose to use their checking account or a Visa or MasterCard. A statement is sent to all families before the first of the month as a reminder that Tuition Express will be processed. Please check for discrepancies and let us know if you have had any changes to your credit card.

Tuition and fee payments are processed on or near the **1st** of the month. If the 1st is a nonbusiness day, processing will occur on the following business day. If payment is not received by the **5th** of the month, a late charge of $30 will be added to your account, if not by the 10th of the month, attendance will be denied.

Payments are calculated by taking the full cost of the program and dividing into 10 equal monthly payments.

At the time the Tuition Express Authorization form is received or April 1st, (whichever is later) the registration fee will be processed for non-VPK classes.

PAST DUE ACCOUNT

Preschool payments must be paid within the current month. A child may not attend school after the 10th of the month until payment is made in full, including penalty charges.

RETURNED CHECKS

The charge for a returned check is $30. Repeated occurrences will result in increased late fees and payment options will be discussed on a case by case basis with the director.

WITHDRAWING YOUR CHILD

Satellite Beach United Methodist Preschool requests a 2-week written or emailed notice if a child will be withdrawn from the Preschool. If a 2-week notice is not submitted, files requested may not be ready. All payments made are non - refundable.

Having enrolled my child, _____, in the Satellite Beach United Methodist Preschool Program for the 2025-2026 school year in the _____ Year- Old Class, I have read and agree to abide by the above policies of the Satellite Beach United Methodist Preschool.

_____ _____

Signature of Parent or Legal Guardian 1 *Date*

_____ _____

Signature of Parent or Legal Guardian 2 *Date*

Registration is not valid without both guardians' signature and all required documents received.

2025-2026
Satellite Beach United Methodist Preschool
Student Information

The following information will guide us to place your child in the best possible learning environment.

Child's Name _____

Nickname _____ Birth Date _____

Does your child have siblings?
Name _____ Age _____
Name _____ Age _____
Name _____ Age _____

Is your child more reserved _____or outgoing? _____

What specific discipline techniques work best with your child?
_____
_____

Describe a classroom setting that would best suit your child. _____
_____
_____

Are you concerned about any of the following developmental areas?

Social Skills	Yes	No
Behavior	Yes	No
Speech/Language	Yes	No

Indicate if your child is currently receiving any of the following:

Speech/Language Therapy	Yes	No
Occupational Therapy	Yes	No
Physical Therapy	Yes	No

If so, are classroom accommodations necessary? _____
_____
_____

How did you learn about Satellite Beach United Methodist Preschool? _____
_____

Do you attend Satellite Beach United Methodist Church? (Not a prerequisite for admission to Preschool.) Yes No
If No, ____We attend _____
____We do not attend a church at this time.

PREVIOUS DAYCARE AND/ OR SCHOOL EXPERIENCES	Attendance Dates	# of Days Attended Per Week	Attendance Hours	Reason for Leaving

PARENTAL ACKNOWLEDGMENT AND DISCLOSURE
IN CASE OF A PUBLIC HEALTH EMERGENCY

This should be read, and each statement initialed by BOTH parents or guardians. Signature by BOTH parents or guardians is required.

1. _____ I understand that during a public health emergency I will NOT be permitted to enter the facility beyond the designated drop-off and pick-up area. I understand that this procedure change would be for the safety of all persons present in the facility and to limit to the extent possible everyone's risk of exposure. I understand that it is my responsibility to inform **any Emergency Contact persons of the information contained herein**.

2. _____ I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area, I MUST wash my hands before entering and wear a mask. While in the facility I must practice social distancing and remain 6 ft from all other people, except for my own child.

3. _____ I understand that in order to attend the program my child must be free from any contagious disease symptom. If, during the day, any of the following symptoms appear my child will be separated from the rest of the people in the center, in a supervised, secure area. I will be contacted, and my child MUST be picked up from the facility within 30 minutes of being notified.

   Symptoms include:
   - Fever of 100.00 degrees Fahrenheit or higher
   - Dry cough
   - Shortness of breath
   - Chills
   - Loss of taste or smell
   - Sore throat
   - Muscle aches
   - Any other symptom identified by the CDC as associated with contagious disease.

   Your child will need to be symptom free without any medications for 72 hours before returning to the facility.

4. _____ I understand that over the course of the school day, my child's temperature may be taken upon arrival and mid-morning. I understand that all persons entering the halls may be temperature checked.

5. _____ I understand that my child will be required to wash their hands using CDC recommended handwashing procedures throughout the day using running water and rubbing with soap for at least 20 seconds.

6. _____ I agree to reinforce good health safety habits at home, including by reminding my child not to touch their face, to frequently wash their hands long enough to sing "Happy Birthday" twice, and to teach child to cough and sneeze into the elbow.

7. _____ Satellite Beach United Methodist Preschool will continue to follow the guidelines as closely as possible of both the CDC and state and local officials to ensure the health and wellbeing of all staff and children who enter the facility. As changes happen, parents will be notified. Satellite Beach United Methodist Preschool reserves the right to change or suspend operating procedures if recommended by CDC, Health Department, DCF or another applicable agency guidance.

8. _____ I understand that while present in the facility each day my child will be in contact with children, families, and employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines, or practices will remove 100% of the risk of exposure to COVID-19, Influenza, RSV and other contagion as viruses can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that the members of our family play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

PARENTAL ACKNOWLEDGMENT AND DISCLOSURE
IN CASE OF A PUBLIC HEALTH EMERGENCY
(Continued)

9. _____I understand that SBUMP may close classes out of an abundance of caution if we experience an outbreak of contagion and that there will be no credit for fees for Tuition, Before Care or Lunch Bunch Programs. Note: All Permanent Roster programs have built in fee absence days.

As the parent or guardian of Child's Name: _____ DOB: _____

I certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by SBUM Preschool will result in adverse action up to and including termination of my child's participation in this program.

Parent or Legal Guardian 1 Name: _____

_____ _____
Signature of Parent or Legal Guardian 1 *Date*

Parent or Legal Guardian 2 Name: _____

_____ _____
Signature of Parent or Legal Guardian 2 *Date*

Tuition® Express

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 either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account **(Section A)** OR, initiate debit entries to my (our) checking or savings account, indicated below **(Section B).** To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. 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

Account Number | Expiration Date

Cardholder Signature | Date

SECTION B (Bank Account)

Your Name | Phone #

Address | City | State | Zip

Bank or Credit Union Name | Bank or Credit Union Address | City | State | Zip

Routing Transit Number (see sample below) | Account Number (see sample below) | ☐ Checking | ☐ Savings

Authorized Signature | Date

For Official Use Only

Date Received
Employee Signature

John Sample
Mary Sample
123 Nice Street
Anytown, USA

BANK OF THE WEST
555-555-5555

00226

Pay to the order of: Attach Voided Check Here $

Deposit slips not accepted Dollars

⑆123456789⑆ 1800338⑈ 0226

Routing Number | Account Number | Check Number

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During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents:*

Name:_____

Child's Name: _____

Date Received:_____

Signature:_____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.

What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse

How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: http://www.cdc.gov/flu/

What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.

How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.

Florida Department of Children & Families

For additional information, please visit www.myflorida.com/childcare or contact your local licensing office below:

CF/PI 175-70, June 2009

This brochure was created by the Department of Children and Families in consultation with the Department of Health.

"The Flu" A Guide for Parents

INFLUENZA VIRUS