



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's 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 (specify): \_\_\_\_\_

**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 Number: \_\_\_\_\_

Doctor: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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:

Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone

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 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



United Methodist Christian School  
Application for Enrollment 2025-2026 School Year

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Church of Affiliation: \_\_\_\_\_ Referred by: \_\_\_\_\_  
Parent(s) E-Mail Address: \_\_\_\_\_

I WOULD LIKE TO ENROLL MY CHILD IN THE FOLLOWING PROGRAM:

\_\_\_\_\_ Preschool (Ages 1 years through 4 years)

\_\_\_\_\_ VOLUNTARY PRE-KINDERGARTEN (VPK)  
State Funded Program for children 4 yrs. old on or before Sept. 1

**Weekly Schedule:**

\_\_\_\_\_ Five Days per Week, M, T, W, TH, F

\_\_\_\_\_ VPK ONLY: MANDATORY five (5) days per week (M-F) 9:00am-12:00pm

\_\_\_\_\_ VPK ONLY: Full Day Extended Care (7:30am-9:00am/12:00pm - 5:00pm, M, T, W, TH, F)

**I UNDERSTAND MY TUITION WILL BE BASED ON THE INFORMATION GIVEN ABOVE. ANY PERMANENT CHANGES TO THIS SCHEDULE MUST BE APPROVED IN ADVANCE BY THE SCHOOL OFFICE. OTHERWISE, I WILL BE RESPONSIBLE FOR PAYMENT AT THE GIVEN ENROLLED RATE AS DETAILED IN THE HANDBOOK. ADDITIONALLY, I HAVE COMPLETELY READ, FULLY UNDERSTOOD, AND WILL ABIDE BY THE POLICIES OUTLINED IN THE PALM COAST CHRISTIAN ACADEMY/UNITED METHODIST CHRISTIAN SCHOOL HANDBOOK.**

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN ENROLLING CHILD

**FOR NEW ENROLLEES, AN INITIAL NON-REFUNDABLE REGISTRATION FEE MUST ACCOMPANY THIS APPLICATION (not applicable for currently enrolled students):**

**\$100 PRESCHOOL PROGRAMS**

**NON-REFUNDABLE ANNUAL ENROLLMENT FEE AS FOLLOWS (for currently enrolled students)**

**\$50/ PRESCHOOL PROGRAMS, DUE UPON RE-ENROLLMENT in the Summer for Fall Session)**

**ALL RE-ENROLLMENT IS DUE BY AUGUST 5TH.**

- ***Part-time spots are extremely limited and may have different pricing. Availability and rates will be confirmed upon enrollment.***

United Methodist Christian School  
Palm Coast Christian Academy  
Enrollment Agreement

1. I agree to pay a registration fee (for non-VPK students) at the time of enrollment.
2. I understand that my child will be placed in his/her age-appropriate program.
3. I understand that childcare tuition is due on the Friday prior to the week of care.
4. I agree to pay the weekly tuition fee in full, as well as the Extended Care costs, even if my child is absent for any length of time during the week.
5. I agree to use Tuition Express to automatically draft my tuition payment out of my checking account.
6. If my payment is late, I agree to pay a \$25 fee.
7. If my check payment is returned, I agree to pay a \$35 fee.
8. I understand that none of the above fees are refundable.
9. I agree to pay a late pick up fee of \$1/minute.
10. I have received a copy of the following:
  - Attendance Policy
  - Billing Agreement
  - Enrollment Agreement
  - Expulsion Policy
  - Guidance and Redirection Policy
  - Lunch & Snack Policy
  - Emergency Evacuation Plan
  - Photo Release Form

CHILD'S NAME: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



Please be aware that current and updated physical examination and immunization record is required upon enrollment. If your child is up to date with these requirements, no further action is required.

# FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

I authorize staff of United Methodist Christian School who are trained in the basics of first aid to administer first aid to my child when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

Child's Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's Allergies and/or Chronic Health Conditions: \_\_\_\_\_

Health Insurance Coverage:	Policy#	Phone Numbers:
Parent(s) Name:		(home) (work) (cell)
Parent(s) Name:		(home) (work) (cell)

Emergency Contacts I In order to be contacted):

Name	Address	Phone#	Relationship to child	Do you give permission for child to be released to this person?
1.				
2.				
3.				

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



Parentage Paper Form

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Information:

Parent 1:

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

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Parent 2:

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

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Custody Arrangements:

Please indicate any custody arrangements that the school should be aware of and adhere to:

- Joint legal custody with shared decision-making
- Sole legal custody with one parent having final decision-making authority
- Joint physical custody with equal parenting time
- Primary physical custody with visitation schedule for the non-custodial parent

Authorization for Information Release:

I/we authorize the school to release information about the child to both parents unless otherwise indicated below. This includes academic records, attendance, behavior reports, and any other relevant information.

- ☐ I/we request that information only be released to the custodial parent (Parent 1).
- ☐ I/we authorize information to be released to both parents (Parent 1 and Parent 2).

Pick-Up Authorization:

I/we authorize the non-custodial parent (Parent 2) to pick up the child from school without notification from the custodial parent (Parent 1) unless otherwise indicated below.

- ☐ I/we request that the non-custodial parent (Parent 2) must provide notification before picking up the child from school.

Signature: \_\_\_\_\_

Parent 1: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to the school office for the child's records. Thank you for your cooperation.



UNITED METHODIST CHRISTIAN SCHOOL  
PALM COAST CHRISTIAN ACADEMY  
GUIDANCE and RE-DIRECTION POLICY

Palm Coast Christian Academy administration and staff believes in using redirection to thwart potential behavior issues. We believe that effective classroom management lets children know what is expected of them and provides them with clear boundaries that they are expected to operate within. If a child is unable to be redirected or seems unable to control their behavior, at any given time, he/she will be asked to sit in the "Stop and Think" area with a stuffed animal or pillow. The child will be allowed to read a book, work on a puzzle, and collect themselves. In the rare and extreme case of a child still not able to regain their composure, their family will be called to the center.

Your child will never be physically or emotionally harmed as a form of discipline. We do not believe in shaming or embarrassing children. Your child will never be denied food or rest as a form of discipline. It is our goal to positively guide them to make the right decisions.

If the Superintendent or Director thinks a conference is necessary, she will coordinate this with the child's family and the teacher. If the behavior continues with no improvement and the child is disrupting the learning process in his/her classroom the Director may decide that the child is not ready for a learning environment and un-enroll the child from the center.

Comfort items from home (blanket, sippy cup, stuffed animal) are allowed in the two-year-old class. Three-year-old students and VPK students are encouraged not to have comfort items during class time. Families are encouraged to take a picture of the comfort item and leave it in the child's backpack or stow the comfort item in your vehicle.

I have read, understand, and agree with the Guidance and Re-Direction Policy.

CHILD'S NAME \_\_\_\_\_

SIGNATURE OF THE  
PARENT/GUARDIAN \_\_\_\_\_

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Please sign and date that you have read and understood the current Student- Parent Handbook.

Please sign and date

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List of things to bring to school.

1 snack if the student is staying half a day.

2 snacks if the student is staying a full day.

Lunch if the student is staying a full day.

Water cup labeled with students name.

Nap items: Small sheet and a small blanket labeled with students name

Extra clothes and shoes labeled with student name.

## **Pickup/Drop-off Policy:**

Center Hours: 7:30am-5:00pm

### **Drop-Offs (7:30am-9:00am):**

During this time frame, parents can drop off their children directly in the office. This will be where children are signed in/out of. To maintain the integrity of the learning environment all drop-offs occur between 7:30- 9:00 AM. Parents/guardians are not permitted in the school building unless they are signed in as a visitor, and a reason given.

### **Pick-up Times:**

- **Half Days:** For the well-being of our students and to avoid disruptions during naptime, half-day pickups are required by 1:00 PM. We understand that unforeseen circumstances may arise, so please let us know if there are any changes.
- **Full Days:** Full day pick-ups may happen anytime from 3:30-5:00.

### **Late Pickups:**

- A late fee of \$1 per minute will be applicable for pickups after 5:00 PM. We appreciate your promptness in picking up your child.

## **VPK:**

### **Wrap-Around Drop-Offs (7:30am-9:00am):**

During this time frame, parents can drop off their children directly in the office. This will be where children are signed in/out of. To maintain the integrity of the learning environment, all drop-offs occur between 7:30- 9:00 AM. Parents/guardians are not permitted in the school building unless they are signed in as a visitor, and a reason given.

*VPK-only students must be dropped off from 8:45am-9:00am.*

### **Pick-up Times:**

VPK ONLY: VPK only students must be picked up by 12:00 PM. The late fee will also apply to VPK-only students who are picked up after 12:00 PM.

Wrap Around: Wrap around pick-ups may happen anytime from 3:30-5:00.

### **Late Pickups:**

A late fee of \$1 per minute will be applicable for pickups after 5:00 PM or VPK- only students after 12:00 PM. We appreciate your promptness in picking up your child.

Parent Name: \_\_\_\_\_

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



# Procare App Information

Download the Procare App to stay connected with your child's teacher.

We are excited to introduce the Procare App, a convenient way for parents to stay connected with THEIR child's daycare /school experience. With the app, you can easily communicate with the staff, view your child's daily activities, receive real-time updates, and much more.

**To download the Procare App, follow these simple steps:**

- 1. Go to the App Store (for Apple Phones) or Google Play Store (for android users).**
- 2. Search for "Procure" in the search bar.**
- 3. Look for the Procare logo and click "Download" or "install"**
- 4. Check your email (on file) for a Procare link and follow the on-screen instruction. There will be a 10 digit code you will need to sign up.**

Once you have downloaded the app, you will be able to:

- Check your child in and out of school with the touch of a button.
- Receive instant notifications and alerts about your child's activities and events.
- Communicate directly with school staff through messaging.
- View your child's daily schedule, meal plans, and nap times.
- Upload and share photos and videos of your child's activities at daycare

We are using the Procare App to streamline communication between parent and school staff, ensure the safety and security of your child, and provide parents with real-time updates about their child's day. We encourage all parents to download the app and take advantage of its features.

If you have any questions or need assistance with downloading the Procare App, please contact our staff for support. Thank you for choosing our school for your child's early education and care needs.

Happy connecting with the Procare App!