

# UNITED METHODIST CHRISTIAN SCHOOL

Infant – Second Grade  
6500 Belle Terre Parkway  
Palm Coast, FL 32137  
(386) 445-2344

## ENROLLMENT & REGISTRATION FORM

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### SECTION 1 – CHILD & FAMILY INFORMATION (DCF REQUIRED)

Child's Full Legal Name: \_\_\_\_\_

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

Child's Physical Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Email Address(es): \_\_\_\_\_

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Enrollment age / class level \_\_\_\_\_

### Custody Arrangement

Joint Custody

Sole Custody

Other: \_\_\_\_\_

Court documentation must be provided if applicable. UMCS will follow court orders exactly as written.

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

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### **Medical Conditions / Developmental / Educational Needs**

Medical conditions, diagnoses, IEP/504, therapy services:

\_\_\_\_\_  
\_\_\_\_\_

Primary Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

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

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## **SECTION 3 – EMERGENCY MEDICAL & FIRST AID AUTHORIZATION**

I authorize United Methodist Christian School to:

- Administer basic first aid
- Seek emergency medical treatment
- Contact emergency services if necessary

I understand reasonable efforts will be made to contact me first.

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

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## **SECTION 4 – EMERGENCY CONTACTS & AUTHORIZED PICKUP**

I understand unauthorized individuals will not be permitted to pick up my child.

# Emergency Contacts

Please list the individuals who should be contacted in case of emergency.

Name	Relationship	Primary Phone	Alternate Phone	Authorized Pickup

**Notes:**


Procare pin is required for pick up, if person does not have the pin they will need to provide ID and be on the pick up list on file. Only individuals listed on the authorized pickup list with valid identification will be permitted to pick up a child.

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### **VPK Families Only**

VPK instructional hours are 9:00 AM – 12:00 PM.

Arrival and dismissal must align with this schedule unless enrolled in wrap care.

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

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## **SECTION 5 – TUITION & FINANCIAL RESPONSIBILITY ACKNOWLEDGMENT**

I understand:

- Tuition is annual and divided into scheduled installments.
- Tuition is enrollment-based, not attendance-based.
- Tuition is due regardless of illness, vacation, school closure, or absence.
- The school observes 11 federal holidays (tuition remains annualized).
- A separate Financial Agreement governs payment details.
- Co-pays and Step Up differentials are my responsibility.
- If Step Up funding is delayed, denied, reduced, or revoked, I am responsible for the full tuition balance.
- Extended absences exceeding three consecutive weeks require:
  - Option 1: Continue paying to hold the spot
  - Option 2: Release the spot (return not guaranteed)
- ELC families must comply with attendance requirements; excessive absences may affect eligibility.

Late pick-up fees will be charged at \$\_1\_\_ per minute after scheduled pick-up time.

I acknowledge that my financial breakdown will be done with the finance department and a contract with all responsibilities will be signed.

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

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## **SECTION 6 – ENROLLMENT TERMS**

I understand enrollment may be terminated for:

- Non-payment
- Safety concerns
- Repeated policy violations
- Inability of the school to meet a child's needs

A 2 week written notice is required for withdrawal. Tuition remains due during the notice period whether or not the child attends.

I understand I am financially responsible for all tuition and fees outlined, regardless of attendance or funding status.

I understand the guidance and expulsion policy can be found in my handbook.

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

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## **SECTION 7 – ILLNESS POLICY ACKNOWLEDGMENT/Biting and Potty Training**

I acknowledge receipt of the UMCS Illness Policy/Biting and Potty Training in handbook and understand:

- Children must be symptom-free for 24 hours before returning
- Parents must pick up sick children promptly
- Tuition is still charged during illness for self-pay families
- ELC attendance must comply with funding guidelines

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

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## **SECTION 8 – LIABILITY & HOLD HARMLESS AGREEMENT**

I understand participation in school activities includes inherent risks typical of educational environments.

I agree to hold United Methodist Christian School harmless except in cases of gross negligence or willful misconduct including injuries occurring during normal school activities.

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

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## **SECTION 9 – CONSENT**

PHOTO/MEDIA:

I Consent  I Do Not Consent

FIELD TRIPS / WALKING EXCURSIONS:

I Consent  I Do Not Consent

WATER PLAY / SUNSCREEN APPLICATION/bug spray:

I Consent  I Do Not Consent

CLASS CELEBRATIONS / FOOD PARTICIPATION:

I Consent  I Do Not Consent

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

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## **SECTION 10 – RILYA WILSON ACT & VEHICLE SAFETY ACKNOWLEDGMENT/Influenza**

I acknowledge receipt of information regarding:

- Child safety in vehicles
- Heat stroke prevention
- Mandatory supervision procedures

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

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## **SECTION   11   – ALLERGY & FOOD PARTICIPATION AUTHORIZATION**

Please list all known allergies (food, medication, environmental):

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Does your child have any life-threatening allergies?

- Yes  No

If yes, please explain:

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### **Dietary Restrictions**

Please list any dietary restrictions or special requirements:

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### **Food Participation Authorization (Select One)**

**Option A – Permission Granted**

My child may be given food provided by the school (including snacks, classroom activities, and celebrations) in accordance with any listed allergies or dietary restrictions on file.

**Option B – Permission Required**

My child may NOT be given any food provided by the school without prior parent/guardian approval.

**Option C – No Restrictions**

My child has no known allergies or dietary restrictions, and I give full permission for participation in all school-provided food activities.

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### **Emergency Allergy Plan**

If my child has a severe allergy, I understand I must provide:

- An action plan (if applicable)
- Necessary medication (EpiPen, etc.) labeled and unexpired

I understand that failure to provide required documentation or medication may limit the school's ability to accommodate my child safely.

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Please indicate the level of assistance and supervision your child requires for bathroom visits.

- Full supervision and assistance \_\_\_\_\_

- Partial supervision / Please be specific.

\_\_\_\_\_

\_\_\_\_\_

- Independent ( prefers privacy )

- Other ( please specify )

Our goal is to ensure that your child receives the help they need while also respecting their privacy. Thank you for providing this information.

Staff to child ratios: Florida regulations require that there must be a sufficient number of staff members present to ensure the health and safety of all children at all times, including during bathroom assistance. The specific ratios may vary depending on the age of the children in the program.

Supervision: Staff members must supervise children at all times while they are in the bathroom, both to ensure their safety and to prevent any potential incidents or accidents. This may include monitoring children closely, providing verbal guidance or intervening if necessary.

## Liability Acknowledgment

I understand that while United Methodist Christian School will take reasonable precautions to prevent exposure to known allergens, the school cannot guarantee a completely allergen-free environment.

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

## SECTION 12 – PARENT HANDBOOK ACKNOWLEDGMENT

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

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## SECTION 13 – LITERATURE RECEIPT CHECKLIST

I confirm receipt of:

- Parent Handbook
- Guidance & Expulsion Policy
- Illness Policy
- Pickup & Drop-Off Policy
- Tuition Summary
- What to Bring List
- Procure Instructions
- Financial Agreement
- VPK / ELC Information (if applicable)

I agree to comply with all school policies including guidance, discipline, and expulsion policies outlined in the Parent Handbook.

I acknowledge receipt of the Illness, Biting, and Potty Training Policies in the Parent Handbook. This form works in conjunction with the Parent Handbook and Financial Agreement

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

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