

Class \_\_\_\_\_  
Teacher: \_\_\_\_\_  
Entered: \_\_\_\_\_



For office use only:  
Birth Cert. \_\_\_\_\_  
Form 680 \_\_\_\_\_  
Form 3040 \_\_\_\_\_  
Enrollment Pkg \_\_\_\_\_  
Reg. Fee \_\_\_\_\_  
Check# \_\_\_\_\_  
VPK Cert. # \_\_\_\_\_

2018/2019

**ENROLLMENT FORM**

**A non-refundable fee of \$75.00 is required to complete admission process.  
Birth Certificate, Yellow Physical Form 3040, Immunization Record Form 680,  
VPK Certificate (if applicable) are required by start date.**

Payable to: The Grace Place Preschool

Start Date: \_\_\_\_\_

**STUDENT INFORMATION**

New Student  Returning Student  Returning Family

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

Student's Name: \_\_\_\_\_  
Last First Middle Preferred

Gender: Male  Female  Home Phone: (\_\_\_\_) \_\_\_\_\_ Home Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Child lives with: Both Parents Mother Father Other \_\_\_\_\_  
Name of Previous Preschool or Daycare \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**PARENT INFORMATION**

Father's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Religious Preference: \_\_\_\_\_ Church Attending: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Religious Preference: \_\_\_\_\_ Church Attending: \_\_\_\_\_

Divorced: Yes  No . If yes, Custody: Full  Joint

**PARENT AUTHORIZATIONS**

Initial all that apply:

- \_\_\_\_\_ My child may be included in water play activities.
- \_\_\_\_\_ My child may be included in pictures connected with the school.
- \_\_\_\_\_ My child's picture may be posted on the WEB site as part of a group picture where no names are given.
- \_\_\_\_\_ I agree to read and follow all the policies outlines The Grace Place Preschool Handbook.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_



**FINANCIAL AGREEMENT**

For office use only: Start date. _____ Memorized Chg _____ Change _____ Effective date _____ Memo:
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**REGISTRATION:** Please enroll my child, \_\_\_\_\_, in the  
Two year old  Three year old  Four year old (VPK)  program.

**TUITION:** I agree to pay the current tuition, a flat rate of \$ \_\_\_\_\_ for  
**Two & Three Year Olds** **Four Year Olds K-4**  
 5 full days  5 mornings  VPK Only  
 3 full days  3 mornings (M/W/F)  VPK w/wraparound  
 2 full days (T/TH)

**FEES:** I agree to pay the following non-refundable fees (does not include VPK-Only students):

Registration	\$75.00
Initial Supply Fee (At Enrollment)	\$30.00
Summer Supply Fee (June)	\$35.00

**INCREASES:** Tuition and fees are subject to change as deemed necessary.

**ATTENDANCE:** Absences due to illness, vacations in excess of **one week per school year** (does not include VPK-Only students), summer and holidays listed in the Parent-Center Agreement and emergency closings are **NOT** prorated or refunded.

**WITHDRAWAL:** I agree to notify the Director two weeks in advance of withdrawal. If notice cannot be given, I agree to pay two weeks tuition if my child is to be withdrawn from school.

**LATE PAYMENT:** Payment is due on Monday of each week. If payment is not made by Monday, a late payment fee of \$10.00 will be charged. I understand that it is my responsibility to let the Director know if I need to work an alternate payment schedule **before** my payment is overdue. **No child will be admitted for care with an overdue account.**

**"VPK ONLY" ENROLLMENT:** I understand that if my child is enrolled in the "VPK only" program, I will not be charged any fees in connection with the program. I do, however, agree to pay any amount of my child's tuition, not paid by the state, if my child's attendance in the program exceeds the 540 VPK hours allowed due to transfer from another program or if absences exceed those allowed by the state. I agree to ensure my child is in attendance for at least 80% of the VPK program hours per month. The Grace Place Preschool reserves the right to request removal of my child if attendance is sporadic or inconsistent.

**PAYMENT OPTIONS:**

- Option #1 – Cash or check** by Monday of each week at the preschool office.
- Option #2 – Direct Debit** authorizing The Grace Place to initiate electronic debit entries from your checking or savings account. This option provides a \$5 savings each week. Please fill out the *Authorization for Direct Debit Form* and return with this financial agreement.
- Option #3 – Automatic Charge/Debit Card** authorizing The Grace Place to charge your credit card at the beginning of each month. Please fill out the *Authorization for Credit Card/Debit Form* and return with this financial agreement.

**I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE POLICIES.**

Signature \_\_\_\_\_ Date \_\_\_\_\_



**STUDENT'S NAME:** \_\_\_\_\_  
Last First Middle

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

**AUTHORIZED PERSONS TO PICK UP**

Person's permitted to remove child: Mother: Yes  No  Father: Yes  No

Others:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EMERGENCY CONTACTS**

Person(s) to be contacted in case of illness if parent cannot be reached: (Two required)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**MEDICAL INFORMATION**

Child's Physician \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Has your child had Chicken Pox? Yes  No  If Yes When? \_\_\_\_\_

Does your child have asthma, allergies or any special health problems? \_\_\_\_\_

Is your child allergic to any foods/food restrictions? \_\_\_\_\_

Any long term medications? \_\_\_\_\_

Any physical disabilities? \_\_\_\_\_

Has your child had a hearing, speech, or developmental screening? If so please share outcome: \_\_\_\_\_

Does your child have any special educational needs (IEP; ADD; ADHD)? Yes  No

If yes, please explain \_\_\_\_\_

**MEDICAL EMERGENCY**

In the event of a medical emergency, our policy is to contact our parents first. If we cannot reach you, we will try to contact any others you have designated. In the event that we are unable to contact you or your designated representative(s), or if the medical emergency warrants immediate response, we will act on your behalf and in the best interest of your child and consent for your child to be transported by ambulance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS**

*The Grace Place, Inc.'s pre-school, voluntary pre-kindergarten, after school care and summer camp programs, admit students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.*



1550 SE Salerno Rd., Stuart, FL 34997  
772-287-1779

### PARENT - CENTER AGREEMENT

The following conditions involved in the care of \_\_\_\_\_ are understood  
(Child's Name)  
and agreed upon between GRACE PLACE PRESCHOOL and \_\_\_\_\_.  
(Parent/Guardian)

1. Payment is due **in advance** by Monday of each week. Payments received after that will be subject to a \$10.00 late fee. **No child will be admitted for care with an overdue account.**
2. Parent agrees to have the child here no later than 8:30 am for VPK and 8:45 am for preschool classes so that the children will have the full benefit of our teaching program. Consistently late arrivals will imply the need to make other arrangements for childcare. Parent agrees to notify the school in case of an unexpected absence.
3. The parent will not violate the hours agreed upon. **If a child is picked-up after 6:00 pm (center time) a late fee of \$10.00 for the first 5 minutes and \$1.00 per minute thereafter will be charged.**
4. One week of vacation is given to all full-time students ("VPK Only" not included) per year without charge provided two weeks notice is given. Tuition will remain the same per week regardless of holidays, illness or emergency closings.
5. Parent will provide the school with a copy of the child's immunization record including the HIB shot for spinal meningitis, as well as a completed physical form from a physician. The school will not accept any child who is not immunized, without the proper state certification. The parent will provide a copy of the child's birth certificate for enrollment purposes.
6. The parent will provide a morning snack, nutritious lunch and drinks for the child.
7. If your child has a temperature, we ask that he/she not be returned to the center until free of the temperature **for 24 hours**. Should your child be sent home with a fever, diarrhea, or with a green discharge from the nose, he/she must automatically take the next day off.
8. In the event of a contagious illness, the parents will notify the center, remove the child and not allow him/her to return until all danger of contagion is past.
9. In all emergencies, the center has permission to take such reasonable measures that are, in the judgment of the center, necessary to the welfare and safety of all the children.
10. The parent agrees to notify the preschool of any problems that arise at home that may affect the child at school (i.e. separation or divorce of parents, death in the family, etc.).
11. Liability for the actions of the child while he/she is under the care of the center is the responsibility of the parent or guardian.

12. In the case of extreme behavioral issues, the parent or guardian will be notified and asked to remove the child from school for the remainder of the day. The child will not be able to return until arrangements have been made between the parent(s) and Director.
13. The center reserves the privilege of dismissing any child if he/she seems unable to participate in group activities, exhibits continual disruptive behavior, or has a delinquent tuition account.
14. To avoid favoritism, The Grace Place Preschool prohibits teachers from babysitting children who also happen to be in their class. In the event a parent hires a Grace Place employee (not from their child's classroom) for offsite babysitting, parent acknowledges that The Grace Place Preschool is not liable for the acts or omissions of such employees as such services are outside the scope of such employee's employment with The Grace Place. Parent acknowledges that upon hiring the employee, these individuals operate in their own capacity with no control, direction or supervision by The Grace Place. As a result, The Grace Place is not responsible for the employee's actions and parent waives all liability claims against The Grace Place for the actions of such employees.

**THE CENTER AGREES THAT:**

1. In return for the sum listed on the "Financial Agreement" the center will provide care for the days chosen except Saturday, Sunday and the following holidays:

<b>New Year's Day</b>	<b>Labor Day</b>	<b>Good Friday</b>
<b>Memorial Day</b>	<b>Two Days for Thanksgiving</b>	
<b>Independence Day</b>	<b>Two Days for Christmas</b>	<b>Teacher Work Day (in August)</b>

2. The center will exercise reasonable care and judgment in all matters related to the welfare and safety of the children in the center.
3. In case of accident or illness, the parent will be notified as soon as possible. If the accident is minor, a form describing the accident and care given will be left for the parent's signature at pick-up time. This form will be kept with the child's records. If an illness or accident occurs that requires medical attention and parents cannot be reached, 911 will be called.
4. The center will provide an afternoon snack.
5. The following procedures will be used as a disciplinary action:
  - A. Separated from the group for a short period.
  - B. If it is necessary for the child to be disciplined more than three times in one day, he or she will be sent to the office.
  - C. In the event that the child's behavior is deemed a risk to the welfare and safety of him/herself, or to the other children, we will ask that he or she be removed from the school. (See item 13 above.)
  - D. Corporal punishment is never used.
6. The center will provide supplemental accident insurance coverage.
7. The center will give notice in the event of exposure to a contagious disease within the preschool.
8. The center will not release the child to anyone other than the parent or guardian, unless written permission is given.
9. Parent agrees to the policies of the center, as stated herein and in the Parent Handbook.

**I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE POLICIES.**

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

Authorized School Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Voluntary Pre-Kindergarten (VPK):**

All policies of The Grace Place Preschool apply to children enrolled in the Voluntary Pre-Kindergarten program with the following exceptions:

The center will provide 540 hours of early learning for Voluntary Pre-Kindergarten (VPK) students that are registered with the state.

- **VPK HOURS:** 8:30am to 11:30am, Monday through Friday
- **VPK program begins** on August 13, 2018 and ends on May 23, 2019
- The following are **NON-VPK DAYS** and care **WILL NOT** be provided:

**Labor Day (Sept 3)**  
**Thanksgiving Holiday (Nov. 19-23)**  
**Christmas Break (Dec 24 – Jan 4)**  
**Martin Luther King, Jr. Day (Jan 21)**

**President’s Day (Feb 18)**  
**Spring Break (Mar 11 - 15)**  
**Good Friday (April 19)**

**VPK with Wraparound Care (VPK w/wrap):**

Children enrolled in VPK that are also enrolled in our "wraparound" care program will receive 540 hours of early learning paid for by the state for which there will be no charge. Wraparound services are subject to all fees previously mentioned and a weekly wraparound fee. Enrollment in VPK w/wrap includes care on Non-VPK days (provided the preschool is open), at no additional tuition charge until the end of The Grace Place Preschool academic year. At the end of The Grace Place Preschool academic year, regular childcare rates will apply.

**VPK Only (VPK-O):**

Children enrolled exclusively in the VPK (8:30-11:30) portion of our program will not be charged any fees in connection with the program.

**Parent agrees that drop-off time is no earlier than 8:15 am and pick-up is no later than 11:45 am. A late pick-up fee of \$10.00 for the first 5 minutes and \$1.00 per minute thereafter will be charged if child is picked up after 11:45 pm.**

**VPK ATTENDANCE POLICY:**

Parents of children enrolled in the Voluntary Pre-Kindergarten Program (VPK) agree to pay any amount of their child’s tuition, not paid by the state, if their attendance in the program exceeds the 540 VPK hours allowed due to transfer from another program. Due to the academic nature of our program, parents of children enrolled in VPK agree to be consistent with their child’s attendance. Parents agree to ensure their child is in attendance for at least 80% of the VPK program hours. Parent also agrees to sign the appropriate state paperwork verifying attendance on a monthly basis. The Grace Place Preschool reserves the right to request removal of a child if attendance is sporadic or inconsistent.

I hereby understand and agree to the above mentioned terms and conditions of enrollment.

Date \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent or Guardian)

Date \_\_\_\_\_

\_\_\_\_\_  
(Authorized Signature of School)