



**ROYAL PALM CHRISTIAN PRESCHOOL**  
**9600 Royal Palm Blvd.**  
**Coral Springs, Fl 33065**  
**954-753-2445**  
**Fax 954-753-2356**

**APPLICATION FOR PRESCHOOL REGISTRATION**

FOR OFFICE USE ONLY: Class \_\_\_\_\_ FT/P T \_\_\_\_\_ Start Date \_\_\_\_\_  
 Amt. Pd. \_\_\_\_\_ CK# \_\_\_\_\_ #3040 \_\_\_\_\_ #680 \_\_\_\_\_

PLEASE COMPLETE ALL INFORMATION REQUESTED  
REGISTRATION FEE DUE WITH REGISTRATION PAPERS  
MEDICAL FORMS MUST BE SUBMITTED BEFORE BEGINNING SCHOOL

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

Child's Name: First \_\_\_\_\_ Last \_\_\_\_\_ Male/Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Language Spoken in Home \_\_\_\_\_

Referred By: \_\_\_\_\_ or How did you hear about us? \_\_\_\_\_

Morning Preschool 9 a.m.-12 p.m. \_\_\_\_\_ OR Full-Time Care 7 a.m.-5:30 p.m. \_\_\_\_\_

	<b>3's</b>	<b>2's</b>	<b>Toddlers</b>
	<u>(9/2/13- 9/1/14)</u>	<u>(9/2/14 - 9/1/15)</u>	<u>(12 - 24 mos.)</u>
5 Day	_____	_____	_____
4 Day- Monday-Thursday or Tuesday-Friday	_____	_____	_____
3 Day- Monday, Wednesday, Friday	_____	_____	_____
2 Day- Tuesday, Thursday	_____	_____	_____

**If unable to choose the days designated for 3 day or 2 day due to work constraints, please indicate your desired days and we will do our best to accommodate your schedule.**

**PARENT GUARDIAN INFORMATION:**

**Mother's Name:** First \_\_\_\_\_, Middle \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Authorized to pick up child?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Father's Name:** First \_\_\_\_\_, Middle \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Authorized to pick up child?** Yes \_\_\_\_\_ No \_\_\_\_\_

**EMERGENCY CONTACT & PICKUP AUTHORIZATION:**

**Emergency Contact:** (Name) \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Additional Authorized Pickup:** (1) Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Additional Authorized Pickup:** (2) Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

**PHYSICAL & HEALTH INFORMATION:**

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

Has child been hospitalized recently, or had a serious illness? \_\_\_\_\_

Please indicate any allergies, frequent illnesses and/or dietary restrictions \_\_\_\_\_

**OTHER GENERAL INFORMATION:**

Are parents separated or divorced? \_\_\_\_\_

If divorced, who has custody? \_\_\_\_\_

Please share any information concerning caretakers living in your home that may be helpful to your child's teacher.

\_\_\_\_\_

Tell us a something about the culture in your child's home life \_\_\_\_\_

\_\_\_\_\_

Does child have grandparents, aunts and uncles, or other special adults that he/she visits in the area?

\_\_\_\_\_

Sisters and Brothers Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Previous Preschool or Play Groups \_\_\_\_\_

Toilet Trained: (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

Can your child dress himself/herself? \_\_\_\_\_

Has he/she used crayons, play-dough or scissors? \_\_\_\_\_

Does your child have any known fears or get upset when you leave him/her? \_\_\_\_\_

Has there been any recent occurrence that may have affected your child emotionally? (i.e. illness/death of a family member, separation or divorce) \_\_\_\_\_

\_\_\_\_\_

Does your family attend church? \_\_\_\_\_

If so, give name of church. \_\_\_\_\_

Have any questions or fears concerning God or any aspect of religion come up recently? \_\_\_\_\_

\_\_\_\_\_

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Dear Parents:

In order to comply with HRS Ordinance 94-2 Sec. 7-8 10, release of a child from a child care facility, it will be necessary for those persons authorized on the #1 Enrollment Card to take your child from Royal Palm Christian Preschool to present positive picture ID to the teachers in charge before your child is released. Please be sure all information, address, home and business telephone numbers and persons permitted to remove your child are current.

In order to facilitate release of your child in the event no authorized person is available, it will be necessary for you to complete the bottom section of this memo and return to me immediately. Please choose a simple password for your child. If it becomes necessary for you to have your child picked up by a person not listed on the registration form you will have to call the school, use your password, and give the authorized name of person to pick up your child. This person will have to show a picture I.D. in order for us to release your child.

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\_\_\_\_\_  
Date

I \_\_\_\_\_ choose \_\_\_\_\_ as the password I will use to  
(your name) (password)

identify myself in the event it becomes necessary for my child \_\_\_\_\_

to be picked up by a person not listed on the Registration form. I understand that the person picking up my child will be required to present picture I.D.

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

## **PARENT'S STATEMENT**

### **MEDICAL POLICY**

In the event my child becomes ill or is injured while under the supervision of Royal Palm Christian Preschool, I give my consent for the office staff to contact medical personnel to obtain emergency medical care if warranted. I also hereby release Royal Palm Christian Preschool and Royal Palm Christian Church, and authorized personnel, from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with medical or surgical services as soon as possible after the need arise.

\_\_\_\_\_Signature

### **GUIDANCE & DISCIPLINE POLICY**

We follow the Conscience Discipline model of guidance and discipline which teaches children self-regulation as opposed to rewards and punishment. Self-regulation is an important attribute for success in school. We also adhere to the mandate of the State of Florida Licensing Standards for Child Care Centers concerning harsh discipline. A full description of our policy as well as the mandate is included in the Royal Palm Christian Preschool Handbook.

\_\_\_\_\_Signature

### **TUITION AND LATE FEE POLICY**

I understand and agree to pay the tuition fees on the first day of each month of morning preschool classes. A late fee of \$25.00 will be assessed if tuition is not paid by the 5<sup>th</sup>. Weekly fees are due by Friday of the previous week of care. A \$25.00 late fee will be assessed if tuition is not paid by closing on Monday, as described in the Class Offerings and Fees sheet. I also understand that late fee charges will also be assessed for picking up my child after the program closes at 5:30 p.m.

\_\_\_\_\_Signature

### **PUBLICITY CONSENT**

I hereby affirm that I am the parent/guardian of \_\_\_\_\_ and I consent to and authorize the use and reproduction by Royal Palm Christian Preschool and Church, of any and all photographs taken for publicity purposes, as well as any article written for same.

\_\_\_\_\_Signature

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**I have received a copy of Royal Palm Christian Preschool handbook and understand that I am responsible for complying with the policies and procedures there in.**

\_\_\_\_\_Signature

Board of County Commissioners, Broward County, Florida  
HUMAN SERVICES DEPARTMENT  
Bureau of Children's Services  
Child Care Licensing and Enforcement Section

**ALTERNATE NUTRITION PLAN**

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

Royal Palm Christian Church Preschool  
9600 Royal Palm Blvd.  
Coral Springs, Florida 33065

Dear Parent:

In accordance with the Broward County Child Care Ordinance/Family Child Care Ordinance, Parents, and the child care facility/home are urged to work cooperatively to assure that children are provided with nutritious snacks and meals where lunches are not provided by the facility/home.

Please read the following carefully, sign and return as soon as possible to:

**ROYAL PALM CHRISTIAN CHURCH PRESCHOOL**

We agree to provide a nutritious:

_____	breakfast
<u>  X  </u>	mid-morning snack
<u>  X  </u>	mid-afternoon snack
_____	evening snack

The parent agrees to provide a nutritious:

<u>  X  </u>	breakfast
_____	mid-morning snack
<u>  X  </u>	lunch
_____	mid-afternoon snack
_____	supper

I have read the preceding and agree to meet the child's nutritional needs as defined above.

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

\_\_\_\_\_  
Director's Signature

Meals provided by parents shall consist of the following:

- |    |                          |   |
|----|--------------------------|---|
| A. | Meat/Poultry/Fish        | 2 ounces  |
|    | Or cheese                | 2 ounces  |
|    | Or eggs                  | 1 egg   |
|    | Or peanut butter*        | 4 tablespoons   |
|    | Or dried beans/peas      | ½ cup   |
| B. | Fruits (2 or more)       | ½ cup   |
|    | Or vegetables            | ½ cup   |
|    | Or fruits and vegetables | ¾ cup total amount and<br>vegetables must equal ¾ cup |
| C. | Bread                    | 1 slice   |
|    | Butter                   | 1 teaspoon  |
|    | Milk                     | 1 cup – 8 oz.   |

*\*We have a child with a severe peanut allergy, therefore no peanut butter is allowed at school until further notice. Thank you.*