



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

APPLICATION FOR VPK REGISTRATION

FOR OFFICE USE ONLY: Class _____ FT/PT _____ Start Date _____
Amt. Pd. _____ CK# _____ #3040 #680 _____

PLEASE COMPLETE ALL INFORMATION REQUESTED
REGISTRATION FEE FOR EXTENDED DAY PROGRAMS 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? _____

VPK CLASSES (Please Check One)

_____ 3 Days (9:00 am-2:00 pm Tuesday, Wednesday, Thursday)

_____ 5 Days (9:00 am-12:00 pm)

_____ 5 Days (9:00 am-2:00 pm)

_____ 5 Days (9:00 am-3:00 pm)

_____ Full-Day Child Care

PARENT GUARDIAN INFORMATION:

Child Lives With: _____

Custody: Mother _____ Father _____ Both _____ Other _____

Mother's Name: First _____ Middle _____ Last _____

Address _____ City _____ State _____ ZipCode _____

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 _____ ZipCode _____

Cell Phone _____ E-mail Address _____

Occupation _____ Employer _____ Work Phone _____

Address _____ City _____ State _____ Zip Code _____

Authorized to pick up child? Yes _____ No _____

PHYSICAL & HEALTH INFORMATION:

Child's Physician: Name _____ Phone _____

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

OTHER GENERAL INFORMATION:

Helpful Information About Child (Fears, Culture, Home Life, Additional Caregivers, Illness, Recent Death in Family, etc):

Sisters and Brothers Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Previous Preschool or Play Groups _____

If your family attends religious services, where do you choose to worship? _____

EMERGENCY CONTACT & PICKUP AUTHORIZATION:

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 _____ Relationship _____

Cell Phone _____ Work Phone _____

Name _____ Relationship _____

Cell Phone _____ Work Phone _____

Name _____ Relationship _____

Cell Phone _____ Work Phone _____

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 it 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.

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 5th. 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

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