

## ENROLLMENT INSTRUCTIONS

Enrollment is for the school year.

Submit required forms, information and fees:

- Completed Application for Enrollment – one required per student
  - Obtain an application form in an enrollment packet from the school or download it from our website at <http://www.emmauspreschool.com>
- Complete all necessary consent forms
- Non-refundable registration fee per student - \$65.00
- Current physical examination (Form 3040)
- Immunization record (Form 680 or 681)
- If applicable, Voluntary Pre-Kindergarten Certificate (for 2010/2011 school year)
  - You may apply for the VPK program at <http://www.vpkflorida.org>. Once you complete the application, your local early learning coalition will contact you for further information and to assist you in completing the application process.
- Submit enrollment forms to: Emmaus Lutheran Preschool  
2500 S Volusia Avenue  
Orange City, FL 32763

Tuition fees are due on the first day of the tuition period.

All required documents must be submitted by the first day of attendance.

Emmaus Lutheran Preschool does not discriminate with regard to applicants and students on the basis of race, color, sex, religion, or national or ethnic origin.

If you have any questions, or we may be of further assistance, please call the Preschool Director at (386) 775-9100.



2500 S Volusia  
Orange City, FL 32763  
(386) 775-9100

**APPLICATION FOR ENROLLMENT**

**Student Information**

Full Name \_\_\_\_\_  
Last First Middle Nickname  
Address \_\_\_\_\_  
Street City, State, Zip Date of Birth Sex  
Date of Enrollment Program  
Days of Week in Care (please circle) M T W Th F Primary Hours of Care: From To

This area to be filled out by Preschool Director  
Number of Wrap Around Hours Tuition \$ weekly monthly

**Parent/Guardian Information**

*(Custodial Parent or Legal Guardian)*

Full Name \_\_\_\_\_  
Last First Middle Relationship to Student  
Address \_\_\_\_\_  
Street City, State, Zip Driver's License Number:  
Primary Contact Phone Secondary Contact Phone Email Address

**Parent/Guardian Information**

please check if non-Custodial Parent May the non-custodial parent pick up the child? \_\_\_\_\_

Full Name \_\_\_\_\_  
Last First Middle Relationship to Student  
Address \_\_\_\_\_  
Street City, State, Zip Driver's License Number:  
Primary Contact Phone Secondary Contact Phone Email Address

*Emmaus Lutheran Preschool must be provided with court issued custody papers that clearly describe custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times unless court documents state otherwise.*

**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, and if the custodial parent or legal guardian cannot be reached.

Name Driver's License Number Relationship to Child  
Primary Contact Phone Secondary Contact Phone  
Name Driver's License Number Relationship to Child  
Primary Contact Phone Secondary Contact Phone  
Name Driver's License Number Relationship to Child  
Primary Contact Phone Secondary Contact Phone

## Medical Information

In the case of an accident or serious illness, the school will attempt to contact the parents or guardian of the student. If the school is unable to contact these persons, I authorize the school to call the physician/dentist listed below and to follow his instructions until contact is made with the parents or guardian. If it is not possible for the school to contact this physician, the school is authorized to make arrangements for other medical treatment that seems necessary.

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Please list any allergies, special medical or dietary needs, or other areas of concern:

\_\_\_\_\_

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

- Section 65C-22.006(2), F.A.C. requires a current physical examination (Form 3040) and Immunization record (Form 680 or 681) within 30 days of enrollment
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY."
- Section 65C-22.006(4)(c) 2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility.

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

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

### ANNUAL FEES

**IMPORTANT: Please make checks payable to Emmaus Lutheran Preschool**  
*The registration and card access fees are non-refundable and must accompany this registration form in order to hold your child's enrollment in the desired program.*

Registration Fee (\$65 non VPK students) \_\_\_\_\_

Access Card Fee (First Card Free, Additional \$5) \_\_\_\_\_

TOTAL \_\_\_\_\_

Date paid \_\_\_\_\_ Cash/Check No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

### Office Use Only

- |   |  |
|---|--|
| <input type="checkbox"/> Gold Physical Form           | <input type="checkbox"/> Photograph and Video Consent                        |
| <input type="checkbox"/> Blue Immunization Record     | <input type="checkbox"/> Security System Access Card Information and Consent |
| <input type="checkbox"/> Child Care Facility Brochure | <input type="checkbox"/> Parent Handbook                                     |
| <input type="checkbox"/> Child Guidance Policy        | <input type="checkbox"/> Annual Registration and Card Access Fees            |
| <input type="checkbox"/> Attendance Policy - VPK      | <input type="checkbox"/> "The Flu" A Guild for Parents                       |

Signature of Emmaus Lutheran Preschool Director \_\_\_\_\_ Date \_\_\_\_\_

**ATTENDANCE POLICY  
VOLUNTARY PRE-KINDERGARTEN**

Three (3) unexcused absences per month are allowed (21 days maximum for school year).

Excused absences of five (5) or more consecutive days must be documented in writing. More than seven (7) absences per month must be in writing from a person unrelated to the child's parent or the child.

The following are excused absences:

- Illness or injury to the child or a member of the child's family.
- Doctor appointment.
- Infectious disease or parasitic infestation.
- Death of a family member.
- Life-threatening illness or injury of the child's family member.
- Compliance with a court order (e.g. visitation, subpoena).
- Special education or related services for the child's disability.
- Observance or a religious holiday, service, or activity.
- Family vacation, not to exceed five (5) excused absences per preschool year.
- Extraordinary circumstances beyond the control of the child and the child's parent.

In the case of a prolonged planned absence, please consult with the Director. Please note that the VPK program will need to follow state guidelines for attendance.

I have read, understand, and agree to the Attendance Policy of the Emmaus Lutheran Preschool.

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

Director's Initials \_\_\_\_\_ Date \_\_\_\_\_



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**CHILD GUIDANCE POLICY**

Emmaus Lutheran Preschool utilizes a positive guidance policy to resolve disciplinary problems. Positive, consistent adult role models, redirection of children, setting limits and developing a child's sense of self esteem, self control and respect for others are some of the ways in which the preschool staff will handle disciplinary situations. Physical punishment is not permitted.

If there is a condition or change at home that may affect the child's behavior, please notify the preschool so that the staff may be aware and able to help the child adjust to the situation.

The preschool will keep the parent informed if there are any issues that need to be addressed. On rare occasions, a child will be dismissed at the director's discretion due to severe behavior problems that could endanger the child or his/her classmates.

I have read, understand, and agree to the Child Guidance Policy of the Emmaus Lutheran Preschool.

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

Director's Initials \_\_\_\_\_ Date \_\_\_\_\_



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**SECURITY SYSTEM ACCESS CARD  
INFORMATION AND CONSENT**

In order to provide safety and security to the students and staff, Emmaus Lutheran Preschool has a Card Access Security System. The doors for the Preschool will be locked and access will be by use of a card or call button. Cards will be issued to Preschool Parents to allow for the convenience of drop off and pick up without waiting for the door to be opened.

Parents of students will be issued one access card at no charge. An additional card can be purchased for \$5. Please note that we will only issue cards to the parents of enrolled students. All others seeking entrance during Preschool hours must use the call button at the front door.

Please report any lost access cards immediately, so they can be deactivated. Replacement cards will be at a cost of \$5 each.

Operating Instructions: The reader next to the door records every entry. The reader will have a RED light when the door is locked. If the door is unlocked, the light will be GREEN. Simply hold you card near the reader and the light will turn green and you may enter the building. The card will work from inside a wallet – you do not have to take it out. As you exit the building, a motion sensor will automatically release the door. If, for some reason, the motion sensor is not working properly, push the large GREEN BUTTON near the door to override the mechanism and release the door.

If you have any questions, or need additional assistance, please consult with the Preschool Director.

**Security System Access Card Consent**

I have read and understand the Card Access Security System Parent Information Sheet. I will return the Card/Cards at the end of each school year or upon disenrollment. In the case of a lost card, I will notify the Preschool immediately.

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

1. \_\_\_\_\_ No Charge  
Last Name (Print) First Name (Print)

2. \_\_\_\_\_ \$5.00  
Last Name (Print) First Name (Print)

**OFFICE USE ONLY** Date Issued \_\_\_\_\_  
ID# Card 1 \_\_\_\_\_  
ID# Card 2 \_\_\_\_\_ Date Returned \_\_\_\_\_

**PHOTOGRAPH AND VIDEO CONSENT**

**Authorization to Photograph**

Photographs of our school and its students may be used for publicity purposes for the school or in publications referring to our school. Pictures may also appear as a part of our web site. If names are printed, only the child's first name will be used.

- I **DO** give permission for my child's picture to be used for publicity or in publications.
- I **DO NOT** give permission for my child's picture to be used for publicity or in publications.

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

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**Video Surveillance Consent**

I understand that in order to maintain the health, welfare, and safety of students, staff, and visitors, as well as the security of its facilities, Emmaus Lutheran Preschool will conduct video surveillance of its premises at any time, the only exception being private areas of restrooms, and that video cameras will be positioned in appropriate places within and around the Preschool building and used in order to help promote the safety and security of people and property. I hereby give my consent to such video surveillance.

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

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