



2026 - 2027 Enrollment Form

At Fruit Cove Baptist Church Weekday Preschool, we believe the family is God's primary place for faith formation. Our mission is to partner with parents by providing a Christ-centered, nurturing environment that fosters each child's spiritual, social, emotional, and academic growth. We seek to prepare, equip, and serve families for lasting Gospel impact—building a foundation of faith and learning that extends from the classroom into the home and lasts a lifetime.

Child's Start Date _____ Registration Fee paid on _____
Days Attending _____ Cash _____
Child's Age as of September 1, 2026 _____ Check # _____

****ALL 3 & 4 YEAR OLDS MUST BE POTTY TRAINED****

Child's Name:

_____ Last First Middle (nickname)

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age _____ Sex: Male Female

Name of Church: _____ Do you attend on a regular basis? _____

Denomination/Religious Preferences: _____

Marital Status: Married Divorced Single Other: _____

Child resides with: _____

Primary Contact

Parent/Guardian #1: _____ Relation: _____

Address: _____

Work Number: _____ Employer/Occupation _____

Home Number: _____ Cell: _____

E-mail Address: _____

Primary Contact

Parent/Guardian #2: _____ Relation: _____

Address: _____

Work Number: _____ Employer/Occupation _____

Home Number: _____ Cell: _____

E-mail Address: _____

Last Preschool your child attended: _____

Sibling Information:

Name Sex Age/Grade School

Name Sex Age/Grade School

Name Sex Age/Grade School

Name Sex Age/Grade School

****Please complete back and parent must sign back****

Emergency Contacts/Approved Pick-up 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, if for some reason the custodial parent or legal guardian cannot be reached:

Name	Address	Cell
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Name	Address	Cell
------	---------	------

Name	Address	Cell
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Name	Address	Cell
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Name	Address	Cell
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Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor	Address	Phone
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Dentist	Address	Phone
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Please list allergies, medical/dietary needs, or other areas of concern:

Emergency Care Plan instructions (if applicable): _____

Diagnosed Disability: _____

Insurance Co. Covering Child: _____ Policy Number: _____

- Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681).
- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24) and received the brochure on Influenza Virus, The Flu, A Guide to Parents.
- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the childcare facility.

Your signature below indicates you have or will receive the above items (which can also be found at fruitcove.com/weekday-preschool) and the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility and regulating bodies to have access to my child's records.

Signature of Parent/Guardian: _____ Date: _____

Signature of Staff: _____ Date: _____

**** I understand that the registration fee is non-refundable ****

Emergency Release Form

I hereby certify that I am the parent/guardian of _____
(child's name)

and give my permission for the following:

Authorization For Emergency Medical Care

In order to meet all legal requirements, I hereby authorize the Director of the Preschool or the person in charge in the event of her absence to give my consent for any and all necessary emergency medical treatment for my child while said child is in said individual's custody.

In the event of serious illness or accident, and if I cannot be contacted immediately, I give permission to have my child moved by ambulance or other conveyance to a doctor's office, clinic, or hospital for immediate attention. I also assume responsibility for payment of same.

Authorization To Transport

In the event of an emergency that requires the preschool to vacate the premises, I hereby authorize the Director, or the person in charge in the event of her absence, to have my child transported to a safe environment until I can be reached.

Duration

The Authorization granted herein is effective at all times that my child is in the care of Fruit Cove Baptist Weekday Preschool. It shall remain in effect until my child withdraws from the program, graduates from the program, or until written rescission of this authority is delivered to the Fruit Cove Baptist Weekday Preschool administration. This permission form will expire five years from the date of executing this document.

Parent/Guardian _____

Date _____

State of Florida

County of _____

Sworn to and subscribed before me in the aforementioned State and County this _____ day of _____, 20____, personally appeared _____, who is personally known to me or who has produced Florida Driver's License # _____ as identification and who did not take an oath.

Notary Public, State of Florida

Commission Number: _____

Commission Expires: _____



501 State Road 13 • St. Johns, FL 32259 • Phone: (904) 230-8781 • Fax: (904) 287-1579 •
www.fruitcove.com/weekday-preschool

PHOTO & VIDEO USE NOTICE

Fruit Cove Baptist Church Weekday Preschool (FCBC WDPS) regularly uses photographs and video recordings of children participating in school activities for the purpose of ministry, education, communication, and program promotion.

These images and recordings may be used to celebrate learning, document classroom experiences, communicate with families, and share the work of the ministry through approved channels. **No child's name or identifying information will be used in public media.**

If you have concerns or objections to FCBC WDPS using photographs or video footage of your child for **one or more** of the purposes listed below, please notify the Preschool Director **in writing** and specify the area(s) you wish to decline.

Child's Name: _____

Photographs and/or video recordings of your child may be used for the following purposes:

• **Classroom Use**

Classroom displays, developmental documentation, lesson activities, and daily communication with parents.

• **Bulletin Boards & Hallway Displays**

Images displayed within Preschool buildings for educational or decorative purposes.

• **Student Portfolio**

Inclusion in your child's individual learning portfolio or assessment materials.

• **Preschool social media**

Posting on official Preschool social media platforms (e.g., Facebook, Instagram).

No names or identifying information will be used.

• **Preschool Website & Publications**

Use on the Preschool website, newsletters, brochures, or other printed or digital materials representing Preschool activities.

DECLINING USE

Families who do not wish for their child to be photographed or recorded for any of the purposes listed above must submit a written notice to the Preschool Director. Children with declined use will be excluded from photography and videography, including class photos and professional individual portraits. Parents are responsible for notifying the classroom teacher of any restrictions.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____



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2026 - 2027 Tuition Agreement

Student: _____

Enrolled in: _____

Monthly tuition amount: \$ _____

Tuition Guidelines and Fees:

All monthly tuition payments are due on the 1st of each month. In the event my tuition is not paid in full by the 5th business day of any given month, I will be responsible for a **\$20 late tuition fee** for my late payment. I understand that I will incur a **\$30 returned check fee** for every returned check, and that the total amount of any returned check must be paid by a cash, cashier's check or money order.

Credit and Automatic Transfer Guidelines:

Credit card payments and automatic transfers will be taken through the program Brightwheel. The fees associated with using this program will be the responsibility of the family paying. The fees are as follows:

- Automatic Transfers: 0.6% Maxing out at \$2.00
- Credit Card: 2.9%

Maintaining payment through Brightwheel is the responsibility of the family paying. If payments are late all fees still apply.

Late Pickup Fees:

Unless there is a valid emergency situation, I understand that I will be given a late pickup fee each day that my child is picked up past 1:00 p.m. This fee will be accrued at a rate of **\$10 for each five-minute increment** that I am late on a given day (example: 1:15 p.m. equals 3 five-minute increments, accruing a late pickup fee of \$30).

Delinquent Accounts:

Failure to keep my tuition account current may result in movement to mandatory autopay or the dismissal of my child from Fruit Cove Baptist Weekday Preschool. I understand that credits will not be given in the event of my child's absence from school, and that holiday closings and any student holidays observed by St. John's County Schools are included in the tuition cost.

I understand and agree to comply with the above Tuition Agreement guidelines:

Parent Signature

Printed Name

Date



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Child Screening and Permission Form

Parent/Guardian Permission

I GIVE PERMISSION for Fruit Cove Baptist Weekday Preschool to conduct developmental screenings and assessments on my child throughout the school year. I understand that:

- Screenings and evaluations are conducted **twice per school year**.
- Any concerns or findings that may require attention will be communicated to me in a timely manner.
- **VPK students** will participate in these two preschool developmental evaluations **in addition to the Florida State VPK Assessments 1, 2, and 3**, as required by state guidelines.

I DO NOT GIVE PERMISSION for Fruit Cove Baptist Weekday Preschool to conduct developmental screenings or assessments for my child. I understand that by declining, my child will not participate in any preschool developmental screenings. (State VPK assessments remain mandatory for students enrolled in VPK.)

Child Information

Child's Name: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Signature: _____

Date: _____



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Fruit Cove Baptist Weekday Preschool
Parking Safety Agreement

To maintain a safe and orderly environment for all students, families, and staff, Fruit Cove Baptist Weekday Preschool requires all parents and guardians to follow the parking and safety procedures outlined below. Your acknowledgment and adherence to these procedures are essential for the protection of every child.

I, _____, hereby acknowledge, understand, and agree to comply with the following parking and safety requirements while on Fruit Cove Baptist Weekday Preschool property:

1. **Parking Lot Entrance and Exit Procedures:**

I agree to follow the designated traffic flow, entrance, and exit instructions as provided during preschool orientation and as updated by school administration.

2. **Speed Limit Compliance:**

I will always observe and comply with the posted 15 mph speed limit while on preschool grounds.

3. **Cell Phone Restrictions:**

I will **not use a cell phone or other handheld device** while driving in the preschool parking lot.

4. **Restricted Parking Areas:**

I understand that **parking under awnings is strictly prohibited.**

5. **Handicap Parking Compliance:**

I will **not park in handicap-accessible parking spaces** unless I am legally authorized to do so and display the proper permit.

I understand that these policies are implemented to ensure the safety of all preschool children, families, and staff. I agree to follow all procedures and acknowledge that failure to comply may result in corrective action or restricted access to school premises.

Parent/Guardian Signature: _____

Date: _____



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Fruit Cove Baptist Weekday Preschool
Food for Special Occasions Agreement

Throughout the school year, special events such as birthdays, holiday celebrations, and classroom parties may include the distribution of food items. To ensure the safety and well-being of all children, Fruit Cove Baptist Weekday Preschool requires parent/guardian consent regarding participation in these special food offerings.

Please review the options below and select the choice that reflects your preference for your child.

Special Occasion Food Permission

I GIVE PERMISSION for my child, _____, to participate in all special occasion food offerings provided by the preschool.

I PREFER TO PROVIDE MY CHILD'S SNACK on days when special food is offered. I will supply an appropriate alternative snack for my child,
_____.

Child's Allergies or Dietary Restrictions (if applicable):

Prepared Food Policy Notice

Please note: **Any food brought into the preschool to be shared among children for special occasions must be commercially prepared OR prepared in a kitchen inspected and approved by local health authorities.** Home-prepared food items may not be shared due to health and safety regulations.

Ice Pack in Lunches Agreement

To comply with **DCF (Department of Children and Families) regulations**, all lunches brought from home must include a **frozen ice pack** to maintain safe food temperatures.

I acknowledge and agree to provide a frozen ice pack in my child's lunch each day.

Parent/ Guardian Signature: _____

Date: _____