



## FRUIT COVE BAPTIST WEEKDAY PRESCHOOL

501 State Road 13 • Jacksonville, FL 32259

(904) 230-8781 • Fax (904) 287-1579

[www.fruitcove.com](http://www.fruitcove.com)

### Enrollment Form

School Year \_\_\_\_\_ Child's Start Date \_\_\_\_\_  
Registration Fee Paid \_\_\_\_\_ Days Attending \_\_\_\_\_  
Preschooler's Age as of September 1, 2024 \_\_\_\_\_

**\*\*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 \_\_\_\_\_ Male  Female

Contact Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Do you attend on a regular basis? \_\_\_\_\_

Name of Church \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Other \_\_\_\_\_

Child resides with: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer \_\_\_\_\_

Address: \_\_\_\_\_

Work Number \_\_\_\_\_ Ext. \_\_\_\_\_ Occupation \_\_\_\_\_

Home Number \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Work Number \_\_\_\_\_ Ext. \_\_\_\_\_ Occupation \_\_\_\_\_

Home Number \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Last Preschool your child attended \_\_\_\_\_

Sibling(s) Name Age Sex Grade

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Elementary School Attending \_\_\_\_\_ Grade \_\_\_\_\_

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

**Emergency 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                                      Phone#

\_\_\_\_\_  
Name                                      Address                                      Phone#

\_\_\_\_\_  
Name                                      Address                                      Phone#

**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: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list allergies, special medical or 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 child care facility.

Your signature below indicates that you have received the above items and that 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: \_\_\_\_\_

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

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## **Preschool Policies Acknowledgement**

I toured/visited the weekday preschool and received orientation information. I have read, received, and understand the Parent Handbook, discipline policies, expulsion policy, the “Know Your Child Care Facility” brochure, the flu/influenza information, and the “Getting In; Getting Out” brochure. I also understand that the Department of Children and Families requires Fruit Cove Baptist Weekday Preschool to have a current physical examination and immunization record on file before the first day of school.

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Parent Signature

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Child's Name

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Date

# Emergency Release Form

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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 \_\_\_\_\_, 2024, 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: \_\_\_\_\_



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## **Photo Release Form**

I give my permission for my child's photograph or video image to be taken while he/she is in the care of preschool personnel. Such images may be posted in classrooms, the preschool website, and other appropriate places within the preschool. By not signing this permission form, your child will be excluded from all photography, including professional individual portraits and class photos. Please let your child's teacher know if there should be no photos of your child. I understand that I may terminate this permission at any time in the future.

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Parent's Signature

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Child's Name

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Date

*Tuition Agreement for 2024-25 School Year  
Fruit Cove Baptist Weekday Preschool*

**Student:** \_\_\_\_\_  
**Enrolled in:** \_\_\_\_\_  
**Monthly tuition amount:** \$ \_\_\_\_\_

***Tuition Guidelines and Fees:***

All monthly tuition payments are due on the 1<sup>st</sup> of each month. In the event my tuition is not paid in full by the 5<sup>th</sup> 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 cashier's check or money order.

***Late Pickup Fees:***

Unless there is a valid emergency situation, I understand that I will be assessed 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 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**

Fruit Cove Baptist Weekday Preschool has my permission to perform screenings throughout the year to measure my child's developmental progress. Developmental evaluations are performed two times each school year. I understand that any problems or concerns will be reported to me as necessary.  
\*Our VPK program will participate with these two developmental evaluations as well as the state VPK assessments 1, 2 and 3.

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Parent's Signature

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Date



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## **Parking Safety Agreement**

I \_\_\_\_\_ agree to abide by the following parking/safety procedures at Fruit Cove Baptist Weekday Preschool.

- 1) The attached map of entrance and exit procedures will be followed at all times.
- 2) A speed limit of 15mph must be adhered to when on the preschool premises.
- 3) The use of cell phones is not permitted while driving in the parking lot.
- 4) No parking under any awnings.
- 5) No parking in handicap spaces unless authorized.

All policies are in place to provide a safe environment not just for your child/children, but for all preschoolers and parents. Thank you for your understanding and cooperation with this matter.

*Toni Gellerstedt*  
Weekday Director

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

\_\_\_\_\_  
Child's Name and Teacher





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## **Food for Special Occasions Agreement**

I understand that there will be occasions when special foods/snacks will be offered to my child over the course of the school year. I give my child,  
\_\_\_\_\_, permission to enjoy all special food items provided at these occasions.

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

\_\_\_\_\_  
Date

**Please note prepared food that is brought into the program to be share among the children, for special occasions, must be commercially prepared OR prepared in a kitchen that is inspected by local health officials.**

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## **Ice Pack in Lunches**

To be in compliance with DCF regulations, I will provide an Ice Pack in my child's lunch.

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

\_\_\_\_\_  
Date