

Orange Park Presbyterian Church Preschool

Program Choice Form

1905 Park Ave.

Orange Park, Fl. 32073

Fax # (904) 264-1535

E-mail – Julie@oppresby.com

Child's Name: _____
Last First Name child goes by

[] Male [] Female Age: _____ Date of Birth: _____
month/day/year

Home Address: _____
Street City State Zip code

Home Phone: _____ Cell Phone: _____

Email Address: _____

Mother's Name: _____ Father's Name: _____

Class Choice:

Sunshine – (born between 5/1/18 and 12/31/18) - [] 3 days MTW or [] 2 days TW

Bumblebee – (between 9/1/17 and 4/30/18) - [] 3 days MTW or [] 2 days TW

Rainbow – (born between 9/2/16 and 8/31/17) - [] 3 days MTW or [] 2 days TW

VPK Classes – (born between 9/1/16 and 2/2/15) - [] 5 days M-F

If the desired class marked is full do you want your child on the waiting list for the above chosen class?

[] Yes [] No

If your desired number of days for your child's age groups is full, but a space is available in the same age group for a different number of days, please check Yes/No if you would like us to enroll your child in the class with available days. (Example – the 3 day Rainbow class is full and there is space in the 2 day class we would enroll your child in the two day class and add their name to the 3 day class waiting list) [] Yes [] No

OPPC Preschool reserves the right to cancel or combine any class not meeting the minimum enrollment numbers. All fees will be refunded for canceled classes.

Date Registered _____ Registration Fee Paid \$ _____ Supply Fee Paid \$ _____ Check # _____

[] cash \$ _____



State of Florida Department of Children and Families

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: _____ Sex: ___ Date of Enrollment: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____ Zip Code _____

Primary Hours of Care: From 9:00am To 1:00pm

Days of the Week in Care: M T W Th F Sa Su

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack Sup Eve Snack

Family Information: Child Lives With: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ /Cell: _____ Work Phone: _____ /Cell: _____

Custody: Mother _____ Father _____ Both _____ Other _____

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: _____

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

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

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	Work#	Home#
Name	Address	Work#	Home#
Name	Address	Work#	Home#
Name	Address	Work#	Home#

Helpful Information About Child:

- 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" (CF/PI 175-24), **or**

Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).

- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, **or**

Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date