

Glad Tidings Church Preschool  
407-656-4140  
2009 Fullers Cross Road PO Box 189 Ocoee, FL 34761  
Florida League of Christian Schools #9049 DCF #C09OR0717

Registration Start Date \_\_\_/\_\_\_/\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex M/F

Full Name \_\_\_\_\_  
Last First Middle Nickname

Child's Physical Address \_\_\_\_\_

Father's Legal Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ (ID Purposes)

Home Physical and Mailing Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's Legal Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ (ID Purposes)

Home Physical and Mailing Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact (Other Than Parents)

Legal Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Person's Authorized to Pick Up Student (Photo ID Required)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Person's Not Permitted to Pick Up Student

\_\_\_\_\_

Helpful Information about the Child \_\_\_\_\_

\_\_\_\_\_

Section 65C-22.006(2), FAC., 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(3)(c)2., FAC., requires that parents are notified in writing of the disciplinary practices 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.

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

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



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Health Form

Student Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ M/F

Family Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Office Address \_\_\_\_\_

Family Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Group Insurance ID# \_\_\_\_\_

Billing Address \_\_\_\_\_

Past history of illness, injury, surgery, asthma, or other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Health concerns of note to preschool staff \_\_\_\_\_

List Known Allergies \_\_\_\_\_

Please list daily medications \_\_\_\_\_

Note: Glad Tidings Personnel is not permitted to administer medication to students.

The above information is accurate to the best of my knowledge and I hereby give my child permission to participate in the daily routines and activities at Glad Tidings.

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

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

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Authorization Form

I hereby certify that I am the legal parent/guardian of \_\_\_\_\_  
and give my permission for the following: (child's first and last name)

Please read and initial each section for permission

Alternate Nutrition Plan \_\_\_\_\_

I understand that it is the responsibility of the parent of full day students to provide a healthy lunch for their child every day with adequate drinks and utensils. Refrigeration and heating will not be permitted. Please use a thermos or cooler for these purposes.

Photo Release \_\_\_\_\_

I give permission for my child's photograph or video image to be taken while he/she is enrolled at the preschool. Such images may be posted in the classroom or other appropriate places within the building, used in presentations, or promotional materials. I understand I may terminate permission at any time with written permission.

Authorization for Medical Care \_\_\_\_\_

In order to meet all legal requirements, I hereby authorize the director of the school, 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 I cannot be immediately contacted, 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 guarantee payment of all charges incurred as the result of this medical treatment.

Authorization to Transport \_\_\_\_\_

In the event of an emergency that requires the school to vacate the premises and I and/or my contacts are unreachable, I hereby authorize the director, or the person in charge of the event of her absence, to transport my child to a safe environment until I can be reached.

Information:

Allergies to food, medication, etc (If none, so state) \_\_\_\_\_

Special medical problems (If none, so state) \_\_\_\_\_

Family Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Home Address \_\_\_\_\_

Insurance Company (In none, so state) \_\_\_\_\_ Group # \_\_\_\_\_

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

\_\_\_\_\_  
Date

State of Florida County of \_\_\_\_\_

Sworn to and subscribed before me in the aforementioned State and County this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, personally appeared \_\_\_\_\_ who is known personally 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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Behavior Policy

Student Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

We believe that discipline is for the purpose of correction and training and not punishment. *We do not believe in using the following means of discipline: corporal punishment, belittlement, removal of toileting privileges, removal of food privileges, and/or meaningless tasks.*

We believe that the purpose of discipline is two-fold:

1. To maintain a healthy environment.
2. As a means of building character in children.

Practical forms for our philosophy of discipline:

1. The child is taken aside and the behavior is discussed. He or she is told that change must take place for the well being of the group and also for the child's own happiness. (As age appropriate).
2. If the unacceptable behavior continues, the following steps may be taken:
  - A. A short quiet time will be utilized.
  - B. The child's parents will be notified.
3. If the behavior continues, the teacher will then consult with the director to determine further action. This may result in the child being sent home for the day or suspension.
4. When the child's behavior continues to be dangerous or disruptive to the other children of the school, the director may request that the parents have the child evaluated by a state licensed psychologist, behavior analyst, and or may request that the child be removed from the school.

Biting Consequences:

1. Biting with three and four year olds will not be tolerated. Parents will be called for immediate pick up.
2. It is a normal part of development for two year olds to explore with their mouths and unfortunately, they often bite.
  - A. One bite=Verbal warning and quiet time.
  - B. Two bites in one day=Parents called for immediate pick up.
  - C. Three bites in one week=Suspension (# of days to be determined by director)
  - D. If child continues biting behavior they will be dismissed from the preschool.

The director reserves the right to endorse immediate and permanent dismissal of any student due to negative actions that are harmful to the well being of those surrounding him/her.

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

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



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## Receipt of Handbook

I acknowledge that I have received the Glad Tidings Church Preschool Handbook and I will abide by its policies. The student registration forms are complete and accurate to my knowledge.

Child's Full Name \_\_\_\_\_  
Last First Middle Nickname

Parents Name \_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

Parents Name \_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

# Glad Tidings Church Preschool

## Registration Checklist

\_\_\_\_\_ All Forms Completed and Signed

\_\_\_\_\_ Authorization Form Notarized

\_\_\_\_\_ Official Current Physical (Yellow) and  
Shot (Blue) Records from Physicians Office

\_\_\_\_\_ Nap Items: Crib Sheet and Small

Receiving Blanket in Gallon Size Ziplock Bag

\_\_\_\_\_ Spare Set of Clothing (remember socks)

\_\_\_\_\_ Registration Fee

## Glad Tidings Church Preschool

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FLOCS#9049 DCF#C09OR0717

# 2009-2010 Rates Monday-Friday 7:00 a.m.-6:00 p.m.

Registration Fee \$125

K-1 \$130 Weekly

K-2 \$110 Weekly

K-3 \$105 Weekly

K-3 \$60 8:30-11:30 Mon-Fri

K-2/K-3 \$25/Day Predetermined Full Days

VPK Wrap Around \$80 Weekly

Daily Rate when VPK is not in session \$25

Annual Re-enrollment \$50

Students who only attend VPK are exempt from the above fees.

\*\*\*\*Our Tell-A-Friend promotion is a great way to earn FREE tuition. Refer a family to our center and after they pay their first three weeks of tuition, you will receive a FREE week!