



@Lakeview Baptist Church

2599 N Swinton Ave, Delray Beach FL 33444

**2022 APPLICATION FOR FOURS' PROGRAM**

(Must be FOUR years old on or before September 1, 2022)

**CHILD INFORMATION**

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

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

Home phone \_\_\_\_\_ cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

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

Home phone \_\_\_\_\_ cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Parent/Guardian Marital Status: \_\_\_\_\_ Primary Residence: \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

Name of Church attended by parents \_\_\_\_\_

Is your child or their sibling an alumni/student at First UMC Preschool/ The P.L.A.Y. School which qualifies them for an alumni discount of \$10/month for enrichment class? \_\_\_\_\_ sibling name: \_\_\_\_\_

Are there any concerns that pertain to your child that may need accommodations or intervention?

- speech and language \_\_\_\_\_
- sensory \_\_\_\_\_
- learning \_\_\_\_\_
- physical \_\_\_\_\_
- emotional or psychological \_\_\_\_\_
- 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: \_\_\_\_\_

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

Preference: \_\_\_\_\_

Please list allergies, special medical or dietary needs, or other information we should know about your child:

\_\_\_\_\_

**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 # \_\_\_\_\_

**TUITION SCHEDULE:** I am enrolling my child for the following program (**choose one or both options**):

- Mon/Wed/ Fri VPK Class, 8:30 AM – 1:40 PM- paid by the State of Florida VPK voucher
- Tues/ Thu Enrichment Class, 8:30AM – 1:30 PM \$295/month
- M/W/F Private Pay student - \$300/month

**CONSENT**

- Unless I provide written documentation declining participation in specific, individual activities, I give permission for my child to take part in all school activities and in-house field trips.
- Florida State Child Care licensing requires all students to have a current physical examination (Form 3040) and immunization record/ religious exemption form (Form 680 or 681) within 30 days of enrollment. I agree to supply the required medical documentation prior to the start of school.
- I agree to provide an AM snack and a healthy lunch for my child each school day.
- I agree to make a one-time, annual, tax-deductible supply and activity donation of \$250.00 to The P.L.A.Y. school. Donations of requested cleaning and school supplies equal to the same amount can be given in lieu of the \$250.
- I agree to read the parent handbook, containing materials and policies required for Child Care licensing, and to comply with the policies included therein.

FOR TUE/THURSDAY ENRICHMENT CLASS ONLY:

- I agree to pay a non-refundable annual \$50 registration fee in order to reserve my child's spot at the time of registration.
- I agree to pay a monthly tuition fee, from September until May, to be paid by the 5th of each month. I understand there is no allowance made for absences or holidays. There is a late fee of \$5.00 on tuition received after the 6th of each month. I understand that I must provide a two weeks written notice of withdrawal from the program. If there is an outstanding balance when my child is withdrawn or completes the year, I will be required to bring my account current.

FOR M/W/F/VPK CLASS:

- I agree to receive VPK care Monday, Wednesday, Friday from 8:30 AM – 1:40 PM, for a total of 540 hours for the school year, paid by my State of Florida VPK Voucher, and to ensuring that my child regularly and consistently attends school. I understand that the Florida VPK voucher program requires that my child attend school a minimum of 80% of the 540 hours in order for the P.L.A.Y School to be reimbursed for the full voucher amount.

The P.L.A.Y. School is a 501(c)(3) nonprofit organization.

If you own or are affiliated with a business or organization and would like to bid on or donate services, make a corporate monetary donation, be involved with our Board of Directors or provide grant funding to The P.L.A.Y School, please provide the following information:

Name of business/organization: \_\_\_\_\_ Contact information: \_\_\_\_\_

Type of assistance: \_\_\_\_\_

The P.L.A.Y. School does not discriminate based on disability in the enrollment in or access to our services.

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

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

ADMINISTRATIVE: Supply donation given \_\_\_\_\_ Tue/Thur registration paid \_\_\_\_\_

The P.L.A.Y. School, Inc.  
2599 N. Swinton Ave.  
Delray Beach, FL 33444  
Child Care license # 50-51-2094450