



@Lake View Baptist Church, 2599 N. Swinton Ave., Delray Beach FL 33444

2022 APPLICATION FOR THREES' PROGRAM

(Must be three years old and toilet-trained 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 The P.L.A.Y School / First UMC Preschool, which qualifies them for an alumni discount of \$10/month? _____ 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**):

- Tues/ Thu Class, 8:30 – 12:30 \$300/ month
(MWF class option is contingent on space determined by VPK enrollment)

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.
- I agree to pay a non-refundable annual \$150 registration fee in order to reserve my child's spot at the time of registration.
- I agree to pay a one-time, annual supply and activity fee of \$150.00 payable on the FIRST day of school.

- I agree to pay a monthly tuition fee, from August 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 5th. 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.
- I agree to provide an AM snack and a healthy lunch for my child each school day
- I agree to read the parent handbook, containing materials and policies required for Child Care licensing, and comply with the policies included therein.
- Florida State Child Care licensing requires all students to have a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment. I agree to supply the required medical documentation prior to the start of school.

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.

Date _____

Parent's Signature _____

Registration Paid _____ Supply Fee Paid _____

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

• 561-506-9408 • anastasiachandler@gmail.com •