



## **Registration Packet**

**7651 Johnson Street**

**Hollywood, FL 33024**

**School: (954) 983-3516**

**Facebook: Epworth United Methodist Preschool**

**[epworthpreschoolfl.com](http://epworthpreschoolfl.com)**

**Please return this packet to the school office upon completion.**

**Epworth United Methodist Preschool**

7651 Johnson Street, Hollywood, FL 33024

(954) 983-3516 Preschool

**EMERGENCY MEDICAL CONSENT FORM 2024-2025**

To whom it may concern,

I, \_\_\_\_\_, hereby give my consent to Joe DiMaggio Children's  
Hospital

**Parent/Guardian**

**Preferred Hospital**

or the closest hospital to administer necessary medical treatment to my child,

\_\_\_\_\_  
**Name of Child**

in the event of an emergency at which time I cannot be reached. I give consent to transportation by ambulance if the situation warrants such.

**Name of Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Allergies of Child** \_\_\_\_\_

**Date of last DPT or Tetanus Shot** \_\_\_\_\_

**Insurance Company Covering Child** \_\_\_\_\_

**Policy Number** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

The following is to be completed by a licensed notary in the state of Florida.

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

\_\_\_\_\_  
NOTARY

PUBLIC STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES: \_\_\_\_\_

**MEDICAL RECORDS**

Upon registering my child, \_\_\_\_\_, I understand I need to have complete Medical Records.

Medical records needed for my child are:

\*\*Physical (statement of Good Health, free of communicable disease) Form 3040

\*\*Shots-current up to date shot records-form 680 with EXPIRATION DATE filled in or notification from the doctor in writing stating child is not physically able to receive shots at the present time

I understand that my child will not be able to attend Epworth United Methodist Preschool until all medical records are completed and submitted, prior to their start date. In addition, medical records must be maintained up to date. If your child's medical records expire, your child will not be able to attend school until the medical records are updated and submitted. The office staff will notify you when your child needs updated medical forms.

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

Please note, Epworth United Methodist Preschool does accept children who are not fully vaccinated due to medical reasons or religious beliefs with an exemption form from the Health Department or Doctor's office.

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

**Epworth United Methodist Preschool**

7651 Johnson Street, Hollywood, FL 33024

(954) 983-3516 Preschool

**Medication Administration Guidelines**

No medication shall be given by Epworth United Methodist Preschool Staff without the signed permission of the parent or legal guardian. All medication must be in the original container with the child’s name, name of the physician, medication name, and medication directions written on the label.

Non-prescription medication brought in by the parent or legal guardian can only be dispensed if there is a written and signed authorization form from the parent or legal guardian to do so.

Medication which has expired or is no longer being administered shall be returned to the parent or legal guardian.

The Authorization for Prescription and Non-prescription Medication Form is located in the school office. Medication must be kept in the office. Please DO NOT leave medicine in your child’s lunchbox or backpack.

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

**Emergency Care Plan for Medical Concerns, including Allergies**

If your child has any medical conditions, including but not limited to, chronic illnesses or allergies (needing an Epi-Pen) requiring medical interventions, please be advised that **you are required to provide** Epworth United Methodist Preschool, **with a written Emergency Care Plan.**

This Emergency Care Plan can be written by the parent/legal guardian or your child’s physician. It must include: diagnosis, describe symptoms/indications when medical intervention is needed, explain the proper steps to care for your child if a medical emergency should arise relating to your child’s medical condition or allergies and signature of parent/legal guardian and/or physician completing the Emergency Care Plan.

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

**Epworth United Methodist Preschool**

7651 Johnson Street, Hollywood, FL 33024

(954) 983-3516 Preschool

**Emergency Preparedness Plan and Procedures**

The emergency preparedness plans and procedures are located in the Epworth United Methodist Preschool handbook. In the event of an evacuation of the facility, Epworth United Methodist Preschool staff and students will evacuate to Fletcher Park, 7900 Johnson St., Pembroke Pines, FL 33024. Epworth United Methodist Preschool uses an app called "Remind." Remind is a free text messaging app that allows us to communicate quickly and efficiently. In case of an emergency warranting evacuation, Epworth United Methodist Preschool will send information regarding the emergency and reunification procedures with your child through the Remind App. Please text @7b42ad to the number 81010. Then follow the instructions to download the app. I understand that it is my responsibility to have the Remind App. I acknowledge that I have read and understand Epworth United Methodist Preschool's emergency preparedness plans and procedures.

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

**Responsibility for Reporting Child Abuse and Neglect**

Epworth United Methodist Preschool shall protect children from abuse and neglect while in the program's care and custody. All staff members are mandated reporters of any suspected incidents of child abuse and neglect. All staff members will document objectively any suspicions of abuse or neglect. Staff will report concerns to the Director. The Director and reporting staff will objectively discuss concerns relating to observable criteria. If deemed necessary, the Director will place the call to the Department of Children and Families to report any concerns or findings.

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

**Incident Reporting Policy and Procedures**

The Incident Reporting Policy and Procedures is located in the Epworth United Methodist Preschool handbook. I acknowledge that I have read and understand Epworth United Methodist Preschool's Incident Reporting Policy and Procedures.

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

**Epworth United Methodist Preschool**

7651 Johnson Street, Hollywood, FL 33024

(954) 983-3516 Preschool

**Epworth United Methodist Preschool Child Discipline/Expulsion Policy**

At Epworth United Methodist Preschool, our goal is to teach our students self-discipline. There are several ways we strive for this goal. Our daily routines include many opportunities for the students to be challenged. When a student satisfactorily attempts and/or completes a task skill or masters a skill, he/she will be praised. Positive reinforcement instills in children a sense of accomplishment and motivates them to try new things. All efforts should be acknowledged, praised, and encouraged. Students should be learning self-motivation to succeed.

Some children respond well to redirection. Teachers should monitor behavior and intervene when trouble arises. Before a conflict escalates, teachers should interject themselves into the situation and suggest an alternate activity or environment for the troubled child. When redirection fails, the teacher should suggest ways for the child to deal with the problem or ways the child can choose to behave in the current situation.

Sometimes even the most well-meaning positive guidance techniques fail to produce acceptable results. In these circumstances, a child may be sent to a “Thinking Chair” for 1 minute per year of age. After the time has ended, the child will be reminded of the infraction and encouraged to behave better in the future. Should a child’s behavior turn aggressive or non-responsive to our methods, the parents will be contacted for a conference to discuss the problem. The director may declare a child ineligible to continue in the school if he/she requires specialized care beyond the capabilities of the school. If the child does not respond to continual efforts to modify or improve behavior that repeatedly threatens the health or safety of other children or staff, obstructs regular activities or programs, or places the child beyond the control of the staff, the school reserves the right to disenroll the child at any time at the school’s discretion.

In addition, to the above information, if there are excessive late pick-ups, excessive tardiness, or lack of payment for childcare, the school reserves the right to disenroll the child at any time.

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

**Epworth United Methodist Preschool**

7651 Johnson Street, Hollywood, FL 33024

(954) 983-3516 Preschool

**About My Child**

Name and age of siblings \_\_\_\_\_

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

Is your child toilet trained? \_\_\_\_\_

Please list any additional information about your child that you think would be helpful to our teachers. (playing, eating, sleeping, fears, likes, dislikes) \_\_\_\_\_

\_\_\_\_\_

Do you have any concerns about your child? \_\_\_\_\_

\_\_\_\_\_

Has your child ever been enrolled in another school? \_\_\_\_\_

If yes, where? \_\_\_\_\_ Reason for leaving the previous school \_\_\_\_\_

\_\_\_\_\_

**Access to Child's Record**

I give my consent to all Epworth United Methodist Preschool staff to have access to my child's records at any given time. (Statue for Consent 7.3D)

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

**Epworth United Methodist Preschool**

7651 Johnson Street, Hollywood, FL 33024

(954) 983-3516 Preschool

**Nutrition Policy**

In accordance with the Broward County Child Care Ordinance, parents and the child care facility are urged to work cooperatively to assure that children are provided with nutritious snacks and meals where lunches are not provided by the facility.

Please read the following carefully and sign and return as soon as possible to Epworth United Methodist Preschool.

	<b>Breakfast</b>	<b>Mid-Morning Snack</b>	<b>Lunch</b>	<b>Mid-Afternoon Snack</b>
<b>Epworth Preschool</b>		<b>X</b>		<b>X</b>
<b>Parent/Guardian</b>	<b>X</b>		<b>X</b>	

*X indicates who provides the snacks/meals.*

Please note the following:

1. Epworth United Methodist staff cannot change the temperature of food. (We cannot warm up food.)
2. We are a peanut free school. No peanuts or peanut products please.
3. All items for classroom events must be store bought.
4. I agree if my child has a food allergy, I will provide a snack/meal replacement for my child.

Any food allergies or restrictions, please indicate here:

\_\_\_\_\_

I have read the above and agree to meet the child’s nutritional needs as defined above.

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

**Diaper Cream and Sunscreen Application**

I agree to provide, diaper cream and sunscreen, when necessary for my child. I agree to allow Epworth United Methodist Preschool Staff to apply diaper cream or sunscreen when necessary.

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

**Epworth United Methodist Preschool**

7651 Johnson Street, Hollywood, FL 33024

(954) 983-3516 Preschool

**Permission for Food-Related Activities & Special Occasion Food Consumption**

I, \_\_\_\_\_, give permission for my child,  
\_\_\_\_\_, to participate in any food related activities, which include food consumption such as: class parties, birthdays, and learning activities related to food. This also includes, but not limited to school wide celebrations, such as: Snow cones, Breakfast with Santa, and Dr. Seuss Day.

Please list any food allergies: \_\_\_\_\_

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

**Field Trip Form**

I give permission for my child to participate in any scheduled Epworth United Methodist Preschool field trip(s) or off-campus activities. I understand that every precaution for my child's safety will be taken, and I will not hold Epworth United Methodist Preschool responsible in case of an accident. Such field trips include, but are not limited to: Fire Truck Visit, School Bus, Fall Festival, Turkey Trot, Trike-A-Thon, Train Ride, Western Day, Fun Day, Red Buggy Rides.

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

**Physical Activity Participation Policy**

Indoor and outdoor physical activity requirements for preschool aged children 1 year of age and up to enrollment in Kindergarten shall include a minimum of 40 minutes of combined indoor and outdoor physical activity for every 3.5 hours of care, excluding quiet time or nap times. Some examples of physical activities that your child will be participating in while at Epworth United Methodist Preschool during outside playground time, are swings, hula hoops, basketball, hopscotch, scooters, tricycles, kickball, relay races, rock climbing wall, lily pad climbers, sandbox, water tables, and writing activities with outside chalk. Indoor activities include freeze dance, musical chairs, bowling, creative and dramatic play, block building, and science manipulative play. Please dress your child in comfortable clothing that allows them to move and play comfortably. Please make sure your child wears sneakers or closed toe shoes.

I have read and understand the Physical Activity Participation Policy for Epworth United Methodist Preschool.

Child's Name: \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_



# Epworth United Methodist Preschool

7651 Johnson Street, Hollywood, FL 33024

(954) 983-3516 Preschool

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

## Part One Student File



### SWIM Central Water Safety Education Questionnaire

**Parents:** *Do you know that drowning is the leading cause of death among children?  
Complete this form to receive information to protect your child from drowning.*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Email (optional) \_\_\_\_\_

*Your information is for the use of the Broward County Swim Central Program.*

1. How would you rate your own swimming ability?

- Unable to swim
- Can swim a little, but NOT comfortable in deep water
- Able to swim for an extended period of time in deep water

2. Has your child ever received formal swimming lessons?

- Yes
- No, check all the reasons below that apply:
  - Do not know how to find information about swim lessons
  - Transportation problems
  - Swim lessons are not important
  - Lessons are too expensive
  - Schedule of lessons not convenient
  - We are too busy
  - Equipment such as swim suit, towel, goggles too expensive

3. Do you or a family member know how to perform CPR with rescue breaths?

- Yes
- No

4. Has your child's doctor talked to you about drowning prevention and water safety?

- Yes
- No

5. Would you redeem a \$40 coupon to apply to the cost of swim lessons for your child?

- Yes, visit [Water SMART Broward Swim Instruction](#) for details.
- No

#### **PART ONE FOR OFFICE USE ONLY:**

Broward Ordinance 2004, Section 7-8 requires parents/guardians to complete SWIM Central questionnaire and for Child Care Facilities to mail or fax a copy to SWIM Central. Also required is a copy of this form to be placed in each child's file to be monitored by the staff of the local licensing agency.

Facility Name: \_\_\_\_\_ Facility License #: \_\_\_\_\_

Documentation of the original form via fax or mail is required, indicate below:

Date form faxed: \_\_\_\_\_ or, date mailed: \_\_\_\_\_

Fax: 954.357.8077  
SWIM Central  
3700 NW 11<sup>th</sup> Place  
Lauderhill, FL 33311

Form and educational handout for parent distribution can be downloaded: [Water SMART Broward](#)

Form Revised April 2016

**Epworth United Methodist Preschool**

7651 Johnson Street, Hollywood, FL 33024

(954) 983-3516 Preschool

**“Know Your Child Care Center” and “The Flu, a Guide for Parents”**

The Department of Children and Families requires all child care centers to provide information on state requirements for child care centers and health tips for avoiding the flu. These pamphlets are always available in the preschool office for your use.

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*

Name: \_\_\_\_\_

Child’s Name: \_\_\_\_\_

Date Received: 08 /     /    

Signature: \_\_\_\_\_

*Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.*

This brochure provides helpful information about child care centers to parents, physicians, health

Your signature below indicates that you have received a copy of the Child Care Facility Brochure “Know Your Child Care Facility” and “The Flu, A Guide for Parents.”

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

care professionals, teachers, social workers, and others working with children. It summarizes the activities which should be available in a good child care program, the minimum standards used to license child care centers, the qualities of a good child caregiver, and the parent’s role in working with the child care center.

**CHILD CARE FACILITY**

**BROCHURE STATEMENT**  
**(Chapter 402.3125, F.S.)**

On, \_\_\_ / \_\_\_ / \_\_\_\_\_,

I,

\_\_\_\_\_  
(Name of Parent or Legal Guardian)

received a copy of the Child Care Facility Brochure.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Name of Child)

**Epworth United Methodist Preschool**

7651 Johnson Street, Hollywood, FL 33024

(954) 983-3516 Preschool

**“Biting Hurts”**

“Biting is quite common among young children. It happens for different reasons with different children and under different circumstances.” Please read the article entitled, “Biting Hurts” in the Epworth United Methodist Preschool Handbook.

Excessive bite reports will result in suspension or termination from our program.

I understand the policy regarding excessive biting. I have received and read “Biting Hurts.”

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

**Tuition Payments K2 & K3 Half Day**

K2 and K3 Classes Monday – Friday 8:30 a.m. – 12:00 p.m.

I understand that my child’s monthly tuition of \$350.00 is due the FIRST OF EACH MONTH. I understand that there will be no reduction, refunds, or credits made on the weekly tuition for absences, illnesses, vacations, emergencies/weather related emergencies, holiday closings or dismissal from school. All balances must be paid in full before withdrawing your child. There is a \$10.00 late fee for payments NOT received by the 5th of the Month.

The total tuition for the school year is \$3,500.00 payable in ten monthly installments of \$350.00. Payments begin in August and end after the payment for May. I understand and accept responsibility for the total yearly tuition of \$3,500.00 for my child.

A student with two months tuition in the arrears will not be accepted in school until the tuition is current.

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

**Weekly Tuition Payments Full Day**

K2 and K3 Classes Monday – Friday, care available 7:00 a.m. – 6:00 p.m.

I understand that my child’s weekly tuition of \$175.00 is due on MONDAYS OF EACH WEEK. I understand that there will be no reduction, refunds, or credits made on the weekly tuition for absences, illnesses, vacations, emergencies/weather related emergencies, holiday closings or dismissal from school. All balances must be paid in full before withdrawing your child. There is a \$10.00 late fee for payments NOT received by Wednesdays.

The total tuition for the school year is \$6,650.00 payable in 38 weekly installments of \$175.00. Payments begin in August and end in June. I understand and accept responsibility for the yearly tuition of \$6,650.00 for my child.

A student with two weeks tuition in the arrears will not be accepted in school until the tuition is current.

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

**Epworth United Methodist Preschool**

7651 Johnson Street, Hollywood, FL 33024

(954) 983-3516 Preschool

**VPK Weekly Wrap-Around Care Tuition**

I understand that my child’s VPK hours are 8:30 a.m. - 12:00 p.m. I understand there is a weekly tuition of \$125.00 for the additional hours of 7:00 a.m. – 8:30 a.m. and 12:00 p.m. – 6:00 p.m. I understand that my child’s VPK weekly wrap-around care tuition of \$125.00 is due on MONDAYS OF EACH WEEK. I understand that there will be no reduction, refunds, or credits made on the weekly tuition for absences, illnesses, vacations, emergencies/weather related emergencies, holiday closings or dismissal from school. All balances must be paid in full before withdrawing your child. There is a \$10.00 late fee for payments NOT received by Wednesdays.

The total tuition for the school year is \$4,750.00 payable in 38 weekly installments of \$125.00. Payments begin in August and end in June. I understand and accept responsibility for the yearly tuition of \$4,750.00 for my child.

A student with two weeks tuition in the arrears will not be accepted in school until the tuition is current.

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

**Summer Camp**

Summer camp is available beginning the Monday after the last day of the academic school year until the week before school starts. Please check with the office for exact dates as these may vary. I understand there is a \$50.00 registration fee for both FULL DAY or HALF DAY summer camp. I understand that FULL DAY summer camp hours are 7:00 a.m. – 6:00 p.m. for a tuition fee of \$175.00 a week. I understand that HALF DAY summer camp hours are 8:30 a.m. – 12:00 p.m. for a tuition fee of \$85.00 a week. I understand that tuition is due on MONDAYS OF EACH WEEK. I understand that I am only responsible to pay tuition for the weeks that my child attends. I understand that there are NO DAILY RATES.

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

**Epworth United Methodist Preschool**

7651 Johnson Street, Hollywood, FL 33024

(954) 983-3516 Preschool

**Other Fees**

\*Registration Fee for K2 and K3 only: \$150.00

\*Activity Fee for All Students: \$100.00 (This covers all activities and on-site field trips for the school year.) *This fee is optional for VPK students, if you would like them to participate in all activities and on-site field trips throughout the school year, please pay the \$100.00 activity fee.*

\*Late Pick-Up Fee Full Day: Our center closes promptly at 6:00 p.m. There is a fee of \$1.00 per minute if you pick your child up after 6:00 p.m. Please note that excessive late pick-ups may result in expulsion from our center.

\*Late Pick-Up Fee Half Day: There will be a fee of \$1.00 per minute if you pick up your child after 12:10 p.m. Please note that excessive late pick-ups may result in expulsion from our center.

\*Non-Sufficient Fund Fee: \$25.00, if funds are not available, the tuition fee and non-sufficient fund fee must be paid in cash for the total amount due at that time. Please note that failure to promptly provide tuition may result in expulsion from our center.

*All payments are accepted in cash, check, or money order. Please use the payment envelope provided to you and place payments in your child's backpack. Receipts will be returned in the envelope as well. Payments may also be given directly to staff.*

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

**Epworth United Methodist Preschool**

7651 Johnson Street, Hollywood, FL 33024

(954) 983-3516 Preschool

**Tardiness, Absences, and Illness Policies**

I understand that program times have been put in place. Children must arrive at school by 8:30 a.m., especially VPK learners. Your child misses valuable instructional time and classroom experience when he/she misses class. Excessive tardiness can result in dismissal from school and/or disenrollment.

VPK students are only allowed 3 absences per month. More than 3 absences a month, we require a doctor’s note to return to the preschool.

I understand that if my child is showing signs of illness, I must have set arrangements for a quick pick-up from school. I agree NOT to bring my child to school if he/she is showing any signs of illness. I agree to keep my child out of school for a minimum of 24 hours after signs of illness. Please provide a doctor’s note authorizing your child is free of illness, if they are absent 3 or more consecutive days. Please note, your child must be free of fever, vomiting, and diarrhea for 24 hours before returning to school.

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

**VPK Parents/Guardians**

VPK requires a parent/guardian to print their full name and full signature (first and last name) on a “Long Form” on the first day of the entering month. This is for attendance data and will be in your child’s classroom for you to sign during the appropriate days.

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

**Photo Release**

I, \_\_\_\_\_, give my permission to Epworth United Methodist Preschool to take photos of my child, \_\_\_\_\_, for use in school projects, displays, slide-shows, and school websites.

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

**Epworth United Methodist Preschool**

7651 Johnson Street, Hollywood, FL 33024

(954) 983-3516 Preschool

**Riyla Wilson Act**

Pursuant to s. 39.604, Florida Statutes, a child from birth to the age of school entry, who is under court-ordered protective supervision or in out-of-home care and is enrolled in an early education or child care program must attend the program 5 days a week unless the court grants an exemption. A child enrolled in an early education or child care program who meets the requirements of this act may not be withdrawn from the program without prior written approval of the Department or community-based care lead agency. If a child covered by this act is absent, the program shall report any unexcused absence or seven excused absences to the Department or the community-based care lead agency by the end of the business day following the unexcused absence or seventh consecutive excused absence.

The Riyla Wilson Act Flyer is attached in the Epworth United Methodist Preschool Handbook.

I have read, understand, and received a copy of the **Riyla Wilson Act** Flyer.

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

**Distracted Adult**

HB 1079 amended s.402.305(9), F.S. requiring operators of child care facilities and homes to provide parents/guardians with information pertaining to the dangers of leaving a child in a vehicle, including tips for prevention.

The Distracted Adult Flyer is attached in the Epworth United Methodist Preschool Handbook.

I have read, understand, and received a copy of the **Distracted Adult** Flyer.

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

**Epworth United Methodist Preschool**

7651 Johnson Street, Hollywood, FL 33024

(954) 983-3516 Preschool

**Epworth United Methodist Preschool Handbook Acknowledgement**

I have read, understand, and agree to the policies that Epworth United Methodist Preschool has put in place in the Parent Handbook. I agree to follow these rules, policies, and procedures. I understand that failure to abide by Epworth United Methodist Preschool's policies and procedures may result in my child's enrollment termination. Disregard of the policies can include, but are not limited to: ignoring state licensing rules and regulations; not keeping your account current; not following our sick child policy, etc.

Above all, Epworth United Methodist Preschool reserves the right to maintain a safe, loving, and nurturing environment for the children. Our goal is to build a relationship between home and school, in order to foster the importance of family involvement throughout your child's educational journey.

Parent/Guardian Print Name \_\_\_\_\_ Date \_\_\_\_\_

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

Child's Name \_\_\_\_\_ Enrollment Date \_\_\_\_\_

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



**EPWORTH UNITED METHODIST PRESCHOOL 2024-2025 SCHOOL YEAR**

Board of County Commission Broward County Florida  
HUMAN SERVICES DEPARTMENT/CHILDCARE LICENSING & ENFORCEMENT SERVICE  
CHILD ENROLLMENT INFORMATION

Class K2 \_\_\_\_ K3 \_\_\_\_ VPK \_\_\_\_  
Half Day 8:30 a.m. – 12:00 p.m. \_\_\_\_  
Full Day 7:00 a.m. – 6:00 p.m. \_\_\_\_  
Teacher \_\_\_\_  
Date of Enrollment \_\_\_\_

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ SEX \_\_\_\_\_  
KNOWN ALLERGIES/MEDICAL CONDITIONS \_\_\_\_\_

NAME	HOME ADDRESS	CELL PHONE
MOTHER _____	_____	_____
FATHER _____	_____	_____
GUARDIAN _____	_____	_____

PLACE OF EMPLOYMENT	BUSINESS ADDRESS	PHONE
MOTHER _____	_____	_____
FATHER _____	_____	_____
GUARDIAN _____	_____	_____

CHILD'S PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS OF PHYSICIAN \_\_\_\_\_

May the center call another physician if unable to contact above? \_\_\_\_\_

**OTHER PERSONS TO BE NOTIFIED IN CASE OF ILLNESS OR ACCIDENT:**

NAME _____	ADDRESS _____	PHONE _____
NAME _____	ADDRESS _____	PHONE _____

PERSONS PERMITTED TO REMOVE CHILD: MOTHER YES \_\_\_\_ NO \_\_\_\_ FATHER YES \_\_\_\_ NO \_\_\_\_

NAME _____	ADDRESS _____	RELATIONSHIP _____
------------	---------------	--------------------

NAME _____	ADDRESS _____	RELATIONSHIP _____
------------	---------------	--------------------

X \_\_\_\_\_  
SIGNATURE OF PERSON ENROLLING CHILD

\*PHOTO ID REQUIRED FOR PERSONS OTHER THAN PARENT/GUARDIAN PICKING UP CHILD    PASSWORD \_\_\_\_\_ INITIALS \_\_\_\_\_

**EPWORTH UNITED METHODIST PRESCHOOL 2024 SUMMER CAMP**

Board of County Commission Broward County Florida  
HUMAN SERVICES DEPARTMENT/CHILDCARE LICENSING & ENFORCEMENT SERVICE  
CHILD ENROLLMENT INFORMATION

Class K2 \_\_\_\_\_ K3 \_\_\_\_\_ VPK \_\_\_\_\_  
Half Day 8:30 a.m. – 12:00 p.m. \_\_\_\_\_  
Full Day 7:00 a.m. – 6:00 p.m. \_\_\_\_\_  
Teacher \_\_\_\_\_  
Date of Enrollment \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ SEX \_\_\_\_\_  
KNOWN ALLERGIES/MEDICAL CONDITIONS \_\_\_\_\_

NAME	HOME ADDRESS	CELL PHONE
MOTHER _____	_____	_____
FATHER _____	_____	_____
GUARDIAN _____	_____	_____

PLACE OF EMPLOYMENT	BUSINESS ADDRESS	PHONE
MOTHER _____	_____	_____
FATHER _____	_____	_____
GUARDIAN _____	_____	_____

CHILD'S PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS OF PHYSICIAN \_\_\_\_\_

May the center call another physician if unable to contact above? \_\_\_\_\_

**OTHER PERSONS TO BE NOTIFIED IN CASE OF ILLNESS OR ACCIDENT:**

NAME _____	ADDRESS _____	PHONE _____
NAME _____	ADDRESS _____	PHONE _____

PERSONS PERMITTED TO REMOVE CHILD: MOTHER YES \_\_\_\_\_ NO \_\_\_\_\_ FATHER YES \_\_\_\_\_ NO \_\_\_\_\_

NAME _____	ADDRESS _____	RELATIONSHIP _____
NAME _____	ADDRESS _____	RELATIONSHIP _____

X \_\_\_\_\_  
SIGNATURE OF PERSON ENROLLING CHILD

\*PHOTO ID REQUIRED FOR PERSONS OTHER THAN PARENT/GUARDIAN PICKING UP CHILD    PASSWORD \_\_\_\_\_ INITIALS \_\_\_\_\_