



The Growing Place School

First United Methodist Church of Coral Gables

The Growing Place School Elementary Program

Application Form 2023-2024 school year

Open Hearts-Open Minds-Open Doors
536 Coral Way Coral Gables, FL 33134
Phone: 305-446-0846 • Fax: 305-446-6339

Corina Dekker-Head of School • Email: cdekker@firstcoralgables.org

License#: C11MD0470

References herein to "First UMC" shall mean First United Methodist Church of Gables and "TGPS" shall mean The Growing Place School, operated by First UMC.

ARE YOU INTERESTED IN RECEIVING INFORMATION ABOUT OUR FAMILY PROGRAMS AT FIRST UMC?

Please circle one: Yes No

OTHER THAN PARENTS, WHO IS AUTHORIZED TO PICK UP YOUR CHILD?

(Please fill in all information)

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

I give permission for my child to be included in classroom and school-wide activity photos, and videos taken by First UMC and/or TGPS staff or parents during the school day. I understand that these will be used only for classroom or hallway display, in the school yearbook, brochures and/or on our social media sites.

Please circle one: Yes No

FLORIDA DEPARTMENT OF FAMILIES (DCF) REQUIREMENTS

- 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 185-24).
- www.myflfamilies.com/childcare CF/PI 175-70, June 2009- Influenza Form and CF/PI 175-12, May 2019 - Distracted Adult Form
- Section 65C-22.006(3) (c) 2., F.A.C., requires that parents are notified in writing of the disciplinary and expulsion practices used by the childcare facility.

SIGNATURE BELOW INDICATES THAT YOU HAVE RECEIVED THE ABOVE ITEMS AND THAT THE INFORMATION ON THIS ENROLLMENT FORM IS COMPLETE AND ACCURATE.

Name: _____

Signature: _____ Date: _____

EMERGENCY MEDICAL RELEASE FORM

I hereby grant permission for First UMC-The Growing Place Staff and/or the First UMC of Coral Gables staff, to take any steps necessary to obtain emergency medical care if warranted for my child. These steps may include, but are not limited to the following:

1. Calling 911 (if the child needs to be transported to the hospital, a staff member will accompany the child)
2. Contact parents or guardians.
3. Contact parents or guardians through any of the persons listed on this emergency medical form.
4. Contact child’s physician listed below.

Any expenses incurred for emergency medical care will be borne by the child’s family.

The school will not be responsible for anything that may happen because of false, incorrect, or incomplete medical or personal information provided to the school.

PERSONS TO CONTACT IN THE EVENT THAT WE CANNOT REACH YOU

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

KNOWN ALLERGIES OR HEALTH NEEDS

PHYSICIAN(S) TO CONTACT IN THE EVENT OF AN EMERGENCY

Name: _____ Phone: _____

To Whom It May Concern:

I hereby give my consent to a local hospital to administer treatment to my child, _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if the situation warrants.

Parent Signature: _____ Date: _____

*State of Florida
County of Miami Dade*

The foregoing instrument was acknowledged before me by means of

physical presence or *online notarization, this _____ day of _____ 20__*

by _____, who is personally known to me or who has produced

I.D. _____

Notary Signature: _____

REGISTRATION POLICIES AND PROCEDURES

REGISTRATION REQUIREMENTS

(Requirements are to be met in full before the start of the school year)

1. Turn in completed registration forms during the applicable registration period to the school office between 7:30 a.m.- 4:00 p.m. Monday-Friday.
2. Upon receipt of acceptance, the registration forms need to be accompanied by the registration fee and first tuition payment. Please note that the registration fee and tuition payments are **NON-REFUNDABLE** and **NON-TRANSFERABLE**. This payment will secure your child's placement.
3. The registration forms also need to include the completed tuition express form.
4. A copy of your child's Birth Certificate or Passport **MUST** be included as well, to verify date of birth, if there is not one already on file.
5. **Health and Immunization** forms are due by August 1st for all children. Current families will receive a notice if updated forms are needed. Children WILL NOT be admitted to class without valid forms.
6. Registration Paperwork and Fees will be accepted, only if there is space available.
7. If age levels are at capacity, we will begin a waiting list. There is no charge to be placed on the waiting list.
8. Capital Improvement, Secure Facility, and Material Fees are due by August 1st, 2023.
9. Parent Teacher Group (PTG) Activity Fee is due by August 1st, 2023.
10. **Second tuition payment is due by August 1st, 2023.**
11. **For your convenience, annual tuition can be paid in ten installments, with the first installment due upon registration. The remaining nine installments of tuition shall be due on the first of the month from August 2023-April 2024. To be eligible to make payments of Fees and Tuition in installments, you shall have authorized The Growing Place School to process direct debits or recurring charges to a valid demand deposit account or credit card on file with the school. Although tuition may be paid in installments as provided herein, annual Tuition and Fees are due and payable in full for the entire year on and as of the first day of school and shall in any event be paid in full on or prior to the last day upon which the 10th installment of Tuition is due and owing hereunder. Annual Fees and Tuition are non-refundable and shall not be subject to reduction, adjustment, or abatement regardless of whether your child attends class. Requests for consideration of matters related to Tuition and Fees must be made in writing addressed to the Head of the School and the TGPS Advisory Committee who shall have sole and absolute discretion in the determination of such matters.**

I have read and I agree with First UMC - TGPS registration policies and procedures.

Name: _____

Signature: _____ Date: _____

FINANCIAL POLICIES

1. Parents are financially responsible for all Tuition, Early Morning Care, and After School Programs payments, each of which shall be payable on the first of each month (August-May) regardless of absences. Any payment made after the 10th of that month will result in a \$25.00 late fee charge for each individual program payment.
2. Credit card or bank account withdrawal payments can be made through our on-line payment service. **Cash payments are not accepted.**
3. Any NSF or declined card charge will result in a \$25.00 service charge. Recurring incidents may result in all payments to be made with a cashier's check.
4. **Late Pick-up Fees:** All children must be picked up on time from school or optional programming. A late fee of \$25.00 will be charged per incident for chronic late pick-ups. Chronic Lateness is defined as being late two times or more in any given month during the school year. **An automatic late fee of \$25 will be charged for late pick-ups on a scheduled noon dismissal day.**
5. Registration for the upcoming school year becomes void if any outstanding fees are not paid in full by the last day of school.
6. First UMC membership-to be considered an active First UMC member, at least one parent or legal guardian must be a registered member who participates in the life and body of this church by their prayers, presence, gifts, and service. Active First UMC members are exempt from paying registration fees but are responsible for first tuition payment at time of registration and Capital Improvement and Facility Security fees.
7. Sibling Discount-25% discount off the registration fee and \$25.00 off each additional child's tuition payment (10 in total).
8. Capital Improvement, Secure Facility, PTG, and Material Fees are due by August 1st, 2023.
9. **Withdrawals, Registration Fee and Prepaid Tuition Refund Policy:**
REGISTRATION FEE and PREPAID TUITION PAYMENTS are NON-REFUNDABLE AND NON-TRANSFERABLE.
10. **Withdrawals:** Parents are responsible to notify the school office in writing by August 1, 2023, if their child will not be attending, to avoid any further financial obligation for the remainder of the school year.
11. First UMC/TGPS Leadership reserves the right to deny and/or revoke admittance to the school and optional programming for any reason, including if the financial policies and procedures are not adhered to.
12. **For your convenience, annual tuition can be paid in ten installments, with the first installment due upon registration. The remaining nine installments of tuition shall be due on the first of each month from August 2023-April 2024. To be eligible to make payments of Fees and Tuition in installments, you shall have authorized TGPS to process direct debits or recurring charges to a valid demand deposit account or credit card on file with the school. Although tuition may be paid in installments as provided herein, annual Tuition and Fees are due and payable in full for the entire year on and as of the first day of school and shall in any event be paid in full on or prior to the last day upon which the 10th installment of Tuition is due and owing hereunder. Annual Fees and Tuition are non-refundable and shall not be subject to reduction, adjustment, or abatement regardless of whether your child attends class. Requests for consideration of matters related to Tuition and Fees must be made in writing addressed to the Head of the School and the TGPS Advisory Committee who shall have sole and absolute discretion in the determination of such matters.**

I have read and agree with First UMC - TGPS's financial policies listed above.

Name: _____ Date: _____

Signature: _____