



The Growing Place School

First United Methodist Church of Coral Gables

The Growing Place School Preschool Program

Application Form 2023-2024 school year

Open Hearts-Open Minds-Open Doors
536 Coral Way Coral Gables, FL 33134
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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.

APPLICATION FORM

PLEASE CIRCLE AGE GROUP

Walkers One by 9/1/23)	Early Twos (Two between 9/1 & 12/31/23)	Twos (Two by 9/1/23)	Early Threes (Three between 9/1 & 12/31/23)	Threes (Three by 9/1/23)	PK-4 (Four by 9/1/23)
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PLEASE CIRCLE IF YOU WILL NEED

Early Morning Care (7:30am - 8:50am) Afterschool Programming (preschool-3:30pm/elem-4pm) Extended Care (3:30-5:30)

CHILD'S NAME: _____
Last First

CHILD'S DATE OF BIRTH: _____ **GENDER:** Boy Girl

ADDRESS: _____

City State Zip

CHILD LIVES WITH: Both parents Parent (1) Parent (2) Other:

PARENTS ARE: Married Domestic Partners Separated Divorced

PARENT (1)/CAREGIVER NAME: _____

OCCUPATION: _____

PLACE OF EMPLOYMENT: _____

PHONE: _____ **MOBILE:** _____

EMAIL: _____

PARENT (2)/CAREGIVER NAME: _____

OCCUPATION: _____

PLACE OF EMPLOYMENT: _____

PHONE: _____ **MOBILE:** _____

EMAIL: _____

PRIMARY PHONE: _____					
Cell	Home	Work	Mother	Father	Other: _____
SECONDARY PHONE: _____					
Cell	Home	Work	Mother	Father	Other: _____

CHILD'S DIAGNOSED ALLERGIES OR OTHER SPECIAL HEALTH CONCERNS/NEEDS

IF POSSIBLE, I WOULD LIKE MY CHILD TO BE WITH THE FOLLOWING FRIENDS

1. _____ 2. _____

HOW DID YOU HEAR ABOUT OUR SCHOOL? _____

ARE YOU LOOKING TO ENROLL IN OUR ELEMENTARY PROGRAM AFTER PK-4?

Please circle one: Yes No

ARE YOU A MEMBER OF FIRST UMC?

Please circle one: Yes No

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 displays, in the school yearbook, brochures and/or on our social media sites. (www.welovecoralgables.org)

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 School 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 the 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 ID:_____.

Notary Public _____

REGISTRATION POLICIES AND PROCEDURES

REGISTRATION REQUIREMENTS

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

1. Turn in completed application forms during the applicable registration period to the school office between 7:30 a.m.- 4:00 p.m. Monday-Friday.
2. The application 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 application forms also need to include the completed *tuition express form*.
4. A copy of your child's Birth Certificate or Passport **MUST** be included 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. [New Pre-K enrollment will also include a classroom visitation. Dates and times to be announced.]
7. Registration Paperwork will be accepted only if there is space available.
8. If all age levels are at capacity, we will begin a waiting list. No paperwork will be collected until the space is open. There is no charge to be placed on the waiting list.
9. Capital Improvement and Secure Facility Fees are due by August 1st, 2023.
10. Parent Teacher Group (PTG) Activity Fee is due by August 1st, 2023.
11. **Second tuition payment is due by August 1st, 2023.**
12. **For your convenience, annual tuition can be paid in ten installments, with the first instalment 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 direct 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 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, and PTG 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 instalment 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 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: _____

Signature: _____ Date: _____

THE GROWING PLACE SCHOOL - "Child Information Sheet

*This information will be kept confidential.

Child's full name: _____

Wants to be called: _____

Birthdate: _____ Years: _____ Months: _____

1. Parent # 1 name: _____

2. Parent # 1 occupation: _____

3. Parent # 1 special talents or interests: _____

4. Parent # 2 name: _____

5. Parent # 2 occupation: _____

6. Parent # 2 special talents or interests: _____

7. Both parents living in the home? _____

8. Siblings:

Name: _____ Sex _____ Age _____

Name: _____ Sex _____ Age _____

Name: _____ Sex _____ Age _____

Name: _____ Sex _____ Age _____

9. Other persons living in home:

Name: _____ Relationship _____

Name: _____ Relationship _____

10. Availability of playmates: _____

Age range: _____ to _____ Pets: _____

11. Routines

a. Sleeping schedule: _____

b. Toileting-terms used: _____

c. Does your child suck his thumb, finger, pacifier, drink from bottle? (Circle all that apply)

d. Is your child independent with using the bathroom, washing hands, dressing self? (Circle all that apply)

e. Anything unusual: _____

12. Is your child right or left-handed? Right Left Not known yet (circle one)

13. What is the primary language spoken at home? _____

Other language(s) spoken at home: _____

14. Have you noticed any concerns/delays in your child's development (speech, hearing, vision, gross and fine motor skills, cognitive or social/emotional)? _____
If yes - How have you followed up? _____
15. Is your child currently being seen by a therapist or specialist? _____
If yes, please indicate what type of services are being provided: _____

16. Has your child experienced any recent changes in his/her life ... (new baby, death, a move, separation, or divorce) anything that is unusual? _____
17. How does your child participate in "your family"? What are his/her responsibilities in the home? _____

18. What are your child's greatest strengths and skills? _____
If you can, share an example of your child demonstrating these skills? _____

19. Is there anything else you can tell me about your child that you think would help us support his/her learning? _____

20. Do you have suggestions on how we can best connect with your child this year?

21. What helps to motivate your child in the best way? _____
22. What does your family consider good behavior-for your child's age? _____

23. Are you experiencing any behavior challenges at home? _____

24. What does your child enjoy doing when playing alone? _____
When playing with adults? _____
When playing with other children? _____
25. Additional information you would like to share. _____