

ST PAUL'S EPISCOPAL DAY SCHOOL

188 South Swinton Avenue, Delray Beach, FL, 33444

Tel: 561-278-4729 <https://stpaulsdelray.org/day-school/>

Preschool for children aged 3 or 4 years by Sept. 1 of the year of enrollment.

ALL children must be completely potty trained.

APPLICATION FOR ENROLLMENT

Class applying for: _____ Child's DOB: _____

Child's full name: _____ Sex: _____

Child's nickname (if any): _____ T-shirt size _____

Address: _____

Home phone: _____ Email: _____

Father's name: _____

Place of employment: _____

Email: _____ Cell phone: _____

Mother's name: _____

Place of employment: _____

Email: _____ Cell phone: _____

Family church affiliation: _____

With whom does the child live: _____

Student's siblings:

Name	Age	School currently attending

How did you hear about us? _____

For Office Only

3 yr old 4 yr old VPK

Reg. Pd. _____

Tuition _____

VPK Certif. # _____

Stay 'N' Play _____

PICK UP AUTHORIZATION

If parents/legal guardians cannot be reached, call (Name, Phone):

- 1. _____
- 2. _____
- 3. _____

Name and phone # of child's physician: _____

REGISTRATION All checks must be made out to St. Paul's with Day School in the notes

The annual non-refundable registration fee for ALL students is \$200.00 and **MUST** accompany this application.

- School hours for all students are from 8:30am - 1:30pm, Monday-Friday.
- Pre-K 4 with VPK hours are included during that time.
- Extended "Stay and play" hours are 1:30-3:30pm with a \$150.00 per month additional fee/monthly sign-up required.
- Morning snack/drink/and lunch/drink, for children 8:30-1:30 provided by parents as well as afternoon snack/drink, for children in "Stay and Play."

TUITION

- Annual tuition is \$6,000.00 based on 10 month Palm Beach County public school calendar.
- The first month's tuition of \$600.00 is due on **August 1**. The last payment is due on **May 1**.
- Monthly tuition fee is \$600.00 due on the first day of each month, through the month of May.
- **VPK students**-Parents must obtain a certificate from Early Learning Coalition of Palm Beach County which pays a portion of tuition. Our monthly wrap-around fee is \$300.00. School hours are 8:30-1:30pm with extended day 1:30-3:30 available at a charge of \$150.00 per month. Monthly sign up is required for the Stay and Play program.
- **Please make check payable to St Paul's, with Day School in notes.** For credit card payments- see Caren Kilpatrick, Parish Administrator, in the church office-276-4541.
- Payments not received within 30 days are overdue. A letter will be sent reminding you of this situation. The matter must be addressed with the school within 5 days of receipt of this letter. Your child may not be permitted to return to school until this has been resolved.

ENROLLMENT AGREEMENT

Signing below indicates your acceptance of the registration and tuition terms and this becomes a binding contract between the undersigned and St Paul's Episcopal Day School. Fees subject to change.

Parent/Guardian _____ Date _____

VERY IMPORTANT - HEALTH RECORD

Palm Beach County Health Department requires ALL children entering school to have their immunization record and physical examination records on file. Your doctor has these Palm Beach County Health Forms. Please complete and provide Health forms before the first day of school. **NO FORMS/NO SCHOOL.**

It is **MOST** important to provide any additional information regarding mental and/or physical conditions that may require special attention or be otherwise useful for our staff to know.

We request permission from parents/guardians to give **EMERGENCY MEDICAL TREATMENT** by a licensed EMT, paramedic and/or physician if the parent or guardian cannot be reached. By signing below, you give permission to the school to do so.

Signed: _____

Relationship to child: _____

Date: _____

PERMISSION FOR USE OF CHILD'S IMAGE

Please sign this form to grant your unrestricted permission or to deny your permission to St Paul's Episcopal Day School and Church to use your child's image in print, video, and digital media. By signing you agree that these images may be used by St Paul's Episcopal Day School and Church for a variety of purposes, including but not limited to, printed materials and on the St Paul's Episcopal Day School and Church website, and that these images may be used without further notification. The child's surname will not be used in conjunction with any image.

Child's Name: _____

Grant permission to use child's image. Deny permission to use child's image.

Parent/Guardian signature: _____

Date: _____

Trauma in early childhood affects the way children learn. Please share any information that might help your child's teacher to teach your child in a way that works for them. (For example: Difficult birth, medical intervention at an early age, physical injuries, accidents, etc.)

Child's Name: _____

1. ARTICLE XV, B, 7 a PBC Rules requires that parents must receive a copy of the Child Care Facility Brochure, *KNOW YOUR CHILD'S DAY CARE CENTER*. I have received a copy of the Child Care Facility Brochure, *KNOW YOUR CHILD'S DAY CARE CENTER*.
2. ARTICLE IV, C, 5, PBC Rules requires that parents be notified in writing of the disciplinary practices used by the child care facility. I have received in writing the disciplinary practices used by this child care facility.
3. ARTICLE XIII, B, 1, PBC Rules requires the parents complete an AUTHORIZATION FOR EMERGENCY MEDICAL CARE in the event of serious illness or accident and if the parents cannot be reached. I authorize the child care center to obtain emergency medical care for my child.
4. I understand and agree to the above statements indicated in numbers 1 through 3.

Signature of Parent or Guardian

Date

5. ARTICLE XII, B, PBC Rules require the parent and the center complete an ALTERNATIVE NUTRITION PLAN AGREEMENT if the meals or snacks are furnished by the child's parent. ALTERNATE NUTRITION PLAN AGREEMENT:

Indicate Special Dietary Requirements:

I understand and approve the use of the ALTERNATE NUTRITION PLAN. I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs.

(Mark "P" for Parent Provides or "C" for Center Provides)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast	AM Snack	Noon Meal	PM Snack	Dinner	Evening Snack	Formula

I agree to provide the parent with a suggested meal pattern and menus and to discuss any problems which might develop in the use of the Alternate Nutrition Plan.

Signature of Owner/Operator

Date

Signature of Parent/Guardian

Date