



2026-2027
Advent Lutheran Preschool
REGISTRATION FORM

Child's Name: _____ **Nickname:** _____ **Date of enrollment:** _____

Date of birth: _____ **AGE ON SEPTEMBER 1st:** _____ (We follow Clay County Schools - guidelines for class placement)

Hours are: 2's and 3's: 9:00 – 12:00 M-F VPK: 8:50- 12:00 M-F

For Placement, please check one:

Young Two's class: 15 mths – 23 mths _____ 3 days _____ 5 days **Older two year old class:** 5 days 24 mths – 35 mths _____

Three year old class 5 days _____ * must be "potty" trained **VPK (4 year olds)** _____ per State of FL policy-there is no registration fee for VPK

Family Information:

Child Lives with _____ Both _____ Mom _____ Dad _____ Grandparent Language spoken in the home: _____

Mother's Name: _____ **Father's Name:** _____

Full Address _____ **Full Address** _____

Cell Phone: _____ **Cell Phone:** _____

Employer: _____ **Employer:** _____

Address: _____ **Address:** _____

Work Phone: _____ **Work Phone:** _____

Please circle the best number to call first: Mom / Dad

EMAIL ADDRESS to be used for Brightwheel and other communication: please print clearly _____

Name, Phone and Address of Person Responsible for Tuition/ Payments: _____

Are you a member of Advent Lutheran Church? Yes _____ No _____ **Home Church:** _____

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	Full Address Street	City	Zipcode	Hm Phone	Wk Phone
Name	Full Address	City	Zipcode	Hm Phone	Wk Phone
Name	Full Address	City	Zipcode	Hm Phone	Wk Phone

Medical Information:

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Child's Allergies: (please circle any that apply)

Medication Food Insect Environmental Other _____

Describe in detail: _____

*note from doctor listing allergies is required including an emergency plan if needed

Before/After Care

**Do you plan to use Morning Care _____ Yes _____ No _____ Maybe—Explain _____

**Do you plan to use Stay and Play on a monthly basis or as a drop in :(circle one or both) Morning Care After Care

**Morning Care is Monday through Friday from 8:30 – 9:00 am.

A daily fee of \$7.00 is charged for drop in morning care. (Mon- Fri) Discount offered if you pay for the entire month.

**Stay and Play/After Care is Monday through Thursday from 12:00 – 2:00 pm.

A daily fee of \$18.00 is charged for drop in after care. (Mon-Thurs) Discount offered if you pay for the entire month.

*Preschool Parents: Registration fee of \$100.00 is required when registering to secure your child's spot at Advent Lutheran Preschool.

A one-time curriculum fee of \$180.00, at least half (90) is due by the first school day, then the remaining \$90 can be paid in January.

*VPK parents only: I understand that there is no registration fee for the VPK program and that I am responsible for securing my child's spot by registering online with the state of Florida and providing Advent Lutheran Preschool with my child's Certificate of Eligibility.

**A one-time supply fee of \$50.00 will be charged for VPK Early Care/Stay and Play students.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Parent's Signature _____

• Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

• Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure entitled "Know Your Child Care Facility" (CF/PI 175-24) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=860>] or

• Section 8.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parent(s) receive a copy of the family day care home brochure entitled "Selecting A Family Day Care Home Provider" (CF/PI 175-28) [also available on-line at

• Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the and expulsion policies used by the child care facility, or

• Section 2.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care

Office use only

Date returned _____

Registration fee paid: amount _____ Date paid _____ Check _____ Cash _____ On-Line _____

Curriculum fee paid: amount _____ Date paid _____ Check _____ Cash _____ On-Line _____