

First United Methodist School

WEE School Registration Form

2026/2027 School year

Please note: ALL information must be completed IN FULL and registration fee paid in order to process your application.

Student's Date of Birth: _____

Gender: M / F

Student's Full Name: _____
Last
First
Middle

Student's Address: _____

WEE School (Age on September 1, 2026)			
Session	Schedule	Registration Fee	Program Cost
<input type="checkbox"/> 1 Year Old	9am-noon, 2 days (T,Th)	\$100 non-refundable	\$230 per month
<input type="checkbox"/> 1 Year Old	9am-noon, 3 days (M,W,F)	\$100 non-refundable	\$265 per month
<input type="checkbox"/> 1 Year Old	9am-noon, 5 days (M-F)	\$100 non-refundable	\$345 per month
<input type="checkbox"/> 2 Years Old	9am-noon, 2 days (T,Th)	\$100 non-refundable	\$230 per month
<input type="checkbox"/> 2 Years Old	9am-noon, 3 days (M,W,F)	\$100 non-refundable	\$265 per month
<input type="checkbox"/> 2 Years Old	9am-noon, 5 days (M-F)	\$100 non-refundable	\$345 per month
<input type="checkbox"/> Before Care	8 am-9am	\$30 non-refundable	\$7 per day
<input type="checkbox"/> Lunch Bunch	Noon-2pm	\$30 non-refundable	\$25 per day
<input type="checkbox"/> Wrap Around Care	Noon-5pm	\$30 non-refundable	\$480 per month

Office Use Only:

Enrollment Date: _____

Registration Paid: _____

Family Information:

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Cell Phone: _____

Cell Phone: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

E-mail address: _____

E-mail address _____

Custody: Mother _____ Father _____ Both _____ Other _____

Names and Ages of other children in home: _____

Contacts: If for some reason the custodial parent or legal guardian cannot be reached, the following people will be contacted and are authorized to remove the student from the facility in case of illness, accident, or emergency and may pick-up student. Please check *Emergency Contact* and/or *May Pick-up*. **ALL information must be provided.**

Name: _____

Address: _____

Cell Phone: _____

Work Phone: _____

Relationship to child: _____

Emergency Contact May Pick-up

Name: _____

Address: _____

Cell Phone: _____

Work Phone: _____

Relationship to child: _____

Emergency Contact May Pick-up

Name: _____

Address: _____

Cell Phone: _____

Work Phone: _____

Relationship to child: _____

Emergency Contact- May Pick-up

Name: _____

Address: _____

Cell Phone: _____

Work Phone: _____

Relationship to child: _____

Emergency Contact May Pick-up

Medical Information: I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical information if warranted.

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Please read each item carefully, check yes or no, and explain as needed:

◆ **Allergies:**

Life threatening reaction? Yes No

Rescue Medication (Epi-pen, Benadryl, Inhaler)? Yes No

Does your child need a rescue inhaler? Yes No

Please list all allergies: _____

Reaction: _____

◆ **Special Diet:**

Is your child on a complex diet (i.e. gluten free, diabetic)? Yes No

Does your child have a food intolerance/mild food allergy (i.e. rash from strawberries, milk intolerance)? Yes No

Please explain: _____

◆ **Asthma/Reactive Airway Disease/Breathing Problems:**

Does your child need a rescue med? Yes No

Does your child have diabetes? Yes No

Does your child have seizures? Yes No

◆ **Does your child have any of the following health concerns?:**

Hearing impairment Yes No

Vision impairment Yes No

Heart, Kidney Yes No

Physical disability Yes No

SEVERE skin condition Yes No

If yes is checked for any of the above, please explain: _____

◆ **Does your child have developmental delays other than MILD speech language/MILD hearing loss?**

Yes No Do they see a speech therapist Yes No If yes, please explain: _____

◆ **Does your child received special services/therapies:** Yes No If yes, please explain: _____

◆ **Are there behavior/conduct concerns?:** Yes No If yes, please explain: _____

◆ **Are there any other conditions or concerns that you would like the staff to be aware of?** Yes No

If yes, please explain: _____

◆ **Does your child have an Individualized Education Plan (IEP), Individualized Family Service Plan (IFSP) or 504 Plan?** Yes No If yes, please explain: _____

◆ **If your child will require medication administration during child care supervision hours, a signed medication form must be submitted to the school office.**

◆ Do you have a church home? Yes No

◆ Would you like information about FUMC? Yes No

Please read each item carefully and initial:

_____ It is your responsibility to download and read the *FUMS Family Handbook* found on our web page fwb-fumc.org/preschool

_____ Photo Permission: Photos may be displayed in the classroom, newsletter, Brightwheel and the website

_____ Emergency Release: If medical care is deemed necessary, and I cannot be contacted, I authorize the FUMS staff to act on my behalf in granting permission for my child to receive emergency treatment or surgery. In such a situation, I authorize medical personnel to perform required emergency procedures.

_____ Walking Fieldtrip Permission: I authorize my child to go on walking fieldtrips taken by FUMS. I will be told in advance of the date and location of the field trip via the Brightwheel app. I understand that children will be accompanied by the classroom teacher(s).

_____ FAC 65C-22.001, requires licensed child care facilities to obtain written permission from parents regarding a child's participation in food related activities including such things as classroom cooking projects, school-wide celebrations, class parties, and birthday celebrations. Please select one of the options below:

- _____ My child has no allergies and may participate in food related activities
- _____ My child has allergies (pg.3) and may NOT participate in food related activities
- _____ My child has allergies (pg.3) but may participate in food related activities excluding:

_____ FAC 65C-22.001, requires a *School Entry Health Exam* (Form DH3040) and either a *Florida Certificate of Immunization* (Form DH680) or a *Religious Exemption From Immunization* (Form DH681) within 20 days of enrollment. I will provide the school with the required documentation and updates as necessary.

_____ FAC 65C-22.001, requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY".

_____ FAC 65C-22.001, requires that parents are notified in writing of the disciplinary practices used by the child care facility.

Discipline Policy: "Never raise a hand to a child." Physical punishment is against Florida law in preschools and is never used at First Methodist School. We prevent many discipline problems by having a well planned program with trained teachers that understand the needs of children. Our discipline system consists mostly of methods from the "Behavior Modification" and " Assertive Discipline models." In using techniques from these models, we take into consideration that each child is an individual. What works for one child may not always work for another. The school realizes the importance of a GOOD SELF-CONCEPT. When disciplining, we do not address the child's character but the act of misbehavior. This eliminates possible feelings of humiliation.

_____ Expulsion and Dismissal Policy: Our program is committed to providing a safe, nurturing environment conducive for learning and growth for all our children. We strive to ensure all of our children are set up for success regardless of their need or developmental level. Every effort will be made to prevent the expulsion or dismissal of children from the program. However, FUMS reserves the right to cancel the enrollment of a child for the following reasons, not limited to but including:

- *Non-payment or excessive late payments of fees/tuition.
- *Failure to adhere to policies and procedures as outlined in the program's *Family Handbook*.
- *The child has needs which we cannot adequately meet with our current staff.
- *The child's behavior threatens the health and safety of him/herself, the other children or program staff.
- *The parent/guardian exhibits behavior which is detrimental to the health and well-being of the children and staff in a classroom or negatively interferes with the normal functioning of the classroom and/or program. This includes but is not limited to: vulgarity, intimidation, harassment, or violation of child care licensing regulations.

By signing below, you verify that you have been made aware of the above items, you have read the *FUMS Family Handbook* and agree to the policies and procedures outlined therein, you agree to fulfill all financial obligations relating to FUMS tuition and fees, and that all information on this enrollment form is complete and accurate. I hereby grant permission for the staff of *FUMS* and *The Department of Children & Families* to have access to my child's records.

Mother/Guardian Signature: _____ Date: _____

Father/Guardian Signature: _____ Date: _____