



Date Enrolled: _____
 FT M T W TH F
 Student Name: _____

Emergency Medical Information

In the event I, _____, or anyone I have listed as an emergency contact within this application cannot be reached to arrange for emergency medical attention for my child, _____, I authorize the Neptune Baptist WEE School Director or Acting Director to have my child transported by emergency medical services to the below named physician and/or hospital. I will assume financial responsibility for said emergency services and I will not hold the Neptune Baptist WEE School financially responsible.

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: (1st Choice): _____ (2nd Choice): _____

 Signature of Parent/Guardian Date

In the event I, or anyone I have listed as an emergency contact within this application, OR the above medical professionals cannot be reached, I authorize the Neptune Baptist WEE School Director or Acting Director or take whatever action is deemed necessary in their judgment for the health and safety of my child.

 Signature of Parent/Guardian Date

TELL US ABOUT YOUR CHILD

Please list any allergies, special medical or dietary needs, or other areas of concern: _____

Does your child have frequent illnesses? (Tonsillitis, earaches, etc.) _____

Does your child vomit easily? _____ Run high fevers easily? _____

Has your child had any serious accidents or illnesses? **Yes** **No**

Operations and/ or Hospitalizations? **Yes** **No**

Has your child: Had vision tested? _____ Had hearing tested? _____

Has your child been enrolled in any other center? **Yes** **No** If yes, where? _____

Why did you leave? _____

Does your child have any traumatic stress that the staff should be aware of? **Yes/No**

What are triggers for your child? _____

What soothes your child? _____

What activities does your child enjoy? _____

What activities does your child avoid? _____

What frightens your child? _____

Do you have any concerns about your child development including but not limited to: hearing, vision, language, gross motor skills, fine motor skills, or social development? **Yes** **No**

Does your child have an IEP? **Yes** **No** If yes, please provide a copy.



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VPK Tuition

There is no cost to families for VPK hours. However, Neptune Baptist WEE School charges a \$100.00 supply fee to be paid with your August 29th invoice. The Early Learning Coalition of Duval County requires 80% attendance for VPK students. Should your child not attend 80%, your child will become ineligible and will have to pay tuition of \$380.00 per month as well as a \$00.00 registration fee or withdraw from the WEE School.

If your invoice is not paid in FULL by the end of the month your child will not be allowed to return to school the following month. BE AWARE THAT YOUR CHILD MIGHT LOSE THEIR SPOT.

VPK weekly wrap-around tuition will remain the same throughout our school year (August 29th 2023 – August 26th 2024) except when VPK is not in session. VPK wrap-around needs to be paid in full within 5 days of receiving your invoice.

If your invoice is not paid in FULL by the end of the month your child will not be allowed to return to school the following month. BE AWARE THAT YOUR CHILD MIGHT LOSE THEIR SPOT.

Should the due date fall during a school holiday, a child’s illness, or a family vacation, it is the parent’s responsibility to remit payment on time. Any payment received after the 15th of the month will incur a \$25.00 late fee. Any check returned as insufficient will incur a \$25.00 fee.

Full time students will be given a week of vacation each year starting August 29th 2023 – August 26th 2024. The school is closed one full week out of the year usually the week of the 4th of July. Parents are not billed for either of these two weeks.

Full time tuition must be paid in full BEFORE graduation or your child will not be able to participate in graduation.

Any check returned as insufficient will incur a \$25 fee. After two insufficient checks, you will be required to pay with cash, a money order/cashier’s check, or PayPal credit for the remainder of the school year.

Signature of Parent/Guardian

Print Name

Date

DEPARTMENT OF CHILDREN AND FAMILIES (DCF) REQUIREMENTS

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

Neptune Baptist WEE School does accept Religious Exemption from Immunization forms.

Please note that your child might be in a class with a child who has not been immunized.

Neptune Baptist WEE School requires both the physical form and the immunization record upon enrollment. Care can begin AFTER BOTH forms are received.

Section 7.3 of the Child Care Facility Handbook requires that parents receive copy of the Child Care Facility Brochure “Know Your Child Care Facility” (CF/PI 175-24) and a copy of the brochure on “Influenza Virus, The Flu, A Guide to Parents.”

A copy of “Know Your Child Care Facility” is distributed with our Parents Handbook upon enrollment.

Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary practices used by the Child Care Facility.

The Neptune Baptist WEE School Parent Handbook explains the disciplinary practices used by all staff. Parents will receive a copy of this information upon enrollment.

Your signature below indicates that you have received the above items, and that all information on this enrollment form is complete and accurate, and that you understand and are willing to comply with the policies listed in the Parent Handbook.

I hereby grant permission for the staff of this facility to have access to my child’s records.

Signature of Parent/Guardian

Date



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Media Release

Can Neptune Baptist WEE School staff take photographs/videos of your child to send to you? Yes No
Can Neptune Baptist WEE School staff take photographs/videos of your child to post to social media? Yes No
Can Neptune Baptist WEE School staff take group photographs/videos of your child to send to other parents? Yes No

Signature or Parent/Guardian

Date

Information Release

I give permission to have my phone number and email address printed on a list to be used by the parents of my child's classmates.

Signature or Parent/Guardian

Date

Walking Release

I give permission for my child to walk around the Neptune Baptist property (playground, big toys and evacuation route) always supervised by a Staff member.

Signature or Parent/Guardian

Date

Participation Consent

I give my child, _____, permission to participate in cooking activities, birthday parties and other classroom events.

Signature or Parent/Guardian

Date

Withdrawal Notice

I hereby agree to Notify the Neptune Baptist WEE School two weeks in advance of withdrawal, should such event occur. I understand that I am responsible for two weeks tuition payments in full if notice is not given.

Signature or Parent/Guardian

Date

Late Fees

Traditional students must be picked up by 1:00 P.M.
Full-Time students must be picked up by 5:00 P.M.
A late fee of \$5.00 will be added for every five minutes your child is not picked up after their pick-up time.

Signature or Parent/Guardian

Date



Neptune Baptist WEE School
Application for Enrollment
License# C04DU0309

FOR OFFICE USE ONLY:

Date Enrolled: _____

FT M T W TH F

Student Name: _____

Thank you for entrusting your child with us. We look forward to watching your child grow and develop.

If you ever have any questions or concerns, please contact me.

Blessings,

Anna Summers
Director
Neptune Baptist W.E.E. School
407 3rd Street
Neptune Beach, FL 32266
Cell: 904-874-1459
Office: 904-249-0305
www.neptunebaptistweeschool.com