



Documents required to start school

Birth Certificate
Florida State Physical Examination - Form 3040
Florida Certificate of Immunization - Form 680
VPK Voucher (4's)

Immunization and Health Requirements

Florida statutes require that we have up-to-date health and immunization records signed by a licensed physician showing current information of each child registered. Your physician will supply the Florida Department of Health medical forms.

Physical Health Examinations-

Required for students entering school for the first time.
Must be done within 12 months prior to entering school.

Immunization - Florida statute 232.032 subsection 2, requires that all students provide the school with evidence that they have been immunized. It is important that specific dates be listed for each immunization. The following must be completed by all students:

- DPT (Diphtheria, tetanus, and pertussis vaccine)
- Polio vaccine
- MMR (Measles, Mumps, and Rubella Vaccine)
- Hepatitis B vaccine (3 shots given over a 6-month period and must be completed before the student may start school). Please start this series now if it is needed for the next school year.
- Varicella vaccine (chicken pox) is required for all students unless the child has documentation of the chicken pox disease.
- *Haemophilus influenzae type b (Hib) vaccine* (is required for all children 59 months and younger).

This page is intentionally left blank



Kirkwood Presbyterian Center for Early Learning

Application for Admission 2026-2027

(We must have an individual application for each student applying for admission)

Child's Legal Name _____
First Middle Last (Preferred Name)

Home Address _____
Street City State Zip Code

Birthdate _____ Male _____ Female _____ U. S. Citizen Y ___ N ___

List the names and grades of any siblings who are/will be attending KPCEL.

1. _____ 2. _____

Language spoken at home: _____

School History (if applicable)

Last School Attended _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Reason for withdrawal _____

Why do you want your child to attend KPCEL? _____

Custodial Parent Information

Mother's Name _____
First Middle Last Preferred Name

Home Address _____
Street City State Zip Code

Email address _____

Preferred Phone number _____ C ___ H ___ W ___

Preferred method of contact (other than emergency) Call _____ Email _____ Text _____

Do you have a home church? Y ___ N ___ Are you interested in Volunteering? Y ___ N ___

Father's Name _____
First Middle Last Preferred Name

Home Address _____
Street City State Zip Code

Spouses name (if other than the student's mother) _____

Email address _____

Preferred Phone number _____ C ___ H ___ W ___

Preferred method of contact (other than emergency) Call _____ Email _____ Text _____

Do you have a home church? Y ___ N ___ Are you interested in Volunteering? Y ___ N ___

With whom does the student live if other than both parents? _____

Who has legal custody of the student? _____
 (Legal court documentation valid in Florida must be submitted with this paperwork if either parent is not allowed to have contact with the child or if contact is restricted.)

How did you hear about our school? _____

Classes and Hours

YOUNGER / OLDER TWOS	THREES	VPK
<p>Children who are two by September 1: this class meets two, three, or five per week. These classes meet 9:00 am until 12:30 pm You may choose 2, 3, or 5 days:</p> <p>2 days: Monday/Wed (circle one)</p> <p align="center"><input type="checkbox"/></p> <p align="center">\$335.00/monthly</p> <p>3 days: Tues/Thurs/Friday</p> <p align="center"><input type="checkbox"/></p> <p align="center">\$425.00/monthly</p> <p>5 days: M-F</p> <p align="center"><input type="checkbox"/></p> <p align="center">\$555/monthly</p>	<p>Children who are three by September 1: this class meets two, three or five days per week. These classes meet 9:00 am until 12:30 pm You may choose 2, 3, or 5 days:</p> <p>2 days: Monday/Wed</p> <p align="center"><input type="checkbox"/></p> <p align="center">\$330/monthly</p> <p>3 days a week T/Th/F</p> <p align="center"><input type="checkbox"/></p> <p align="center">\$420/monthly</p> <p>5 days: M-F</p> <p align="center"><input type="checkbox"/></p> <p align="center">\$550/monthly</p>	<p>Children must be four by September 1: these classes meet 4 or 5 days week from 8:45 am until 12:45 pm, 2 classes available</p> <p>4 days: 8:45 am – 12:45 pm Monday-Thursday</p> <p align="center"><input type="checkbox"/></p> <p>5 days: 8:45-12:45 pm Monday-Friday \$160/month</p> <p align="center"><input type="checkbox"/></p> <p>VPK extended Learning 3:00 pm \$225 – 4 days \$275- 5 days</p> <p align="center"><input type="checkbox"/></p> <p>VPK AM drop off – 8:00 am \$75- 4 days \$90- 5 days</p> <p align="center"><input type="checkbox"/></p>

MY CHILD WILL PARTICIPATE IN EXTENDED CARE		Please note, VPK Fridays will only be available for students who choose the 5 day VPK option. Friday's will be an additional day of learning and part of the regular VPK program. This will not be a mixed class of students as previously offered. Two's and three's will be in a separate class.
<p>EARLY ARRIVAL 8:00</p> <p align="center"><input type="checkbox"/></p> <p>2's/3's \$100 (5 day) \$70 (3 day), \$50 (2 day)</p>	<p>3:00 PICKUP</p> <p align="center"><input type="checkbox"/></p> <p>2's/3's (5 day) \$260 \$160 (3 day) \$105 (2 day)</p>	

Registration Fee (2's/3's/extended learning only) VPK is no cost			
Due at the time you turn in your application			
<p align="center">\$270.00 2 days a week</p> <p align="center"><input type="checkbox"/></p>	<p align="center">\$300.00 3 days a week</p> <p align="center"><input type="checkbox"/></p>	<p align="center">\$325 5 days a week</p> <p align="center"><input type="checkbox"/></p>	<p align="center">\$50 VPK Ext Learning</p> <p align="center"><input type="checkbox"/></p>

As a private institution, the school reserves the right to deny admission to any student who fails to meet its admission requirements. In addition, the school reserves the right to establish and maintain/enforce standards, requirements, and codes of conduct for students and parents, up to and including suspension and expulsion.



Kirkwood Presbyterian Center for Early Learning

Emergency and Pick up Information

Please list at least two adults (friends, relatives or neighbors) in addition to guardians listed on this application who is authorized to pick up your child from school. Also, please mark those contacts that should be used in case of emergency if a parent is unavailable.

1. _____
Name Relationship to child

Phone _____ Emergency contact Y _____ N _____

2. _____
Name Relationship to child

Phone _____ Emergency contact Y _____ N _____

3. _____
Name Relationship to child

Phone _____ Emergency contact Y _____ N _____

Allergies

Medical Information

Please list all of the student's physical limitations, medications and/or allergies:

Child's Physician _____ Phone (____) _____

Hospital Preference _____

Parent/Guardian Printed Name Parent/Guardian Signature Date

Parent/Guardian Printed Name Parent/Guardian Signature Date



Kirkwood Presbyterian Center for Early Learning

Agreements and Waivers

Please read carefully before signing.

Privacy Statement

_____ I understand that all information collected within this application is solely for use at KPCEL and that KPCEL does not share or release this information in any form without the sole written release of the parent or guardian or the student once graduated.

Open House Agreement

_____ I understand that it is required that at least one parent attend the Open House at the beginning of each school year.

Statement of Cooperation

_____ In making application for my child, it is my desire to have him or her complete the 2024-25 school year. I also give permission for my child to take part in all school activities at school-sponsored trips away from the school campus and absolve the school from liability to me or my child because of any injury at school or during a school activity. I agree that lawsuits between Believers are prohibited by Scripture and agree to submit to binding arbitration on any matter that cannot be otherwise resolved.

Medical Treatment Release

_____ In case of accident or serious injury, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician named in the student medical information on this application and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements necessary, and I will not hold the school financially responsible for my child's care.

Financial Agreement

_____ I understand that the registration fee is required for my child's enrollment in KPCEL and is non-refundable. I agree to pay the tuition rate listed in the school's financial sheet, and I understand that tuition is charged and can be paid in full* or through monthly installments. I understand that if the monthly payments are not made by the 5th of the month a late fee of \$25.00 will be added and my child cannot return until it is paid. I understand that if the tuition is not paid by the 10th of the month my child's enrollment may be terminated until the tuition is made current. A fee of \$25.00 will be collected for any returned checks or Brightwheel insufficient funds. A two-week written notice must be made to not be charged for the next month. If you decide to leave mid-month without a two-week notice, you will be charged for the next month.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

*10% discount is applied if tuition is paid in full for the school year.

This page left intentionally blank



Before and After Care Application

***Registration fee of \$50.00 must accompany this application for VPK extended only**

Contact Information

Child's Legal Name	
Parent Name	
Contact phone number	
Parent Name	
Contact Phone Number	

<u>Mornings Drop off</u>	<u>P.M. Cost</u>	<u>A.M. Cost</u>
8:00 <input type="checkbox"/>	<u>Times are 12:30 (12:45) p.m. – 3:00</u>	<u>Times are 8:00 a.m-8:45/9:00</u>
<u>Afternoon Pick up</u>	VPK- \$225/\$275 <input type="checkbox"/>	5 days- \$100
3:00 <input type="checkbox"/>	2's/3's – 5 day: \$260 <input type="checkbox"/>	<input type="checkbox"/>
Drop in Extended is \$25 for afternoon and \$8 for morning	3 day: \$160 <input type="checkbox"/>	2 days/3 days- \$50/\$70
	2 day: \$105 <input type="checkbox"/>	<input type="checkbox"/>

<u>Name of person picking up child (must be on the approved list)</u>	<u>Phone Number</u>

_____ I agree that my child will be picked up by 3:00 p.m. or I will incur a late fee of \$1.00 per minute each minute I am late, payable at the time of the occurrence. Too many late fees will result in my child being suspended or expelled from the afterschool care program. Please call 904-779-7198 to let us know if you know you are going to be late.

Drop-in rate (not already in before or aftercare) is \$25 per day.

Parent/Guardian Printed Name	Parent/Guardian Signature	Date
------------------------------	---------------------------	------

Parent/Guardian Printed Name	Parent/Guardian Signature	Date
------------------------------	---------------------------	------

This page left intentionally blank

Emergency Information

Child's Given Name _____

DOB: _____

Mom's Name _____

Mom's Phone # _____ Email _____

Dad's Name _____

Dad's Phone # _____ Email _____

Emergency Contact Name _____

EC's Phone # _____

Email Address: _____

Please list at least two (2) people who might pick up your child in case we are not able to contact the above. We will not release your child to anyone who is not on this list.

(Include phone)

Name _____

Phone Number _____

Name _____

Phone Number _____

Name _____

Phone Number _____