{Office Use Only}				
Enrollment Date:	Room: _	Schedule: _	Last Day: _	



334 8th AVE. N.

JACKSONVILLE BEACH, FL 32250

904-249-0124

18 MONTH ENROLLMENT FORM 2024-2025

Please print clearly

Child's Name:			
(Last)	(First)		(Known As)
Child's Birth Date: (mm)/(do	d)/(yyyy)	Gender:	
Mother/Guardian Name:			
Home Address:			
City/ Zip:			
Cell #:			
Email:			
Place of employment:			hone #:
Father/Guardian Name:			
Check here if same as above			
Home Address:			
City/ Zip:			
		Home #:	
Email:			
Place of employment:			hone #:
Child lives with including siblings	s and their ages: _		
Child Custody: Mother –	Father -	- Step-p	arent(s):
Child's Physician:			
Allergies:			
Other medical issues ELC staff			
Parent Signature:		Da	te:

Please enter person(s), other than parent/guardian, who we may contact in case of emergency and who are authorized to drop off and pick your child from Beach Church Early Learning Center using Brightwheel app or webpage.

DATE

JACKSONVILLE BEACH, FL 32250

18 Month Contract

			10 Month oc	ill act					
	TH 9:00 a-1:00 295/month	р	M/W/F 9:00a-1:00 p \$375/month		M-F 9:00 a-1:00 p \$510/month				
	TH 7:30 a-5:15 _l 580/month	p	M/W/F 7:30 a-5:15 բ \$825/month		M-F 7:30 a-5:15 p				
	This is a contract between (parent/guardian)and Beach Church Early								
		, -							
in the	18 months class	must be able to	o independently walk	<u>k.</u> For full time stu	dents, 1:00-3:00 is a napping period.				
Upon s	igning this contra	ict, the parent/gu	ardian agrees to and	accepts the follow	ving provisions:				
I.	FEES:								
•	 THESE FEES WILL NOT BE REFUNDED UNDER ANY CIRCUMSTANCES. Tuition is due regardless of illness, vacations or personal reasons. Past due accounts are to be paid whether or not the child is in school. 								
II.	IF CHILD IS	S WITHDRAWN:	:						
•	refunded. Notice by the 15 th of current month must be given for following month's withdrawal.								
III.	OTHER STI	PULATIONS AN	ID REQUIREMENTS:						
•	forms. These for	orms need to be of te for child to cor	on file in the school off	fice within 20 day	#3040) and immunization (#680) s of the child's first day enrolled tted to attend school if their medical				
IV.	PARKING F	OLICY							
•	spaces on west By signing this contamination or handicap spatudents and statement signature	side of the school contract, you agreaces (unless you aff and could rest es indicates an un	ol. Take caution when ee not to park: On 8 th / have a handicap deca ult in a fine.	crossing 8 th Ave Ave N, fire lane in al). Parking in the eptance of the EL	the drive through area of 8 th Ave N, se places is dangerous for our C parking policy. Parents and others				

PARENT/GUARDIAN

JACKSONVILLE BEACH, FL 32250

RELEASE FORM

СН	ILD NAME:			
PAI	RENT NAME:			
	Release of Photos			
	☐ My child may be represented in outside office, on classroom doo	n photos inside the ELC (Ex: in classroom books, class nametags, bulletin board ors).		
	☐ My child may be represented in communication, yearbook etc.).	n photos going to parents of a child in ELC. (Ex: Newsletters, brightwheel		
	☐ My child may have their picture	re posted to Beach Church webpage and/or social media.		
	\square I do NOT consent to any above	2.		
II. Release of Phone Number and Email Address		d Email Address		
	Please indicate your preference	ce:		
	Choose One:	I give permission to have my phone number and email address shared on lists to be used by the parents of classmates.		
III.	Release for Walking Field Trip	<u>os</u>		
	Occasionally, your child's class will walk across 4 th St N to and open field or around church campus.			
	Choose One:	I give permission to attend walking field trips on church campus or to the field across 4^{th} St N.		
V.	Release of Food Activity Partic	cipation:		
		child on this form permission to take part in food related activities or projects that e place in the classroom and involve food consumption.		
	I have food rest	trictions for my child.		
	List food restrictions:			
	DATE	PARENT/GUARDIAN SIGNATURE		