



Dear Parents,

Thank you for considering St James United Methodist Preschool for your child! The enrollment registration period for the 2026-2027 school year is as follows:

- February 24th & 25th: Current Preschool Families of St James - during school hours in the school lobby
- February 26th: St James Church Members, First Responders, US Military, & Previous St James Preschool Families - 9:30 am - 11:30 am in the school lobby
- February 27th: Community- lottery system – more information to follow on our website

The following materials ARE REQUIRED to complete the re-enrollment/registration process. If you are registering online, we will schedule a tour, and you will bring the items listed below:

- St James Registration Preference Form
- DCF Childcare Application Form- One form for each child registered.
 - \$200 registration fee per child (non-refundable) payable by check or money order or
 - \$250 registration fee per family (non-refundable) payable by check or money order
 - First month's tuition
- Permission for Food
- Child Questionnaire
- Financial Commitment Form
- New Enrollments must have Florida shot records and Florida physical records submitted before the start of the school year.
- Birth Certificate to verify child's age

VPK additional requirements

- VPK certificate of eligibility signed
- VPK Attendance Policy

REGISTRATION WILL NOT BE ACCEPTED WITHOUT THE REQUIRED FORMS.

St James United Methodist Preschool is a ministry of St James United Methodist Church, where all children are afforded opportunities to develop spiritually, socially, physically, and intellectually. To ensure our goals and objectives are met, the preschool board and administration of St James Methodist Preschool feel it is important to maintain a low child/staff ratio.

Many Blessings,

Jen Satalino

Preschool Director

Candice Taveras

Assistant Director



St James Preschool Registration Preference Form 2026-2027

PLEASE PRINT IN ALL CAPITALS & CLEARLY

Child's Name First _____ Last _____
Birthdate ____ / ____ / ____ Sex: Male ____ Female ____ Preferred Name _____
Allergies _____
Mother's Name _____
Mother's Email _____ Phone _____
Father's Name _____
Father's Email _____ Phone _____
Address _____
City _____ Zip Code _____

Please Circle Your Preference for Enrollment

Two's Program 2 days: Monday/Wednesday 9-12 pm 2 days: Tues/Thursday 9-12 pm

Three's Program 3 days: Monday/Wednesday/Friday 9-12 pm 5 days: Mon-Friday 9-12 pm

VPK Program 4 days: Mon-Thursday 8:30-12:30 pm

5 days: Mon-Friday 8:30-12:30 pm

\$200 per child or \$250 per family registration due at time of registration.

Are you a member of St James United Methodist Church? Yes No

Are you a member of another church? Church Name _____

Office Use Only

Birth Certificate Verification: Yes No Child's DOB: _____

Registration Materials Complete: Yes No _____

Office Notes: _____

Payment: Check # _____ Date _____



State of Florida
Department of Children and Families
CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: _____ Sex: _____ Date of Enrollment: _____

Full Name: _____
Last _____ First _____ Middle _____ Nickname _____

Child's Physical Address: _____

Primary Hours of Care: From _____ To _____

Days of the Week In Care: M T W Th F Sa Su

Meals Typically Served While In Care: Breakfast AM Snack Lunch PM Snack Supper

Family Information: Child Lives With: _____

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Employer: _____	Employer: _____
Address: _____	Address: _____
Work Phone: _____ /Cell: _____	Work Phone: _____ /Cell: _____
Relationship to the child: _____	
Custody: Mother _____	Father _____
Both _____ Other _____	

Medical Information:

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

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

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

Emergency Care Plan Instructions including symptoms, medication, and notification in the event of an actual emergency (If applicable): _____

Emergency Contacts:

Child will be released only to the custodial parent(s) or legal guardian(s) 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(s) or legal guardian(s) cannot be reached:

Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#
Name	Address	Work#	Cell/Home#

Helpful Information About Child.

- 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, "Know Your Child Care Facility" (CF/PI 175-24), 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, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 7.3, C.3 of the Child Care Facility Handbook, requires that parents are provided food and nutrition policies used by the child care facility.
- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary 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 provider.

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.

Signature of Parent/Guardian

Date



St James United Methodist Preschool Permission Form

Food for Special Occasions: There may be food and drink items brought into the school on special occasions (such as holiday parties). Some of these foods and drinks may include items such as drinks that are not 100% juice (like Capri Suns), cake, cupcakes, chips, and/or appetizers. When this occurs, we will usually notify you in advance verbally or in writing, but not always. This is your opportunity to tell us now whether you would like your child to consume these items occasionally. Please initial next to one of the statements below.

Yes, I approve of my child consuming such foods and drinks occasionally at school.

No, I DO NOT approve of my child consuming such foods and drinks occasionally at school.

Photos, Internet, and Marketing: We often take photos and video images of the children to document their progress in their portfolio, post in classroom or classroom app, or to use for marketing purposes on our website, or to post on our Facebook page. Please initial below your wishes regarding your child.

Yes, I approve of child's images being used for ALL explained purposes.

I approve ONLY of my child being photographed or video recorded to use inside the school (ex: to post in my child's classroom or classroom app) not for use on marketing materials or to be posted on the internet (center's website or Facebook page).

No, I DO NOT approve of my child being photographed or video recorded at all.

***This form will remain on file if your child attends this school. If at any time your wishes change regarding the above-mentioned items, please let us know and we will allow you to complete a new form.**

Child's Name

Parent's Signature

Date



Financial Commitments Form

- **Registration Fee:** The non-refundable registration fee is \$200 (does not apply to VPK only). If you choose to unenroll at any time, your registration fee shall be forfeited. The first month's tuition is due at registration or during your scheduled tour. _____
- **Annual Tuition:** Tuition can be paid monthly or annually; please see attached rate sheet for details. Monthly tuition runs from August to May. This is a breakdown of the annual tuition in 10 monthly payments. The number of days your child is in school has no bearing on the monthly payment plan. Tuition is non-refundable once paid. _____
- **Payments:** All tuition is due on the 1st of each month. Tuition can be paid through ACH. The office will send you a link. _____
- **Withdrawal:** If a family chooses to withdraw before the school year ends due to relocation and resides within a 20-mile radius of the school, they are responsible for the full remaining tuition unless the administration approves the prior arrangements. _____

I acknowledge that I have read and understand the above-listed policies and agree to adhere to them as stated.

Signature _____

Parents Name _____

Child's Name _____

Date _____

2026-2027 Tuition Rates & Class Offerings

2-Year-Old Class

Child must be 2 years old on or before September 1st and does not need to be potty trained.

3-Year-Old Class

Child must be 3 years old on or before September 1st, and they **must be fully potty-trained**.

4-Year-Old Class (VPK)

Child must be 4 years old on or before September 1st

Monthly Tuition Rates

2-year-old 2-day	Mon/Weds or Tues/Thurs	\$250/month with a \$200 registration fee
3-year-old 3-day	Mon, Weds, Fri	\$320/month with a \$200 registration fee
3-year-old 5-day		\$475/month with a \$200 registration fee
4-year-old 4-day – VPK	Mon-Thurs	No Fee
4-year-old 5-day VPK parent portion		\$130/month
4yr old 4-day non-VPK		\$425/month
4yr old 5-day non-VPK		\$500/month

Arrival & Departure

The classroom hours are as follows:

VPK 8:30a.m.- 12:30p.m.

3's classes 9:00 a.m.- 12:00 p.m.

2's classes 9:00 a.m.-12:00p.m

OUR PHILOSOPHY

St. James United Methodist Preschool is multi-denominational, welcoming children of all faiths. We stress moral and spiritual values as we share Bible stories of Jesus and his love for all people. Our mission is to nurture children's spiritual growth with activities appropriate to their stage of faith. We strive daily to provide an educational environment where each child develops age-appropriate skills in the areas of cognitive, emotional, social, spiritual, and physical development. We encourage children to be creative, discover, experiment, to solve problems, and to think for themselves. Our goal is to work together to provide a loving, Christian environment as we ensure that our program meets the needs of your child.

NONDISCRIMINATORY POLICY

St. James Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, and other school-administered programs.

Please take the time to fill out this Getting to Know You Paper. I look forward to reading your responses and "Getting to Know" your child better! ☺

THANK YOU

Three Words to Describe Your Child

1-

2-

3-

Student's Name: _____

Birthday: _____ Age: _____

Parent/Guardians' Names:

Phone Number: _____

Email: _____

Primary Language: _____

What are your child's strengths?

Weaknesses?

What motivates your child?

These are a few of my child's favorite things:

1-

2-

3-

Are there any personal or medical problems I should be made aware of?