

# 2022-2023 VPK Tuition Agreement

## FBLC

Child's Name \_\_\_\_\_

(Office Use Only)

Reg. fee amt. \_\_\_\_

(Ext. Care Only)

Ck. # \_\_\_\_

CC. \_\_\_\_

### Part time students- Select the times that your child will attend.

\*No Registration fee is required for VPK ONLY. Students are not eligible to attend school on extended care days.

___ VPK with VPK certificate 8:30-11:30 (No reg. fee required)	<u>FREE</u>
___ Early Arrival + VPK 6:30-11:30	\$95 mth
___ VPK + Extended Play 8:30-12:00	\$60 mth
___ Early Arrival + VPK + Extended Play 6:30-12:00	\$160 mth

### Full time students- Select the times that your child will attend.

\*A Registration fee is required for the options below. Students are eligible to attend school on extended care days. Registration fee is \$125 or \$75 for FBC Church members

___ VPK + Extended Care until 3 8:30-3:00	\$236 mth
___ Early Arrival + VPK + Extended Care until 3 6:30-3:00	\$341 mth
___ VPK + Extended Care until 6 8:30-6:00	\$378 mth
___ Early Arrival + VPK + Extended Care until 6 6:30-6:00	\$483 mth

Financial Policies continued on the back.

## Financial Policies

1. I will abide by all policies as stated in the First Baptist Learning Center Parent Handbook

Yes \_\_\_\_\_ No \_\_\_\_\_

2. I agree that tuition/daycare payments will be made on time (see #3).

Yes \_\_\_\_\_ No \_\_\_\_\_

3. I choose to pay: (Check one)

\_\_\_\_\_ Yearly (Calculate yearly total by multiplying amount above by 10 months. Due on or before your child's first day of preschool)-Registration fee will be waived.

\_\_\_\_\_ Monthly (Due on your child's first school day of each month)-A \$10 late fee will be applied when tuition is 10 days past due.

4. I understand that First Baptist Learning Center is a nonprofit organization that relies completely on tuition to pay operating expenses. If tuition/daycare payments cannot be made because of an emergency situation in my family, I must inform the Director and/or Office Assistant immediately so that a plan can be agreed upon to resolve tuition payments.

Yes \_\_\_\_\_ No \_\_\_\_\_

5. I understand that nonpayment of tuition over 30 days may result in the dismissal of my child from the preschool/daycare program.

Yes \_\_\_\_\_ No \_\_\_\_\_

**Payment Methods-** First Baptist Church Plant City app on your smart device  
Check or money order payable to: FBLC (Please allow up to 4 weeks to process.)

**Parent Signature** \_\_\_\_\_

# First Baptist Learning Center

## Voluntary Pre-Kindergarten Attendance Policy

The information below outlines the VPK attendance policy that applies to your child while attending First Baptist Learning Center.

### **REGULAR ATTENDANCE IS EXPECTED AND REQUIRED:**

Attending regularly and being on time is essential in establishing the foundation for further school year routines. The following outlines our expectations;

- Each child **MUST** be in attendance a minimum of 80% of the scheduled days.
- Absences exceeding more than 20% in a given month will result in a “warning notice” given to parents/guardian.
- Please call the school office at the start of school each day to report your child’s absence or tardy.
- All absences must be documented by parents via a note stating the child’s name, date and reason for absence.
- All VPK children will be dismissed through car-line. (Unless your child is registered for extended play or play and stay.) Late fees will apply if your child is not picked up at the agreed upon time.

### **MONTHLY CONFIRMATION OF ATTENDANCE:**

At the end of each month, parents must verify their child’s attendance by signing the Student Attendance and Parental Choice Certificate provided by their child’s teacher. Again, parents must sign with their full signature. If a parent fails to do this, he/she will be in violation of the State Uniform Attendance Policy.

### **Termination of Services**

First Baptist Learning Center reserves the right to terminate Voluntary Prekindergarten Services if the child does not meet the terms and expectations of this attendance policy. Tuition concurrent with our 4 year old programs will be the parent’s responsibility if the child is to remain at First Baptist Learning Center.

### **Please sign below:**

As the parent/guardian of \_\_\_\_\_, who is registered in the VPK program at First Baptist Learning Center, I acknowledge that I understand and will follow the above attendance policy while my child is enrolled in the program.

Child’s Name: \_\_\_\_\_ Today’s Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**FIRST BAPTIST LEARNING CENTER AND PRESCHOOL**

**REGISTRATION FOR 2022-2023**

(Office Use)
___ Pre K 2
___ Pre K 3
___ VPK

**STUDENT**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Preferred Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_\_\_

Ethnicity  African American  Caucasian  Middle Eastern  Multiracial \_\_\_\_\_

Asian American  Hispanic  Native American  Other \_\_\_\_\_

Student's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Student lives with (*check any that apply*) If "other" please specify person/relationship.

Student's: Father \_\_\_ Stepfather \_\_\_ Other \_\_\_\_\_

Mother \_\_\_ Stepmother \_\_\_ Other \_\_\_\_\_

Father is deceased \_\_\_ Mother is deceased \_\_\_ Parents are divorced \_\_\_ Parents are separated \_\_\_

Person responsible for tuition \_\_\_\_\_

Siblings' names and D.O.B. \_\_\_\_\_

**PARENT(S)**

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Father's Phone \_\_\_\_\_ Place of Employment \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Mother's Phone \_\_\_\_\_ Place of Employment \_\_\_\_\_

**Primary E-MAIL address-** \_\_\_\_\_

**PERSONS PERMITTED TO PICK UP CHILD / EMERGENCY CONTACTS**

MOTHER \_\_\_ YES \_\_\_ NO FATHER \_\_\_ YES \_\_\_ NO

(We must have official documentation on file if 'NO' is selected.)

\_\_\_\_\_  
(NAME) (PHONE) (RELATIONSHIP)

\_\_\_\_\_  
(NAME) (PHONE) (RELATIONSHIP)

\_\_\_\_\_  
(NAME) (PHONE) (RELATIONSHIP)

\_\_\_\_\_  
(NAME) (PHONE) (RELATIONSHIP)

**CHURCH**

Name of church family attends \_\_\_\_\_

\_\_\_ I would like information and/or a visit from First Baptist Church, Plant City

*Consistent with Christian principles, First Baptist Learning Center does not discriminate with regard to race, sex or national origin in the administration of its educational policies or other school-administered programs. First Baptist Learning Center is accredited by the Association of Christian Schools International and is a Ministry of Plant City's First Baptist Church.*

**MEDICAL ALERT INFORMATION**

Does the student have any special needs that we should know about? \_\_\_\_\_  
\_\_\_\_\_

Please list the student's allergies or dietary restrictions?  
\_\_\_\_\_  
\_\_\_\_\_

Do you give the student permission to participate in food-related activities? These activities include things such as classroom cooking projects, gardening, school-wide celebrations, birthdays, and activities that include food prepared and /or purchased by families. (Pursuant to 65C-22.005(1)(c)2., F.A.C.)  
Yes \_\_\_\_\_ No \_\_\_\_\_ Yes, but he or she may not eat or handle the following items; \_\_\_\_\_  
\_\_\_\_\_

Does student require any medication? Yes \_\_\_ No \_\_\_ If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE: It is our discretion as to whether or not medications will be dispensed that have not been prescribed by a doctor (aspirin, cough medicine). All medications must be in the original container and labeled with your student's name.**

List any illnesses, hospitalizations, operations, and/or medical history of your child.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your child's speech: (*Check all that apply*)  
rapid \_\_\_\_\_ slow \_\_\_\_\_ moderate \_\_\_\_\_ clear \_\_\_\_\_ talks constantly \_\_\_\_\_ seldom speaks \_\_\_\_\_  
uses many words \_\_\_\_\_ talks only during play \_\_\_\_\_

**OTHER INFORMATION**

What are your child's interests? \_\_\_\_\_  
\_\_\_\_\_

Does your child exhibit specific fears? If so, please list \_\_\_\_\_  
\_\_\_\_\_

List behavior characteristics of your child \_\_\_\_\_  
\_\_\_\_\_

List any traumatic experiences such as moving, deaths, serious illness, accidents, etc.  
\_\_\_\_\_  
\_\_\_\_\_

What do you feel are your child's greatest needs? \_\_\_\_\_  
\_\_\_\_\_

Other characteristics or information for your child's teacher \_\_\_\_\_  
\_\_\_\_\_

**ALL PARENTS:**

I (We) understand that the following items must be on file before the first day of school or attendance will be denied.

- Registration form (front and back)
- VPK Certificate of Eligibility (VPK students only)
- Tuition Payment Agreement
- Immunization and Physical forms
- Birth Certificate
- Registration fee
- Authorization for Emergency Medical Treatment

I have read the Parent Handbook found online at [www.fbcpc.com/learning-center](http://www.fbcpc.com/learning-center) (including Discipline & Illness policies). We agree to abide by all policies stated in the handbook.

I have received and read the flu brochure.

**Photographs:**

Permission is hereby given to FBLC to photograph my child (no names given) for the purposes of; First Baptist Learning Center Facebook page, website or group text. **YES / NO (Circle one)**

**Comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FBLC VPK Parent Contract

Our intent is for your child to gain the greatest possible benefits from this prekindergarten experience. In order to ensure the best possible experience for your child, enrollment calls for cooperation between the center and the child's family.

We ask each parent to carefully consider the following requirements for participating in our prekindergarten program. Your signature will acknowledge that you understand and agree to abide by these guidelines.

I understand that:

1. This is a faith-based center.
2. My child will learn about Christianity, God, the Bible and its teachings.
3. My child will attend weekly chapel services.

I agree to:

1. Meet with my child's teacher if requested to do so.
2. Have my child to school by 8:30 a.m. (Children will not be admitted into the building before 8:20 a.m. unless your child is enrolled as an Early Arrival.)
3. Pick up my child at 11:30. I understand that I may be charged a late fee of \$5.00 if my child is not picked up by that time. (Unless your child is enrolled in Extended Play or Extended Care)
4. Send a written excuse to my child's teacher for every absence.
5. Work cooperatively with my child's teacher by agreeing to follow the Discipline Policy.
6. Assume responsibility for my child's conduct.
7. Submit all appropriate forms and documentation by given deadlines.

I understand that I will not be charged any type of fee for the FBLC Voluntary Pre Kindergarten (VPK) Program. However, I understand that I will be charged a registration fee of \$125 (\$75 church members) for extended day services. Fees for the extended day sessions are to be paid by the 1<sup>st</sup> school day of the month.

I understand that failure to comply with any of these guidelines may result in my child's dismissal from FBLC's VPK program.

**I understand that in the event VPK ever prohibits FBLC from incorporating Christianity, God, the Bible and its teachings, FBLC will withdraw from the VPK program. At that time, you would have the option of transferring to another VPK provider or remaining at FBLC at your own expense.**

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Child's Name

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Parent's Signature

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Date

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Student's Name \_\_\_\_\_

Date \_\_\_\_\_

If my child should become ill or injured at First Baptist Learning Center & Preschool, I understand that the child care facility will:

- 1.) Contact me immediately and
- 2.) Contact the person(s) I have designated if I cannot be reached.

Should the child care facility be unable to reach me or the designated person(s), they are authorized to contact my child's physician and/or arrange for immediate emergency treatment. I will be responsible for payment for medical services rendered.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary for the health and safety of my child. I give consent to transport by ambulance if situation warrants it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

CONTACT IN CASE OF EMERGENCY:

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_



Medical Alert Information (i.e. allergies, medications, previous surgeries/conditions etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred Physician \_\_\_\_\_

Address/Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_