



Dear Parents and Families,

Thank you for your interest in Keystone Christian Preschool. We are a small, private preschool founded by the Keystone United Methodist Church congregation in 2009. With the continued loving support of the church and staff, our Preschool continues its journey of educating children and sharing God's love in our community. Over the years, our classes continue to experience Bible lessons, Chapel, music, and special events. Our goal is to offer a well-rounded, quality preschool education that prepares little ones for the challenges they will face in kindergarten and elementary school.

KCP believes an educational program providing learning experiences through play as well as enrichment opportunities is vital to children's success. Also, in our programs, we strive to include our children's families. We strongly believe your child's experience in our Preschool will help him/her experience the wonderful world of learning from the foundations we provide.

We will help your child:

- Develop academic skills while enhancing his/her spiritual, emotional, social, and physical needs
- Develop an interest in and a desire to learn
- Develop self-reliance, mutual respect, sharing, and teamwork
- Be recognized for his/her unique personality, talents, and abilities

Keystone Christian Preschool is very excited you are interested in joining our KCP family!

If you need any assistance with the registration process, please feel free to email the Preschool at [director@keystonechristianpreschool.com](mailto:director@keystonechristianpreschool.com). Or call the front office at 813-792-7021.

Warm Regards,  
Liz DeMicheli, Director

# Keystone Christian Preschool

## Registration Check List

Child's Name \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

**It is important for you to understand that your child's Registration will be placed on hold until it is completed and all required documents and fees are included.**

\_\_\_\_ 1. I have completed the entire Registration Packet, inserting N/A where appropriate. I understand the Registration Packet must include a current Health Check and Immunization Record from my child's physician and that I must keep these records current throughout the school year.

\_\_\_\_ 2. I understand the entire Financial Commitments as outlined in the Registration Packet, including Due Dates and Late/Insufficient Fund Fees. I understand full financial payment is my responsibility and lack thereof could cause my child to be suspended from the classroom. I understand that the **Annual Registration, Supply & Tuition Fees are NON-REFUNDABLE** and that Supply Fees for 2023-2024 must be paid in full by **June 1, 2023**.

\_\_\_\_ 3. I understand that if my child is enrolling in the VPK program, the current Certificate of Eligibility from the Early Learning Coalition of Hillsborough County must be attached to the Registration Packet. I understand that KCP reserves the right to terminate a child's VPK enrollment if the terms of the KCP/VPK Class Agreement (included in the Registration Packet) are not met or are continually abused including Late Arrivals/Absences.

\_\_\_\_ 4. I understand and have signed the *KCP Discipline Practices and Procedures* as stated in the Registration Packet.

\_\_\_\_ 5. I understand that I must give a **written** 2-week notice if I intend to withdraw my child from any of the classes and that I am financially responsible for that 2-week period and all balances due must be paid in full.

\_\_\_\_ 6. I understand that KCP strongly encourages family involvement in my child's education and that I will participate in conferences, programs and/or assignments brought home from the classroom.

\_\_\_\_ 7. I agree to support Keystone Christian Preschool's Policies, Practices, Regulations, and Guidelines to insure a successful early educational journey for my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Enrollment for 2023 – 2024**

Your child must be 2, 3, or 4 years old on or before September 1<sup>st</sup> to qualify for a program.

**PROGRAMS/FEES/TUITION**

**REGISTRATION FEE:**                    \$165.00 (1<sup>ST</sup> child)                    \$140.00 (sibling)

Registration fees are due at the time of registration.

<b>SUPPLY FEE:</b>	<b>2 DAY PROGRAM</b>	<b>3 DAY PROGRAM</b>	<b>5 DAY PROGRAM</b>
	\$150.00	\$225.00	\$375.00

Supply fees are billed July 1<sup>st</sup>.

**REGISTRATION AND SUPPLY FEES ARE NON-REFUNDABLE**

\*\*VPK Class (3 hour day) is exempt from registration and supply fees with current VPK Certificate of Eligibility

2-Year-Old Class	9am – 12pm	Monthly	Monthly
2 day	Tues/Thurs	\$260	\$280.00 (if not toilet trained)
3 day	Mon/Wed/Fri	\$325	\$355.00 (if not toilet trained)
5 day	Mon – Fri	\$525	\$575.00 (if not toilet trained)
3-Year-Old Class	9am – 12pm	Monthly	
2 day	Tue/Thurs	\$260 (must be toilet trained)	
3 day	Mon/Wed/Fri	\$325 (must be toilet trained)	
5 day	Mon – Fri	\$525 (must be toilet trained)	
4-Year-Old Class	9am – 12pm	Monthly	
5 day Private Pay	Mon – Fri	\$525	
5 day VPK	Mon – Fri	Certificate of Eligibility required	

**Extended Day is available for our 3 & 4 year old’s 12pm – 2pm \$16 per day**

Registration is for the entire month. Registration is on a month-to-month basis and is billed for the calendar month in advance. Forms are available in the office and need to be turned in before the 1<sup>st</sup> of each month. No credit given and no substitutions arranged when child does not attend.

Drop in \$25.00 a day. Please check with the office in the morning for availability.

## **2023/2024 FINANCIAL INFORMATION**

### **NON-REFUNDABLE TUITION FEES**

### **ADDITIONAL FEES and INFORMATION**

**Tuition payments are due the first of each month beginning August 1<sup>st</sup> and ending May 1<sup>st</sup>**

- We accept cash or checks. We do not accept debit or credit cards.
- A \$25 late fee is charged when a tuition payment is not received by the 10<sup>th</sup> of the month. A child may be suspended from attending classes until the account balance is paid in full including late fees.
- A \$35 fee is charged to the family account the first time a check is returned for nonsufficient funds. The second time a check is returned - regardless of reason - another \$35 charge is applied. Afterwards, all subsequent payments must be made with money order or cash.
- Checks and money orders should be made out to Keystone Christian Preschool.
- For cash payments - please obtain a signed receipt from the office.

# Keystone Christian Preschool

## Application for Admission

Please Print Legibly – Do not leave any blanks – Write N/A where applicable

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Last

Preferred Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Current USA Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ If no, which country? \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip



Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
First Last First Last

Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Father's Email \_\_\_\_\_ Mother's Email \_\_\_\_\_

Father Alternate Phone \_\_\_\_\_ Mother Alternate Phone \_\_\_\_\_

Is there a stepfather or stepmother in the family? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide full name and a contact phone number if the person has legal rights to obtain information about your child or is authorized to pick-up child from school \_\_\_\_\_

The following person(s) are authorized to remove my child from Keystone Christian Preschool. The person(s) listed below shall also be considered Emergency Contacts: Formal identification will be required if the staff does not recognize the person

\_\_\_\_\_

First and Last Name	Relationship	Cell Phone Number
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\_\_\_\_\_

First and Last Name	Relationship	Cell Phone Number
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\_\_\_\_\_

First and Last Name	Relationship	Cell Phone Number
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\_\_\_\_\_

First and Last Name	Relationship	Cell Phone Number
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Are you a member of or attending Keystone United Methodist Church? \_\_\_\_\_

If not, which church does your family attend? \_\_\_\_\_

How did you hear about Keystone Christian Preschool? \_\_\_\_\_

## Application for Admission (Continued)

In a few words, please provide us with a brief description of your child's personality traits, learning styles, and behavior characteristics

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Please list your child's siblings and their ages \_\_\_\_\_

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Is English your child's primary language? \_\_\_\_\_ If not, which language is spoken? \_\_\_\_\_

Can your child speak clearly? \_\_\_\_\_ If not, is he/she able to express wants and needs? \_\_\_\_\_

What type of discipline is used at home? \_\_\_\_\_

Is your child able to handle bathroom functions unassisted? \_\_\_\_\_

Does your child have frequent wetting accidents? \_\_\_\_\_

Does your child experience separation anxiety? \_\_\_\_\_

Is your child more reserved or outgoing? \_\_\_\_\_

Are you concerned about any of the following developmental issues?

<u>Social Skills</u>	Yes/No	<u>Behavior</u>	Yes/No	<u>Speech/Language</u>	Yes/No
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Is your child currently receiving any of the following therapies?

<u>Speech/Language</u>	Yes/No	<u>Occupational</u>	Yes/No	<u>Physical</u>	Yes/No
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Is your child proficient in any of the following academic areas?

<u>Alphabet</u>	Visual/Verbal	<u>Colors</u>	Visual/Verbal	<u>Numbers</u>	Visual/Verbal
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Do you have any special requests or additional concerns you would like to share with our staff?

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# Keystone Christian Preschool

## Application for Admission (Continued)

Please check all that apply:

- Allergies  
Does your child have an EpiPen? \_\_\_\_\_  
EpiPens must be in the original, unopened package with the prescription information attached. We must also have a current written prescription from your child's doctor explaining the directions for use of the EpiPen.
  - For Allergies check all that apply:
    - Animals \_\_\_\_\_ Hay Fever/Pollen \_\_\_\_\_ Insect Stings \_\_\_\_\_
    - Nuts of any kind (List all) \_\_\_\_\_
    - Medicines (List all) \_\_\_\_\_
    - Food (List all) \_\_\_\_\_
    - Other \_\_\_\_\_
  - Does your child have any of the following medical conditions?
    - Hypertension \_\_\_\_\_ Diabetes \_\_\_\_\_ Bleeding/Clotting Disorders \_\_\_\_\_
    - Heart Defects \_\_\_\_\_ Asthma \_\_\_\_\_ Seizures \_\_\_\_\_ Musculoskeletal \_\_\_\_\_ Other (List all) \_\_\_\_\_
  - Does your child have any of the following health concerns?
    - Bed wetting \_\_\_\_\_ Emotional disturbances \_\_\_\_\_ Motion sickness \_\_\_\_\_
    - Constipation \_\_\_\_\_ Fainting \_\_\_\_\_ Nosebleeds \_\_\_\_\_ sleep disorders \_\_\_\_\_
    - Special dietary requirements (List All) \_\_\_\_\_
    - Hearing Impairment \_\_\_\_\_ Lactose intolerant \_\_\_\_\_ Speech Disorders \_\_\_\_\_
    - Other (List All) \_\_\_\_\_
- Please list any additional information that may help us with your child's health and physical fitness. Include any restrictions regarding activities.

All children are required to have a current Child Care Licensing Health Check Form #3040 as well as a current Immunization Form #680 prior to enrolling in our preschool. Please provide these forms with your registration.

Name of Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

If my child, \_\_\_\_\_, should become ill or injured at Keystone Christian Preschool, I understand that the staff at KCP will contact me immediately or contact the person(s) I have designated as Emergency Contacts should the staff be unable to reach me. I give the staff at KCP permission to contact my child's physician to arrange for immediate medical treatment if needed to insure the health and safety of my child.

\_\_\_\_\_ I accept full responsibility for any payment of medical services rendered for my child.

## **Keystone Christian Preschool**

### **Discipline Practices and Procedures**

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

Child's Date of Birth \_\_\_\_\_

The Hillsborough County Florida Code of Ordinance and Laws, Chapter 28, Section 171 as amended by Hillsborough County Ordinance #13-5, and the associated Rules & Regulations regarding the regulation of childcare facilities, Section 5.02(1)(B), requires that parents are notified in writing - prior to enrollment - of the disciplinary practices used at Keystone Christian Preschool. We support the Hillsborough County mandate that prohibits the spanking or any other form of physical punishment of children. And discipline will not be associated with food, rest, or toileting. Children will not be subjected to discipline which is severe, humiliating, or frightening.

Keystone Christian Preschool adheres to these disciplinary policies by:

- Allowing the child choices to provide a feeling of control over his/her environment to avoid conflict.
- Guiding in the development of language skills that help the child resolve conflicts with words not with actions.
- Redirecting the child to a different area in the classroom to prevent conflict escalation.
- Providing a location separate from the group for the child to quietly regain control over his/her emotions.
- Scheduling parent conferences to discuss a team approach to remedy behavioral concerns.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



**Keystone Christian Preschool**  
**Interview/Photograph/Electronic Media Permission Form**

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

Child's Date of Birth \_\_\_\_\_

I, the parent/legal guardian of \_\_\_\_\_, grant my permission for Keystone Christian Preschool to exhibit photographs or likenesses of the abovenamed child in the following types of media publications. No names will be published except in preschool and/or classroom publications.

**Only Initial If You Are Granting Permission:**

- KCP Publications \_\_\_\_\_
- Press/Media Releases \_\_\_\_\_
- Classroom Electronic Communications Account \_\_\_\_\_
- Keystone United Methodist Church Media/Publications \_\_\_\_\_

By signing this release, I acknowledge that I hereby release and forever discharge Keystone Christian Preschool/Keystone United Methodist Church from and against any and all claims, damages, or suits that may arise from the use of, but not limited to, photographs or likenesses of the above-named child in the above stated Press/Media Publications and/or Electronic Communications.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**VPK Class**

Your child may enroll in the VPK 9AM – 12PM Class (No Fee)

If your child is enrolling with the VPK Certificate, you MUST read and initial each item, verifying that you understand and will comply with the regulations, requirements, and policies of our VPK program. Continual disregard for any of the policies listed below will result in your child's dismissal from the VPK program or you will have the option to change your child to our NonVPK class which is tuition based.

\_\_\_\_\_ 1. **Be On Time:** Parents must adhere to the arrival time for the program. Late arrivals are very disruptive to the classroom and awkward for the late arriving child. The tardy child misses a great deal of instruction by being late. **Class begins at 9 AM.** Continued tardiness negatively affects your child's education. Late arrival time also counts toward absences from instructional days as mentioned in #2 below.

\_\_\_\_\_ 2. **Absences:** Children are not permitted to miss more than 20% of the instructional class time each month. Instructional class time is defined as any time designated by classroom instruction. This does not include weekends, days off, and holidays. In other words, if the school is closed for two weeks during the month of December, this means that there are only 15 instructional class days (or 45 hours) during this month. Twenty percent of 45 hours equals 9 hours or 3 instructional days. This does not include any late arrivals or early dismissals.

\_\_\_\_\_ 3. **Early Release:** We understand that there are times when a parent must remove a child from the classroom before the **normal dismissal time of 12:00 PM.** However, when a child must leave early, it is disruptive to children in the classroom and the lessons being taught. Early dismissal time is also calculated in the overall 20% of absences policy. It adds up very quickly when a parent chooses to regularly remove the child from the classroom before dismissal time.

\_\_\_\_\_ 4. KCP reserves the right to determine if any child's tardiness, absences, or early releases are cause for suspension or termination from the VPK program. The Director will reach out to you if your child's eligibility status is in jeopardy.

\_\_\_\_\_ 5. Parents are required to sign the monthly ELCHC Attendance Certificate verifying their child's daily attendance in the program. If a parent does not sign the form within the first 3 school days of the month, the child's tuition may not be covered by the state. This may require the parent to pay for that month's tuition.

\_\_\_\_\_ 6. If your child is terminated from the VPK program due to your inability to follow the above requirements, you will be given the option of changing your child to our Non-VPK class which is tuition based.

I have read, understand, and agree to the KCP VPK Attendance Policy as outlined above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date