



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@KCPKids.com](mailto:director@KCPKids.com). Or call the front office at 813-792-7021.

Warm Regards,  
Lauren Santos, 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 the Registration and Supply Fees for 2024-2025 must be paid in full at the time of enrollment.

\_\_\_\_ 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.

\_\_\_\_ 8. I have received the Florida Department of Children and Families "Know Your Child Care Facility".

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

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

\_\_\_\_\_  
Date

**Enrollment for 2025 – 2026**

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

**Keystone Christian Preschool follows the Hillsborough County School Calendar**

**PROGRAMS/FEES/TUITION**

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

Registration and Supply fees are due at the time of registration.

**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

*Please indicate the program your child will attend*

<u>2-Year-Old Class</u>	<u>9am – 12pm</u>	<u>Monthly</u>
____ 2 day	Tues/Thurs	\$330
____ 3 day	Mon/Wed/Fri	\$415
____ 5 day	Mon – Fri	\$660
<u>3-Year-Old Class</u>	<u>9am – 12pm</u>	<u>Monthly</u>
____ 3 day	Mon/Wed/Fri	\$385 (must be toilet trained)
____ 5 day	Mon – Fri	\$600 (must be toilet trained)
<u>4-Year-Old Class</u>	<u>9am – 12pm</u>	<u>Monthly</u>
____ 5 day Private Pay	Mon – Fri	\$600
____ 5 day VPK	Mon – Fri	Certificate of Eligibility required

**Extended Day is available for our toilet trained 3 & 4 year old's 12pm – 2pm \$20 per day**

Registration is for the entire month. NO EXTENDED DAY is available the 1<sup>st</sup> Wed of each month due to Staff Mtg. 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 regarding availability.

## 2025/2026 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>

Monthly tuition payments are based on annual tuition August - May

- We accept cash or checks. Debit or credit cards are accepted on the ProCare app.
- 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      Enrollment Date

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 \_\_\_\_\_

Home Address \_\_\_\_\_

Street City State Zip

.....  
Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

First Last First Last

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

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

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Mother Work Phone \_\_\_\_\_ Father Work 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.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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. **Must name at least 2 people other than mom or dad.**

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

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

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

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

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

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 No \_\_\_\_\_ Yes \_\_\_\_\_  
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) \_\_\_\_\_
- 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.  
Preferred Hospital \_\_\_\_\_

\_\_\_\_\_ 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

- 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 entitled "Know Your Child Care Facility" (CF/PI 175-24) also available online at <https://edsmyhflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?Formid=860>
- 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 childcare facility.

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



# Keystone Christian Preschool

## Photograph/Internet/Electronic Media Permission Form

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

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

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 my 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 during your child's attendance with 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.

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

**Keystone Christian Preschool Form**  
**Acknowledgement**

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

\_\_\_\_ 1. 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.

\_\_\_\_ 2. 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.

\_\_\_\_ 3. I agree to support Keystone Christian Preschool's Policies, Practices, Regulations, and Guidelines to insure a successful early educational journey for my child.

\_\_\_\_ 4. I will receive a copy of the 2024-2025 Keystone Christian Preschool Parent Handbook by email in August for the new school year. I understand I am responsible for abiding by the policies and procedures.

\_\_\_\_ 5. I have received the Florida Department of Children and Families "**Know Your Child Care Facility**".

\_\_\_\_ 6. I have received the Florida Department of Children and Families "**Distracted Adult**".

\_\_\_\_ 7. I have received the Florida Department of Children and Families "**Influenza Virus**".

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

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

\_\_\_\_\_  
Date

## Permission for Food-related Activities & Special Occasion food consumption

Pursuant to 65c-22.005(1) ©2. F.A.C. licensed childcare facilities must obtain written permission from parents/guardians regarding a child's participation in food-related activities. These activities include such things as; classroom cooking projects, gardening, school wide celebrations, and birthdays.

I \_\_\_\_\_ give/decline permission for my child \_\_\_\_\_ To participate in food related activities and special occasions wherein food is consumed.

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Please provide the following information

My child DOES NOT have a food allergy or dietary restriction. He or she may participate in activities.

My Child DOES NOT have a food allergy or dietary restriction. He or she may not participate in activities.

My child DOES have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items (please list below):

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My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

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I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

\_\_\_\_\_  
(Parent or Guardian)

\_\_\_\_\_  
(Date)