



4851 S. Apopka-Vineland Rd.
Orlando, FL 32819

407.876.1155
st.lukes.org/cdc

Registration # _____

2024-2025 Transitional Kindergarten Registration Form

Child's Name: _____
(Last) (First) (Middle initial)

Full Mailing Address: _____

(City)

(State)

(ZIP)

(Please Check) I authorize my E-mail address to be used for newsletters and teacher communication purposes. E-mail address: _____

Preferred Contact Number: _____ Alternate Contact Number: _____

Child's Birthdate: _____ Age as of Sept. 1, 2024: _____

Parent(s)' name(s): _____

Primary Home Language: (Check One)

Sex: (Check One) Male Female

English Spanish Creole Haitian-Creole Other: _____

Race: (Check One)

White, Non-Hispanic Black, Non-Hispanic Hispanic Asian/Pacific Islander
 American Indian/Alaskan Native Multi-racial

How did you hear about us? (Check One)

Worship Guide Print Ad/Newspaper Brochure Email/E-Update Website
 Outdoor Banner Word of Mouth Other

Transitional Kindergarten Program

(9:00 a.m. to 2:30 p.m.)

5 Days (Monday through Friday) _____

(Must be 5 years-old by September 1, 2023)

(Must have already completed a VPK or 4-year-old program)

Are you enrolling another child? No Yes Age: _____

Are you a member of St. Luke's United Methodist Church? _____

Non-Refundable Registration fee of \$200⁰⁰ (payable to "St. Luke's CDC") must accompany this registration form. Written notice is required two weeks prior to withdrawing from our program. No fee required to be placed on a Wait list.

(Parent's Signature)

(Date)

For St. Luke's Use Only: Date registration received: _____ Registration received by: _____

Amount Paid: \$ _____ Check # _____



Emergency Information

Parent's place of employment: _____

Work phone number: _____

Parent's place of employment: _____

Work phone number: _____

Under no circumstances will your child be released to anyone not known to the Center without authorization from the parent(s) or guardian. Authorized release forms are available in the CDC office.

Persons authorized to pick up your child: _____

Persons to be contacted in case of emergency:

Name: _____ Relationship to Child: _____

Address: _____ Phone Number: _____

Name: _____ Relationship to Child: _____

Address: _____ Phone Number: _____

Child's Physician: _____ Phone Number: _____

Child's Dentist: _____ Phone Number: _____

Emergency Hospital Preference: _____

My child has permission to eat store-bought snacks for special occasions. (Check One) Yes No

Any special medical or emotional problems or allergies: _____

Please list your child's siblings and ages: _____



Medical Emergency Form for 2024-2025

I/WE, _____, of
(Parent(s)/Guardian)

_____, City of _____,
(Street Address)

County of _____, State of _____ am/are

the parent(s)/or have legal custody of _____
(Student's Name)

a minor, age _____, born _____, who resides with me/

us at the address set forth above.

IN CASE OF AN EMERGENCY, I/WE authorize any representative of St. Luke's United Methodist Child Development Center, in whose care the minor has been entrusted, to present such minor to an approved medical treatment center, and do consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general practitioner or surgeon licensed to practice in any state of the United States, and do consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care, to be rendered to the minor by a dentist licensed to practice in any state in the United States.

Dated this _____ day of _____, 20_____.

(Parent/Guardian Signature)

Personally appearing before me, _____.

This _____ day of _____, 20_____.

(Notary Public)

My Commission Expires: _____

ID provided: Personally known

Driver's License _____

Other _____

Video/Website/Photograph Permission Release Form

While your child is attending St. Luke's Child Development Center, there may be occasions when your child will be photographed or videotaped in our school's environment. This form is requesting your authorization for such pictures to be published or used by the ministries of St. Luke's United Methodist Church.

Date: _____

Child's Name

Signature of Parent/ Guardian

Please check one of following options and return to CDC Office.

I hereby authorize publication of school activity pictures.

I do not authorize publication of school activity pictures.

I hereby authorize publication of school activity pictures within Procure ONLY.

DCF Checklist for 2024-2025

Section 10-12.025(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680). Some children in care have a Religious Exemption from Immunization form, DH681. **These forms are due on or before the first day of school.**

Section 402.3125(5), F.S. requires that parents receive a copy of the Child Care Facility Brochure, “**Know Your Child Care Center**” (www.st.lukes.org/cdc).

Section 10M-12.025(4)2, F.A.C. requires that parents are notified in writing of the disciplinary practices used by the child care facility.*

Influenza Virus Brochure, CF/PI 175-70, June 2009, requires that parents review the “**Influenza Virus, The Flu, A Guide to Parents**” Brochure, Department of Children and Family/Department of Health (www.st.lukes.org/cdc).

Section 65C-22.001 requires that enrollment information be available for childcare personnel to review as needed.*

Section 65C-22.008 School Age Child Care, Chapter 386, F.S. requires that all parents are notified in writing that smoking, including e-cigarettes is prohibited on the premises of the child care facility.*

Section 402.3054 requires that parents be notified of on-campus field trips. Field trips apply only for Preschool and VPK classes. Specific dates for field trips will be indicated on the monthly class calendars. Your signature on this form authorizes your child to participate in these special events.*

Section 402.301-402.309 requires that parents are notified of St. Luke’s Child Development Center’s Emergency Evacuation Plan and Security Procedures.*

Section 2.8 requires that parents are notified in writing of the disciplinary and expulsion policies.*

By signing below, you acknowledge that you have received the St. Luke’s Child Development Center Handbook and the documentation required by licensing and it available at www.st.lukes.org/cdc.

*Information provided in St. Luke’s Child Developments Center’s Handbook.

Signature of Parent/Guardian

Date

Student’s Name (Please Print)