

# VPK Enrollment Checklist 2024-2025

- \_\_\_\_\_ Application for VPK
- FL Certification of Immunization Form 680 or 681
- \_\_\_\_\_ State of Florida School Entry Health Exam Form 3040
- \_\_\_\_\_ Child's Birth Certificate
- \_\_\_\_\_ Current Parent/Guardian ID
- \_\_\_\_\_ Court/Legal Documents if applicable
- \_\_\_\_\_ Notarized Medical Care Form
- \_\_\_\_\_ VPK Voucher
- \_\_\_\_\_ School Readiness Certificate if applicable
- \_\_\_\_\_ VPK Aftercare Notarized Financial Agreement
- \_\_\_\_\_ Signed Publicity Information Form

Office Use: Application taken by: \_\_\_\_\_\_ Date Received: \_\_\_\_\_\_

Our School Mission is: To encourage students to use their God-Given gifts to touch the lives of others as Jesus did.



### Fees Preschool (PK-3) and VPK Aftercare 2024 - 2025 School Year

Preschool (PK-3) non VPK 4 year olds	VPK Aftercare
<ul> <li>Faith based curriculum</li> <li>Weekly chapel</li> <li>All students must be Potty Trained</li> <li>School hours 8:15am - 3:15pm</li> <li>Afterhours are from 3:15 pm to 5:30 pm</li> <li>Fees: Per child and non-refundable. Application fee due upon applying. Other fees due by July 1 to hold student spot.</li> <li>\$50 new student application fee</li> <li>\$100 security fee</li> <li>\$225 per week</li> </ul>	<ul> <li>Faith based curriculum</li> <li>Weekly chapel</li> <li>School hours 8:15am - 11:15am</li> <li>Aftercare hours are 11:15am to 5:30pm</li> <li>Fees: Per child and non-refundable.</li> <li>\$50 new student application fee</li> <li>\$100 security fee</li> <li>\$150 aftercare weekly fee</li> <li>**During school breaks \$200.00 weekly fee**</li> </ul>

## School closes at 5:30 pm,

All children must be picked before 5:30 or there is a late charge of \$1.00 per minute payable when you pick up your child.

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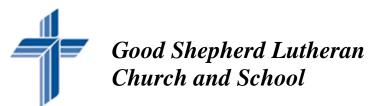


DCF#C20LE0043

## VPK/Aftercare Application for 2024-2025

Full Name (last, first, middle)			
DOB: Class applying	for: Schoo	l Year: Ma	ale: Female:
Street Address:			
City:	Zip Code:	Phone #:(	)
Race: BlackAsian Whit	e Native American o	or Alaska Native	Hawaiian or Pacific Islande
Hispanic or Latino Other			
Previous School Attended			
Address of School:			
Medical/Allergies:			
If yes, please describe:			
If yes, please describe: Does your child have any physical, emot			
Does your child have any physical, emot			
	ional, or learning disabilit	ies: (If yes) please exp	blain:
Does your child have any physical, emot	ional, or learning disabilit	ties: (If yes) please exp	plain:
Does your child have any physical, emot  Parent or Guardian Name: Address:	ional, or learning disabilit	ies: (If yes) please exp	plain: p
Does your child have any physical, emot Parent or Guardian Name: Address: City:	ional, or learning disabilit	ies: (If yes) please exp Relationshi Phone #:(	plain: p
Does your child have any physical, emot Parent or Guardian Name: Address: City: Email:	ional, or learning disabilit	ies: (If yes) please exp Relationshi Phone #:(	plain: p
Does your child have any physical, emot Parent or Guardian Name: Address: City: Email: If Guardian, please supply cou	ional, or learning disabilit Zip Code:	ies: (If yes) please exp Relationshi Phone #:(	plain: p
Does your child have any physical, emot Parent or Guardian Name: Address: City: Email:	ional, or learning disabilit Zip Code:	ies: (If yes) please exp Relationshi Phone #:(	plain: p
Does your child have any physical, emot Parent or Guardian Name: Address: City: Email: If Guardian, please supply cou	ional, or learning disabilit Zip Code:	ies: (If yes) please exp Relationshi Phone #:(	plain: p
Does your child have any physical, emot Parent or Guardian Name: Address: City: Email: If Guardian, please supply cou	ional, or learning disabilit Zip Code:	ies: (If yes) please exp Relationshi Phone #:(	plain: p

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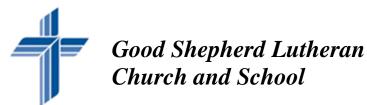


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#### **Emergency Contacts:**

The student will be released only to the custodial parent or legal guardian and the persons listed below. If for some reason, the custodial parent or legal guardian cannot be reached, the following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency.

Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
Medical Information:			
Doctor:	Address:		Phone:
Dentist:	Address:		Phone:
Please list allergies, special medica	al or dietary needs, or other areas o	of concern:	
<ul> <li>Section 7.3 of the Child Care Brochure "Know Your Child</li> <li>Section 7.3 C.3 of the of the used by the child care facilit</li> <li>Section 2.8 of the Child Care policies used by the child care</li> </ul>	e Facility Handbook, requires that p	parents receive a copy of the uires that parents are provid parents are notified in writin ems and that the informatior	ded food and nutrition policies ng of the disciplinary expulsion n on this enrollment form is
Signature:		Date:	
Office Use: Application Acce	ptedYesNo	BY:	Date:
Mrs. Ann Marie Collard Principal amcollard@goodshepofnfm.com	Our School Miss To encourage students to us to touch the lives of oth	se their God-Given gifts	Ms. Penny Holt Preschool Director pholt@goodshepofnfm.com



### VPK Aftercare Financial Agreement 2024-2025

Name of Student:	Age of Studen	nt: GenderMF
Parent/Guardian:		(Please Print)
Nonrefundable fees due upon ac	cceptance of enrollment:	
Application for Aftercare \$5	0 Weekly VPK aftercare fee is \$150	Security Fee \$100.00
□ Employee Discount \$	Church Member Discount	\$
I agree to pay th	e following weekly fee after any disco	ount \$
	the undersign we charges and contract. Failure to make sa n of payment due will also be due.	
By signing below, I acknowledge that I has fulfill the total financial obligation.	ave read and understand the terms and con-	ditions of the agreement and agree to
Signature of parent/guardian	D IN THE PRESENCE OF A FLORIDA	ecurity Number of parent/guardian
Printed Name of Parent/Legal Guardian _		_
The foregoing instrument was acknowled Personally know or produced ident Type of Identification		
Mrs. Ann Marie Collard Principal <b>7</b> amcollard@goodshepofnfm.com	Our School Mission is: To encourage students to use their God-Give	Ms. Penny Hol en gifts Preschool Director pholt@goodshepofnfm.com



4770 Orange Grove Blvd. North Fort Myers, FL 33903 239-995-7711 www.goodshepofnfm.com Robert Davis, Pastor pastordavis@goodshepofnfm.com

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## STUDENT MEDICAL RELEASE

Should my child \_\_\_\_\_\_\_ become ill or suffer an accident of any character while he/she is in the care of Good Shepherd Lutheran School, I understand that the staff shall undertake measures to contact me immediately. In the event I cannot be reached Good Shepherd Lutheran School Staff shall be authorized to secure consent to such medical treatment and services for my child as may be deemed necessary. I acknowledge that I will be responsible for any cost incurred due to sickness or injury to my son/daughter. I hereby waive any claim and forever and all actions, claims, and demands which claimant now has or may hereafter have on account of or arising out of any accident, casualty and/or event which might occur while on or off the premises of Good Shepherd Lutheran Church and School. I am the parent/legal guardian of the above-named child, and I am over eighteen (18) years of age and legally competent to execute this waiver of claims.

#### MUST BE SIGNED IN THE PRESENCE OF A FLORIDA NOTARY PUBLIC

Signature of Parent of Guardian	Print name		Date
TATE OF FLORIDA COUNT	Y OF:		
he foregoing instrument was acknowledge	ed before me this	day of	, 20
ersonally know or produced identif	fication		
bype of Identification			
lotary Name:	Commission Ex	pires	

Mrs. Ann Marie Collard Principal amcollard@goodshepofnfm.com Our School Mission is: To encourage students to use their God-Given gifts to touch the lives of others as Jesus did.



4770 Orange Grove Blvd. North Fort Myers, FL 33903 239-995-7711 www.goodshepofnfm.com Robert Davis, Pastor pastordavis@goodshepofnfm.com

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### **Publicity Information Release**

## School Year 2024-2025

Photo Release I authorize my child's participation in classroom photographs. These classroom photographs will be used to create displays for the classroom and hallways that illustrate the facility's curriculum and children's daily activities. These photos may also be published on the Good Shepherd Lutheran Church and School website and/or Facebook page.

Student's Name: \_\_\_\_\_\_ (please print)

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

Publicity Release I authorize my child's participation in any media events that take place at the facility or on the grounds. I understand that this may include video footage, photographs, or written quotations of my child. I understand that the facility will post these events for parent's knowledge and will do so prior to their occurrence whenever possible.

Parent/Guardian Signature:	Da	:e:

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