

Name of Center: Stetson Baptist Christian School  
Address: 1025 W. Minnesota Ave  
Deland FL, 32720  
Phone: (386) 734-7791  
Administrator: Deborah Smoak  
Coordinator: Rachel Weems



## Stetson Baptist Christian School 2024-2025 4 Year Old Registration Form and Fees

**\*Students must be 4 by September 1<sup>st</sup> and completely potty trained**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender (circle): Male Female

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

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**Registration:** \$150.00 (non-refundable)

### Weekly Rates (Select One):

\_\_\_\_\_ School Day (8:00am-3:00pm\*).....\$175.00 a week

\_\_\_\_\_ Full Day (8:00am-6:00pm\*).....\$200.00 a week

\_\_\_\_\_ Half School Day (8:00am-11:45am\*).....\$100.00 a week

\*Morning care is available from 7:00am-8:00am at no additional charge.

\*\*Lunch is not included in these fees.

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### Important Information

1. Payment is **pre-paid** on the Friday prior to the week child is attending.
2. No credit will be issued for days missed or for days the center is closed.
3. Accounts must stay current in order to hold your child's spot.
4. Child **must be potty trained**.
5. 2 weeks of vacation with **prior** notice (at least 2 weeks) will be allotted for each school year without payment. (this cannot be rolled over )
6. All **required** paper work filled out and turned in prior to child beginning.

## LUNCH TIME

I understand that I must provide a nutritious lunch for my child.

Per DCF regulations, all children will have an insulated lunch box with an ice pack to keep food safe. Lunches must meet nutritional guidelines set by the USDA. We recommend you use the "My Plate" as a guide to ensure that your child is eating a healthy and nutritious meal.

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

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **\*Permission for Food-Related Activities & Special Occasion Food Consumption\***

Pursuant to 65C22.005., F.AC., licensed child care facilities must obtain written permission from parent/guardians regarding a child's participation in food related activities. Activities include: classroom cooking projects, gardening, school wide celebrations, and birthdays.

I, \_\_\_\_\_, (parent/guardian) give/decline (circle one) permission for my child, \_\_\_\_\_, (child's name) to participate in food related activities and special occasions where food is consumed.

Please provide the following information:

\_\_\_\_ My child DOES NOT have a food allergy or dietary restriction.

\_\_\_\_ My child DOES have a food allergy or dietary restriction. He/she may participate in activities, but not eat or handle the following items:

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

Mother's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Father's Signature \_\_\_\_\_

Date: \_\_\_\_\_

In an effort to provide the best possible nutritional environment for the children in our facility, we have adopted the policy described below. The administration and staff appreciate support from the parents in promoting the health of our children.

**Menus and Variety**

- Our menus include healthy items and include a combination of new and familiar foods.

**Beverages**

- We make drinking water freely available so children can serve themselves both inside and outdoors.
- We serve only 1% or skim milk to children age 2 or older.
- We rarely offer sweetened drinks other than 100% juice.

**Fruits and Vegetables**

- We offer fruit to children at least 1 time a day.
- We only offer fruit canned in its own juice (no syrups), fresh, or frozen.
- We offer vegetables to children at least 1 time a day.

**Meats, Fats, and Grains**

- We offer fried or pre-fried (frozen and breaded) meats (chicken nuggets) or fish (fish sticks) once a week or less.
- We offer fried or pre-fried potatoes (French fries, tater tots, hash browns) once a week or less.
- We offer high fat meals like sausage, bacon, hotdogs, or bologna once a week or less.
- We offer lean meats at least once a week or less

Parent Signature:\_\_\_\_\_

Date:\_\_\_\_\_

## Health History of Child

Does your child have any of the following illnesses/conditions?

Frequent colds, earaches, tubes in his/her ears, any problems in speech, hearing, vision, allergies, allergic reactions or certain fears that we should be aware of? Please list below:

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Any special dietary needs? Please list below:

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## Illness

For the protection of all children and staff, your child should be kept home if they are showing any of the following symptoms:

### **Fever:**

Your child should not attend school if they have a fever. If a fever of 100 degrees or higher occurs while at school, you will be notified to pick up your child IMMEDIATELY. The child must be fever free for 1 full school day before returning to school.

### **Diarrhea or Vomiting:**

A child who is vomiting or has diarrhea should not be sent to school. If this happens while your child is at school you will be notified to pick them up IMMEDIATELY. The child must be free from any symptoms of diarrhea or vomiting for 1 full school day before returning.

### **Eye Infection (Conjunctivitis)**

We cannot accept any child that has discharge, redness, or mattering of the eye. Once a doctor has prescribed medicine and eye drops have been administered to the child, a period of 24 hours must pass before your child will be able to return to school.

### **Contagious Diseases:**

If your child develops any of the following contagious diseases you must notify the school immediately: unknown rashes, scarlet fever, strep throat, measles, mumps, chicken pox, pinworms, etc.

Please keep your child home should these or any other unusual symptoms occur. Before any child can return to school they MUST have a doctor's note saying they are able to return to school.

I have read the above statement and understand SBCS policy on illness.

Mother's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Father's Signature \_\_\_\_\_

Date: \_\_\_\_\_

## Payment

- All weekly payments are due the **Friday** prior to the week the child is attending.
- Account must stay current in order to hold your child's spot.
- No Credit will be issued for days missed or for days the center is closed.
- 2 weeks of vacation with prior notice (at least 2 weeks) will be allotted for each school year without payment (this cannot be rolled over).

Who will be responsible for weekly tuition? \_\_\_\_\_

Mother's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Father's Signature \_\_\_\_\_

Date: \_\_\_\_\_

## Parent's Permission Slip

I hereby grant permission for my child, \_\_\_\_\_ to participate in the following activities:

1. Have my child photographed during the time he/she is involved in the center's program.
2. Participate in all activities such as Trike-A-Thons, Bike Day, and Water Days (weather permitting)

Mother's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Father's Signature \_\_\_\_\_

Date: \_\_\_\_\_

## Refusal to Release a Child

Your child will not be released from SBCS to ANYONE, whose name is not listed on your pick-up list. If anyone besides the parent or legal guardian picks up your child they MUST have identification and be 18 years of age or older, or we will not allow the child to leave.

I have read and understand the above statement, and am in full agreement with it.

Mother's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Father's Signature \_\_\_\_\_

Date: \_\_\_\_\_

## Disciplinary Practices

Since SBCS is a learning center, it is very important to have order in our classrooms. Inappropriate behavior, such as fighting, constant biting, kicking, bad language, uncontrollable fits, or disrespect towards the staff is not acceptable.

The following methods of discipline will be used, depending on the age and development levels of each child:

1. We will try to redirect any unacceptable behavior.
2. Time out away from his/her friends.
3. Child will be sent to the office if problem continues.

When a severe and ongoing problem exists that staff discipline has not been able to correct, the following procedure will be used:

1. The parent will be notified and expected to attend a parent/teacher conference.
2. If misbehavior continues parent will be called to come and take home the child.
3. If all the above fails and the problem continues we will have no other choice than to dismiss the child from SBCS.

By signing below, you verify that you have read the disciplinary practices and fully understand the rules set forth by SBCS.

Mother's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Father's Signature \_\_\_\_\_

Date: \_\_\_\_\_

# STETSON BAPTIST CHRISTIAN SCHOOL MEDICAL RELEASE FORM

*The following is our Medical Release form. It MUST BE signed by the student's legal parent/guardian.*

**I/we hereby release Stetson Baptist Christian School from any liability for injury or damage resulting from emergency treatment of my child.**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Student's Doctor: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

It is understood that the school will follow these procedures:

1. Administer minor first aid treatment by a qualified person (one who holds a first aid certificate from the American Red Cross).
2. If this is not judged to be adequate, parents/guardians will be contacted immediately. If parents/guardians cannot be reached immediately, the person the parents/guardians have named or the student's doctor will be contacted.
3. The school has the right to take the student to the Emergency Room, without prior parent/guardian notification, when it is judged necessary for safety and treatment of the student. Parents/guardians will be notified.

Parent or guardian name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

(It is your responsibility to update the School's records if any of this information changes during the school year.  
Please contact the school office for more information.)

Person responsible for billing: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Any allergies (include medication)? \_\_\_\_\_

Persons authorized to remove your child if parents/guardians cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

