Suntree United Methodist School
CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: _____ Sex: ____ Date of Enrollment: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

_____

Family Information:

Custody: Mother _____ Father _____ Both _____ Other _____

Child Lives With: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Cell # _____ Cell #_____

Work #_____ Work #_____

Email Address_____ Email Address _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Phone: _____

Doctor: _____ Phone: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern: _____

_____

_____

Contacts:

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

_____

Name Address Home # Cell #

_____

Name Address Home # Cell #

_____

Name Address Home # Cell #

Helpful Information about Child:

Language(s) spoken at home _____ Bilingual _____Yes _____No

_____

_____

_____

_____

In an effort to assist your child in meeting his/her individual goals, please let us know if your child is already participating in services such as Speech, O.T., and/or P.T.
(Please provide a copy of your child's Individualized Education Plan (IEP) with your registration.)

Check all that apply: _____Yes, my child currently has an IEP.

_____We are awaiting a finalized IEP.

_____We are interested in learning more about how my child's specific needs will be met.

_____

_____

_____

_____

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, "Know Your Child Care Facility" (CF/PI 175-24)

Section 2.8 of the Child Care Facility Handbook requires that parents be notified in writing of the facility's disciplinary and expulsion policies.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

_____ _____

Signature of Parent/Guardian Date

Suntree United Methodist School
Student Information Form

Child's Name _____

What three words would you use to describe your child? _____

What are your child's strengths? _____

Does your child currently have any struggles that they are working through? _____

_____

What are your child's favorite: Toys? _____ Pet(s)? _____

What are your child's fears? _____

What other information would you like to share about your child?

_____

_____

Name, age, and sex of other children in the family _____

Previous schools attended_____

If your child (or a previous sibling) has attended SUMS, please list your child's teacher(s)

_____

How did you find out about this school? _____

What do you want your child to receive from this program? _____

_____

Will you allow your child's picture to be included on our SUMS private FB page? _____

Will you allow your child's picture to be shown in our end-of-the-year video? _____

Will you allow your child's picture to be published in the local newspaper? (no names included) _____

Will you allow your child's address, phone #, parent information, and email to be included on a class list that is given out to each child in his/her class? _____

Religious Affiliation (Optional)_____
Church you attend

_____

Please indicate if you are interested in being contacted by Suntree United Methodist Church for membership information. _____

Suntree United Methodist Church
Registration and Agreement Form
Tiny Two Class
2026-2027

PLEASE PRINT

CHILD'S NAME_____M_____F_____

BIRTH DATE_____ PHONE #_____

PARENT/GUARDIAN NAME_____

EMAIL ADDRESS_____

CLASS ASSIGNMENT

Monday & Wednesday 9:00 am - 11:45 am

Parent/Guardian must agree to the following:

- I agree that the registration fee is non-refundable unless the student moves from
  the Melbourne area.
- I understand I must give a 30-day notice if my child is leaving the SUMC Tiny Two Class.
- I agree to pay $300 registration fee and $300 monthly tuition fee.
- I agree to make checks out to SUMC (Suntree United Methodist Church).
- I agree to the Late Tuition Fee Policy.
- I agree to the Late Pickup Fee Policy.
- I have received a copy of the Tiny Two Program Handbook.
- I have reviewed a copy of DCF Know Your Child Care Facility and Influenza Virus Brochure included in the handbook.

Do you have any objections to pictures being taken of your child to be used in the classroom only and given to you? _____

Do you have any objections to your name, addresses, phone numbers, and emails being given out on a class list to the class? _____

I agree to all the above terms.

Parent Signature_____ Date_____

License # C18BR0149