



**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. \_\_\_\_\_

Dear SUMS Families,

When creating class assignments for the next school year, please know we assign students to classes using a collaborative team approach involving current teachers and administration. This ensures that a lot of background knowledge and thought regarding your child goes into the process. However, if there is information, we may not be aware of that you would like us to consider when making placement decisions, we invite you to complete the form below and return it to the school during final registration with your registration forms. Specific teacher requests should not be included.

Sincerely,

Special information to consider: \_\_\_\_\_

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

\_\_\_\_\_  
Date

**Suntree United Methodist School  
Registration and Agreement Form  
Voluntary Pre-Kindergarten Program  
2026-2027 School Year**

**Please Print**

Child's Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Birth Date \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

**Class Assignment**

\_\_\_\_\_ 3-Day VPK 9:00 am - 2:00 pm Fully state-funded tuition  
Activity Fee Donation \$350.00 per year  
Students must be four on or before Sept. 1, 2025.  
Certificate of Eligibility Required  
\*Self-Pay – Registration Fee \$350.00  
Tuition Fee \$400.00

\_\_\_\_\_ 5-Day VPK 9:00 am - 12:00 pm Fully state-funded tuition  
Activity Fee Donation \$350.00 per year  
Students must be four on or before Sept. 1, 2025.  
Certificate of Eligibility Required  
\*Self-Pay – Registration Fee \$350.00  
Tuition Fee \$400.00

\_\_\_\_\_ 5-Day VPK Extended 9:00 am - 12:00 pm Fully state-funded tuition  
(Certificate of Eligibility Required)  
12:00 pm - 2:00 pm – Tuition – \$350.00 per month  
Registration Fee - \$350.00 per year  
Students must be four on or before Sept. 1, 2025.  
\*Self-Pay - Registration Fee \$350.00  
Tuition Fee \$550.00

\*The Self-Pay fees are for children who previously utilized the VPK Program, but the funding is no longer available.

Parent/Guardian must agree to the following for our Voluntary Pre-Kindergarten:

- I agree to comply with Suntree United Methodist School program rules and regulations regarding fees, attendance, health, parking, clothing, and other items specified in the school handbook. I am aware of the scheduled school holidays.
- I agree to notify the school 30 days in advance of withdrawal.
- I agree to the Late Pick-up Fee Policy.
- I grant permission for my child to use all the play equipment and participate in all the school activities.
- I received the Suntree United Methodist School Handbook, which is located on the school website.
- I received a copy of the Suntree United Methodist School Discipline Policy, which is found in the School Handbook.
- I received the pamphlet-Know Your Child's Day Care Center, which is found in the school handbook.
- I received the Influenza Virus Information Form, which is located on the school website.
- The student's Certificate of Eligibility, if applicable, will be turned in to the school office by the requested date.
- I agree with the attendance policy as stated in the SUMS Handbook.
- I understand the Activity Fee Donation is strictly voluntary for VPK students who only attend the scheduled VPK program. It is not a requirement for the child's participation in the VPK program, but it is greatly appreciated and allows us to continue to bring many specialty classes to our school for the children.
- The Extended VPK Class has a required Registration Fee. (No additional Activity Fee is required.)

VPK Extended Day only:

- I agree to pay the Tuition Fee for the Extended Day Program.
- I agree to the Late Tuition Fee Policy as stated in the SUMS Handbook
- I agree to pay the Registration Fee for the Extended Day Program.
- I understand the VPK Extended Registration Fee is non-refundable unless the family moves away from the Melbourne area before the start of school.

I agree to all the above terms.

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

School staff will complete the information below the line.

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Activity Fee/Registration Fee Date Paid \_\_\_\_\_ Check/Cash Amount \_\_\_\_\_  
Polo Shirts purchased \_\_\_\_\_ Date Paid \_\_\_\_\_ Check/Cash Amount \_\_\_\_\_

## Activity Fee

The school relies on tuition and fees for a substantial portion of its operational budget. It must have the appropriate funds to meet its financial obligations (e.g., salaries, maintenance, etc.) and the funds necessary to operate exemplary spiritual and educational programs (e.g., Science at SUMS, Fun Trail, Music, daily classroom resources, etc.).

In an effort to maintain our current and future programs, we are asking our VPK families to cover an Activity Fee Donation of \$350.00. Please pay what your family feels comfortable contributing to the school. Thank you for these much-needed funds.

I am prepared to give the Activity Fee  Yes  
 No

I am interested in sponsoring a SUMS Family that is unable to pay the Activity Fee  
 Yes  
 No

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