

Willow Creek Preschool Class Choice Form

2025 - 2026

School Hours: 9:00-1:00

Child's Full Name _____ Reg. Pd. _____ Material Paid _____

| Two Year Olds (by Sept.1, 2025) (Max.10 per class) | Monthly Tuition | Registration Fee/Material Fee-Activity Fee (non-refundable) |
|---|------------------------|---|
| <input type="checkbox"/> Monday/Tuesday | \$260.00 | \$125.00/\$200.00 |
| <input type="checkbox"/> Wednesday/Thursday | \$260.00 | \$125.00/\$200.00 |
| <input type="checkbox"/> Monday - Thursday | \$390.00 | \$125.00/\$225.00 |

Three Year Olds (by Sept. 1, 2025) (Max. 10 students per class)
(ALL CHILDREN SHOULD BE INDEPENDENT IN THEIR TOILETING)

| | | |
|---|----------|-------------------|
| <input type="checkbox"/> Monday-Wednesday | \$315.00 | \$125.00/\$225.00 |
| <input type="checkbox"/> Monday-Thursday | \$365.00 | \$125.00/\$250.00 |
| <input type="checkbox"/> Monday - Friday | \$390.00 | \$125.00/\$265.00 |

Four Year Olds (by Sept. 1, 2025) (Max. 11 students per class)

| | Non VPK | VPK wrap around Reg./material-Activity Fee | VPK Wrap around Tuition |
|--|----------|---|----------------------------|
| <input type="checkbox"/> Monday - Thursday | \$390.00 | \$125.00/\$265.00 | *\$125.00 |
| <input type="checkbox"/> Monday - Friday | \$410.00 | \$125.00/\$290.00 | *\$145.00 |

* Prices are contingent on VPK funding.

Monday-Friday VPK Only Times 9:00-12:00*

You will be placed in the class you have chosen on a first come/first serve basis. You will be notified should your first choice be unavailable. If you do not receive notification, your child has been placed in the class you have chosen above. Please choose ONLY according to the quantity of days and days of choice, not by teacher!

*All registration forms must be turned in with registration fee (non-refundable)
All material-activity fees (non-refundable) are due by May 1, 2025.*

Parent Signature: _____

Willow Creek Preschool

4725 East Lake Drive

Winter Springs, Fl. 32708

e-mail: wcpschool@willowcreekchurch.org

web: www.willowcreekchurch.org

phone: 407-699-0033

Date _____

Child Information Sheet/Registration Form

Child's **Full** Name _____ Male _____ Female _____
First Middle Last

Name by which the child is called _____ Birth Date _____

Ethnicity _____ Language spoken in the home _____

Father

Mother

Name _____ Name _____

Cell Phone _____ Cell Phone _____

Address _____ Address _____

E-mail _____ E-mail _____

Occupation _____ Occupation _____

Business phone _____ Business phone _____

Church preference _____

Siblings/Ages: _____

With whom does the child live? _____

To enable your child's teacher to provide for your child's individual needs, please provide the following information:

1. Does your child exhibit any of the following? (Please explain)

Visual Difficulties _____

Speech Difficulties _____

Physical/Motor Difficulties _____

Emotional Difficulties _____

Is your child being seen for therapy, or has had therapy of any kind? _____

If so, please explain _____

Special Medical Needs _____

Allergies _____

Food Restrictions _____

2. Does your child exhibit any behavior(s) which concern you? _____

All children in our three and four-year-old program must be independent in their toileting

Please attach registration fee to this form. Once this form and fee have been received, your child will be considered registered.

Please let us know if your plans to attend should change. You will be placed in the class you have chosen on a first come/first serve basis. You will be notified if your first choice is unavailable

Parent signature: _____ Date: _____

Getting To Know Your Child

Child's Name: _____

How would you describe your child's personality?

Does he/she like to try new things?

Please list three activities your child enjoys:

Does your child prefer to do things independently? How does your child handle redirection?

List 2 things your child does well, and 1 you are working on with them.

Is your child being seen for therapy, or has had therapy of any kind?

Please provide any additional information you may want to share:

Willow Creek Preschool
4725 East Lake Drive
Winter Springs, Fl. 32708
Phone: 407-699-0033

Child's Name _____

wcpreschool@willowcreekchurch.org
www.willowcreekchurch.org

WILLOW CREEK PRESCHOOL
DISMISSAL FORM

The following people have permission to pick up my child at any time from school. I understand that no one other than the following people will be permitted to do so. Should an emergency arise and someone other than those on this list will need to pick up my child, I will supply written permission to the director of the preschool.

WE WILL NOT ACCEPT PHONE CALLS.

| NAME | PHONE NUMBER |
|------|--------------|
| Dad | |
| Mom | |
| | |
| | |
| | |
| | |
| | |
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| | |

Parent Signature: _____

Willow Creek Preschool

Medical Release Form

Child's Name _____

I hereby grant permission for Willow Creek Preschool staff to take whatever action necessary to obtain emergency medical care for _____ if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact parent(s) or guardian.
2. Attempt to contact the child's physician, listed below.
3. Attempt to contact you through any of the persons listed on the emergency information below.
4. If we cannot contact you or your child's physician we will do any or all of the following:
 - A. Call another physician or paramedic.
 - B. Call an ambulance.
 - C. Have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred under the above will be the responsibility of child's family or legal guardian(s).
6. The school/church will not be responsible for anything that may happen as a result of false medical or personal information given at the time of enrollment.

Persons to contact in the event we cannot reach you:

| Name | Phone | Address | Relationship |
|----------|-------|---------|--------------|
| 1. _____ | | | |
| 2. _____ | | | |
| 3. _____ | | | |

Physician(s) to contact in the event of an emergency:

1. _____
2. _____
:

I hereby give consent to any local medical facility to administer treatment to my child, _____ in the event of any emergency at which time I cannot be reached. I give consent for my child to be transported by ambulance as the situation warrants.

Signature of parent or guardian

Acknowledge before me this _____ day of _____, _____
in _____ County, Fl.

notary signature
(Print, type or Stamp Commissioned Name of Notary Public)
_____ Personally know
_____ Produced Identification Type of Identification Produced _____

At time of registration, we can notarized this form for you in the preschool office

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Winter Springs, Fl. 32708
Phone: 407-699-0033
wcpreschool@willowcreekchurch.org
www.willowcreekchurch.org

Statement of Discipline:

Willow Creek preschool is committed to teaching children through truth and love. We believe that each child is precious and deserves the guidance and direction to become all that God has planned for them to be. If loving boundaries and direction are given through the early years, self-discipline will naturally become the outcome. Children need and desire help in developing a sense of responsibility and inner discipline. Along with the parent, our desire is to offer these precious little ones the tools they need for healthy, safe and responsible behavior.

We offer redirection when needed as well as age appropriate rules and logical consequences for inappropriate or unacceptable behavior. Our techniques are a positive approach to problem solving, which may include loving redirection and if necessary a time apart from the situation. We use consistent, clear rules within our daily routine. At all times, children will be treated with respect and dignity.

If a child's behavior continues to be unacceptable and or disruptive to the class, a conference may be called with the parents, teacher and director present. It may be necessary to determine whether the child should continue in the program.

Please let us know if there is a home situation, major changes, or a problem that may affect your child's behavior. Communication is a vital part in providing a positive atmosphere for all of the children in our program.

Children may be dismissed from Willow Creek Preschool at the discretion of the Director. Some causes for dismissal may include: exhibiting destructive behavior, not performing at required level, parents who non-compliant with school policy or causing a disruption with either other parents or staff.

I have read and understand the Statement of Discipline used at Willow Creek Preschool.

Name

Date

Child's name

Date

I give my permission for my child's picture to be taken throughout the school year.

(Parent/Guardian)

I give my permission for my child's picture to be posted on our web site (NO NAMES WILL BE LISTED)

(Parent/Guardian)

I have read the policies in the Parent Handbook.

(Parent/Guardian)

I give my permission for the staff of Willow Creek Preschool to have access to my child's records.

(Parent/Guardian)

I give my permission for my child to eat foods brought in to share with the class.

(Parent/Guardian)

Section 402.3125(5), F.S. requires that parents receive a copy of the Child Care Facility Brochure "KNOW YOUR CHILD CARE FACILITY". I have received and read a copy of this brochure.

(Parent/Guardian)



Parent's Role

A parent's role in quality child care is vital:

- Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- Know the facility's policies and procedures.
- Communicate directly with caregivers.
- Visit and observe the facility.
- Participate in special activities, meetings, and conferences.
- Talk to your child about their daily experiences in child care.
- Arrange alternate care for your child when they are sick.
- Familiarize yourself with the child care standards used to license the child care facility.

Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment.

Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, you should consider the facility's quality indicators related to activities, caregivers, and environment.

Quality Activities

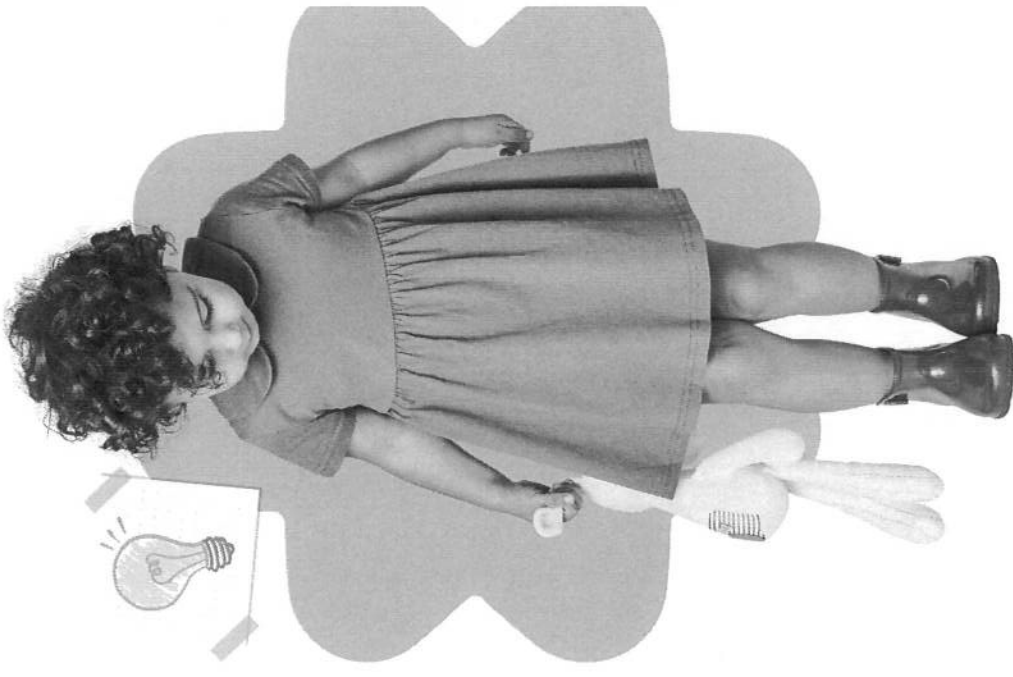
- Activities are children initiated and teacher facilitated.
- Activities include social exchanges with all children.

Quality Caregivers

- Caregivers are friendly and eager to care for children.
- Caregivers accept family cultural and ethnic differences.

Quality Environments

- Environments are clean, safe, inviting, comfortable, and child-friendly.
- Environments provide easy access to age-appropriate toys.



KNOW YOUR CHILD CARE FACILITY

For additional information, please visit www.myflfamilies.com/childcare or contact your local licensing office.

This brochure was created by the Department of Children and Families in consultation with the Department of Health.

Know Your Child Care Facility - General Requirements

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:

- Valid license posted for parents to see.
- All staff appropriately screened.
- Maintain appropriate transportation practices (if transportation is provided).
- Provide parents with written disciplinary and expulsion practices used by the facility.
- Provide access to the facility during normal hours of operation.
- Maintain minimum staff-to-child ratios.

Health Related Requirements

Emergency procedures that include:

- Posting Florida Abuse Hotline number along with other emergency numbers.
- Staff trained in first aid and pediatric cardiopulmonary resuscitation (CPR) on the premises at all times.
- Fully stocked first aid kit.
- A working fire extinguisher and documented monthly fire drills with children and staff.
- Medication and hazardous materials are inaccessible and out of children's reach.

Ratios



| Age of Child | Child: Teacher Ratio |
|---------------------|-----------------------------|
| Infant | 4:1 |
| 1 year old | 6:1 |
| 2 year old | 11:1 |
| 3 year old | 15:1 |
| 4 year old | 20:1 |
| 5 year old and up | 25:1 |

Training Requirements

- 40-hour introductory child care training.
- 10-hour in-service training annually.
- 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- Director Credential for all facility directors.

Food and Nutrition

Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

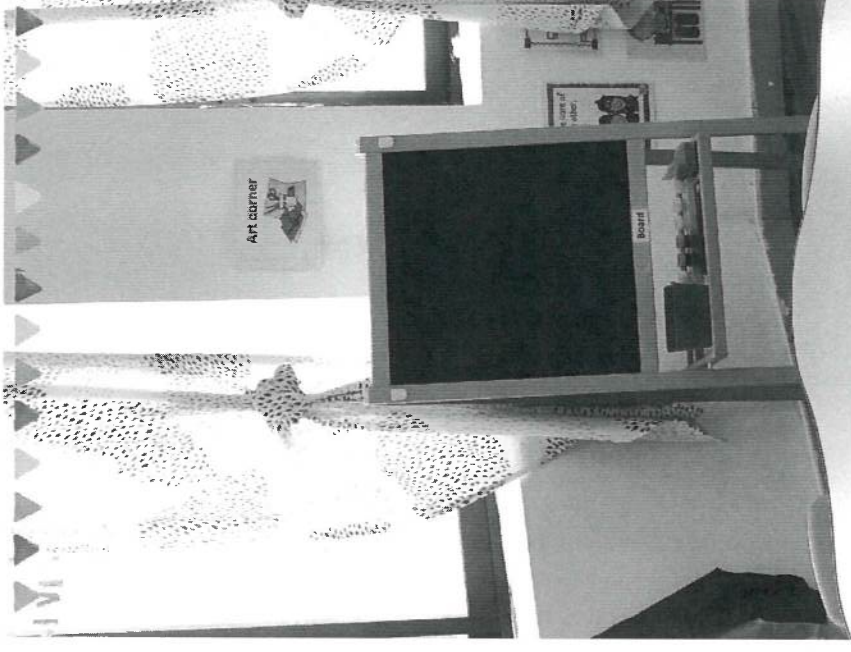
Record Keeping

Maintain accurate records that include:

- Children's health exam/immunization record.
- Medication records.
- Enrollment information.
- Personnel records.
- Daily attendance.
- Accidents and incidents.
- Parental permission for field trips and administration of medications.

Physical Environment

- Maintain sufficient usable indoor floor space for playing, working, and napping.
- Provide space that is clean and free of litter and other hazards.
- Provide sufficient outdoor play area.
- Maintain sufficient lighting and inside temperatures.
- Equipped with age and developmentally appropriate toys.
- Provide appropriate bathroom facilities and other furnishings.
- Provide isolation area for children who become ill.
- Practice proper hand washing, toileting, and diapering activities.



To report suspected or actual cases of child abuse or neglect, call the Florida Abuse Hotline
1.800.962.2873