



Zion Lutheran Church & School
2018-2019 Registration Packet
New Family Registration
Begins February 5th at 8 AM

Required paperwork for Registration please bring in person to the front office.

(Please make sure to have each of the following items to register, failure to do so **WILL keep you from securing a spot of your child**):

- Zion Lutheran Church & School Application for Enrollment
- DCF Childcare Application for Enrollment
- Registration Fee **CASH OR CHECK ONLY!**

(VPK **Does Not** have a reg. fee)

- **VPK ONLY** State of Florida VPK Certificate of Eligibility-go to the following link to register and obtain certificate (not included in packet!)

http://www.floridaearlylearning.com/vpk/how__to_apply_for_vpk.aspx

Additional Paperwork needed

- Food Activities Permission Form
- Permission to use Photographs
- Influenza Virus Information form
- Florida Certification of Immunization (From Doctor)
- State of FL School Entry Health Form (From Doctor)



Zion Lutheran Church & School

2018-2019 School Fee Schedule

		Monthly	School Year
1 Year Old	2 day (T/Th)	\$ 175.00	\$ 1,750.00
	3 day (M/W/F)	\$ 245.00	\$ 2,450.00
	5 day (M-F)	\$ 360.00	\$ 3,600.00
2 Year Old	2 day (T/Th)	\$ 190.00	\$ 1,900.00
	3 day (M/W/F)	\$ 265.00	\$ 2,650.00
	5 day (M-F)	\$ 365.00	\$ 3,650.00
3 Year Old	2 day (T/Th)	\$ 235.00	\$ 2,350.00
	3 day (M/W/F)	\$ 350.00	\$ 3,500.00
	5 day (M-F)	\$ 390.00	\$ 3,900.00
Extended Care	1 and 2 year olds	\$16.50 per day 12pm-2:30 pm	
	Pre-K3, VPK	\$4.50 per hour	
Registration Fees	1 & 2 year olds	\$75 (Includes school shirt)	
	Pre-K3	\$160 (includes school shirt)	

Questions: Please contact the front office at 407-656-5751 or office@zionnewlife.com



Zion Lutheran Church & School
16161 Marsh Road
Winter Garden, FL 34787
Application for Enrollment
20____-20____

CK# _____ Reg. Date pd. _____

Full (legal name of child) _____

Nickname: _____ Sex: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email(s): _____

____ 1 yr old (__ days)

____ 2 yr old (__ days)

____ 3 yr old (__ days)

____ VPK 5 days

____ 4 yr old private pay

Please Circle One: Married, Separated, Divorced, Single, Widow(er)

Parent/Guardian having Legal Custody: _____

Church Now attending: _____

Church Denomination: Father _____ Mother _____

Siblings Names and Ages: _____

Expected Extended Care needs: _____

Any information you would like to share with your child's teachers: _____

Others living at home with child: _____

Child Baptized _____ Date: _____ Location: _____

How did you hear about Zion Lutheran Church and School? _____

Registration and Tuition Agreement

I hereby make application for the admission of my child at Zion Lutheran Church & School. I understand that the Registration fee is to accompany this application and is nonrefundable. Tuition fees are due on the 15th day of the month and are considered delinquent if not paid by 5:00 PM on the last day of the same month, unless other arrangements have been made. I also understand that a late fee may be assessed for delinquent tuition or extended care payments. I have read the Parent Handbook understanding that these are the policies of Zion Lutheran Church & School. The registration, school tuition, and extended care fees cover only the preschool year and does not include the Summer Day Camp programs.

Signature of Parent/Guardian _____ Date _____

Printed Name of Parent/Guardian _____ Date _____



State of Florida
Department of Children and Families
CHILD CARE APPLICATION FOR ENROLLMENT

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

Full Name: _____

Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From _____ To _____

Days of the Week in Care: M T W Th F Sa Su

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack Sup Eve Snack

Family Information: Child Lives With: _____

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

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ /Cell: _____ Work Phone: _____ /Cell: _____

Custody: Mother _____ Father _____ Both _____ Other _____

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: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

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

Contacts:

Child will be released only to the custodial parent or legal guardian and the persons 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	Work#	Home#
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Name	Address	Work#	Home#
------	---------	-------	-------

Name	Address	Work#	Home#
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Name	Address	Work#	Home#
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Helpful Information About Child:

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or**
Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, **or**
Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).

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



PERMISSION TO USE PHOTOGRAPHS

Child's Name: _____

Date of Birth: _____

Zion Lutheran Church & School photographs or videotapes children in various programs. These photos are generally used for in-school displays and family newsletters. At times we would like to use them for church publicity such as displays for exhibits, brochures, newsletters, local news publications, website, etc.

Please indicate your permission for Zion Lutheran Church & School to photograph or video your child by initialing below on the appropriate lines.

_____ I give Zion Lutheran Church & School permission to use my child's pictures and videos for in-school displays and programs.

_____ I give Zion Lutheran Church & School permission to use my child's pictures and videos for School advertisements (brochures, flyers, magazine ads, etc.).

_____ I give Zion Lutheran Church & School permission to use my child's pictures and videos on their website.

_____ I give Zion Lutheran Church & School permission to use my child's pictures and videos for social media.

_____ I do not give Zion Lutheran Church & School permission to photograph or video my child.

I understand that I may revoke permission to use photographs/video at any time by contacting Zion Lutheran Church & school at 407-656-5751 or office@zionnewlife.com.

Parent/Legal Guardian: _____

Date: _____

Witness: _____

Date: _____



Zion Lutheran Church & School Food Activities Permission Form

DCF requires that we have written permission in your child's student file for them to participate in school activities that contain food products. In order for your child to participate, we must have this form signed and on file.

In our preschool environment, we learn through play. At times, we learn through food crafting, experimenting with food products, and celebrate holidays and special occasions with food. In order for your child to participate in these classroom learning activities, we must have your permission.

I _____ give permission for _____
(parent/guardian) (student)

To participate in classroom projects and celebrations that use food products and where food products will be consumed. My child's allergies, etc. have been made known in writing to Zion New Life Preschool and my child's teacher is aware of what my child can and cannot consume.

I _____ DO NOT give permission for _____
(parent/guardian) (student)

to participate in classroom projects and celebrations that use food products and where food products can be consumed.

Signature

Date

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.

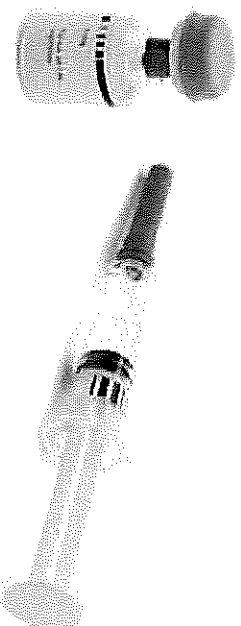


What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



How can I protect my child from the flu?

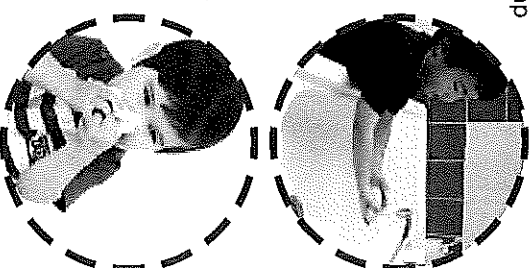
A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

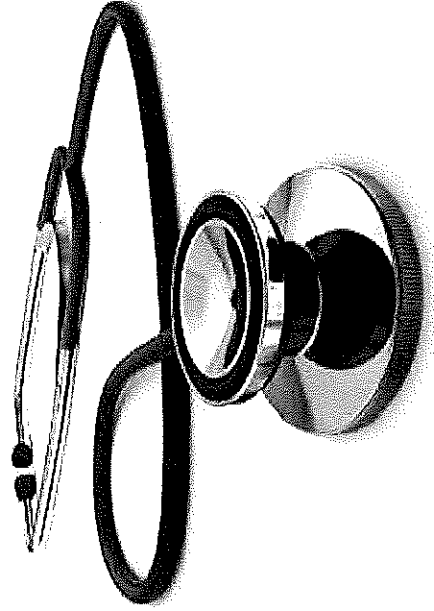


When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



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

CF/PI 175-70, June 2009

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

**"The Flu"
A Guide
for Parents**

INFLUENZA VIRUS

