



**ST JOHN PAUL II**  
EARLY LEARNING CENTER  
The Diocese of St Augustine

127 Stone Mason Way, Bldg 100  
Ponte Vedra, Florida 32081  
(904) 800-2445  
www.stjp2elc.net

## STJP II ELC Registration Information

**Student Name:** \_\_\_\_\_

**Student Program 2023-2024:** \_\_\_\_\_

**2023 Summer (May 30<sup>th</sup>-August 11<sup>th</sup>) Teacher(s):** \_\_\_\_\_

**2023-2024 Teacher(s):** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Transition Date (Infants and Toddlers ONLY):** \_\_\_\_\_

**Teacher(s):** \_\_\_\_\_

\_\_\_ Copy of Birth Certificate

\_\_\_ Copy of Immunization Form (DH680) Exp: \_\_\_\_\_

\_\_\_ Copy of Health Form (DH3040) Exp: \_\_\_\_\_

\_\_\_ Student Enrollment Form

\_\_\_ Parent Agreement

\_\_\_ Credit Card Authorization Form

\_\_\_ Child Photography Release Form

\_\_\_ Food Activities

\_\_\_ Receipt of Family Handbook (Please visit [www.stjp2elc.net](http://www.stjp2elc.net) to view the Family Handbook.)

\_\_\_ Screening Policy

\_\_\_ STJP2 Catholic Church Field Trip Participation Form

\_\_\_ Flu Brochure

\_\_\_ Distracted Adult Brochure

**VPK ONLY FORMS:** \_\_\_ VPK Voucher \_\_\_ VPK Attendance Policy



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**Child's Name:** \_\_\_\_\_  
*Last* *First* *M.I.*

**Address:** \_\_\_\_\_  
*Street* *City* *Zip*

**D.O.B.** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Start Date** \_\_\_\_\_ **Home PH#** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
*Last* *First* *M.I.*

**Place of Employment:** \_\_\_\_\_ **Bus. Ph#** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Voice Mail Message Box:**  Yes  No **Cellular Ph#&/or Pager#** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_  
*Last* *First* *M.I.*

**Place of Employment:** \_\_\_\_\_ **Bus. Ph#** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Voice Mail Message Box:**  Yes  No **Cellular Ph#&/or Pager#** \_\_\_\_\_

**Custody: Mother**  **Father**  **Both**  **Other**  \_\_\_\_\_

**Child Resides with: Mother**  **Father**  **Both**  **Other**  \_\_\_\_\_

**Other Persons permitted to pickup child from facility:**

1) \_\_\_\_\_  
*Name* *Phone#* *Relationship to Child*

2) \_\_\_\_\_  
*Name* *Phone#* *Relationship to Child*

**Physician's Name:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Religious Background:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_

**Information pertaining to child's care i.e. habits, allergies, potty training, etc...**

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

**Parent or Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only**

**Date received** \_\_\_\_\_  
 Paid Registration Fee with Check # \_\_\_\_\_

Cash - Amount Received \$ \_\_\_\_\_



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## Parent Agreement

I am the parent or legal guardian of \_\_\_\_\_ . In order to record my understanding of my rights and responsibilities as parent, guardian, or custodian of the above-named child, who is enrolled with St. John Paul II Early Learning Center, I agree to abide by the requirements, written below and all policies set forth in the Parent Handbook.

Section 402.305, F.S., requires that parents receive a copy of the Child Care Facility brochure, "Know Your Child Care Facility" Section 65C-22, F.A.C., requires that parents are notified in writing of the disciplinary practices used by the childcare facility.

In return for this promise of continual fulfillment of all policies, St. John Paul II Early Learning Center agrees to provide care for the above-named child which meets the standards and guidelines as set forth below and in the Family Handbook.

The fees as set forth herein will be in effect until a new agreement is signed by me.

I understand that a **non-refundable registration fee of \$200.00** is required at the time of registration (excluding VPK Voucher only students in the 9am – noon program).

Tuition payments will be made by cash, check, or money order. Receipts will be given for payments if requested. I understand that I have the right to choose to make monthly payments or weekly payments. I understand that once a payment method is established it cannot be changed until a new agreement has been signed. Monthly payments are to be made no later than the 5<sup>th</sup> business day of the month. A \$25.00 late fee will be assessed for accounts not paid by the above date and will be charged an additional \$10.00 each week until it is paid in full. Weekly payments are due on Monday and any payment not received by close of business Tuesday, will be assessed a \$15.00 late fee. If my child is not picked up at designated dismissal time per program, I will pay the required late fee.

I understand that there is **NO AUTOMATIC REDUCTION** of fees when my child is on vacation or gone from the center for any Early Learning Center or classroom closures.

I understand there is a **returned check fee of \$40.00**.

Two weeks in advance, written notice to the Director is required when withdrawing a child from St. John Paul II Early Learning Center. If two weeks advance notice is not given, I will pay two weeks from the time the notice is given.

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

\_\_\_\_\_  
*Date*



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**CREDIT CARD AUTHORIZATION FORM**

**2023-2024**

CARDHOLDER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

I AUTHORIZE THE FOLLOWING CREDIT CARD TO BE USED AS FORM OF PAYMENT FOR MONTHLY TUITION/REGISTRATION FEES AT ST. JOHN PAUL II EARLY LEARNING CENTER.

CARD TYPE: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

CVV # (3 DIGITS): \_\_\_\_\_

SIGANTURE OF CARD HOLDER: \_\_\_\_\_

*\*PLEASE NOTE PAYMENTS WILL BE POSTED ON THE FIRST OF THE MONTH.*



**Diocese of Saint Augustine**  
Catholic Center  
11625 Old St. Augustine Road  
Jacksonville, Florida 32258  
(904) 262-3200

***Child Photography Release Form***

Without compensation, I hereby grant permission to the Catholic Diocese of Saint Augustine to use and reproduce photographs and/or video taken of my child. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine, incorporation sole, the Catholic Diocese of Saint Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

Child's Name (Printed): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

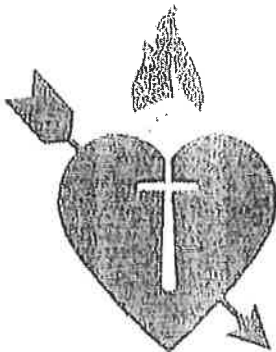
Email: \_\_\_\_\_

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

# FOOD ACTIVITIES

My child has permission to consume food items brought into the classroom that are from outside sources, including snack items, pizza parties, birthday parties, Christmas parties, etc.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



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Section 7 – Receipt Of Parent Handbook

(This page to remain on file in the center.)

I have received a copy of St. John Paul II Family Handbook and agree to abide by the policies.

Parent of \_\_\_\_\_  
Child's Name

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_



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## SCREENING POLICY

Screening is a process to determine if a child has any developmental concerns that may require further attention and follow-up. Screenings can include vision, speech/hearing, nutrition, dental, and overall development. We partner with other agencies in the community who will provide opportunities for some of the above screenings to be conducted at our center. Your consent will be obtained prior to the administration of those screenings. Assessment is the process to monitor growth and development on an ongoing basis. Screening and assessment are directly linked to lesson planning and meeting the individual needs of children. Our goal is to ensure that your child is prepared to enter Kindergarten at the age of five.

Among the screenings and assessments conducted at our center are: the Alphabet Letter Recognition Inventory (ALRI), portfolio assessments in the preschool classrooms, Teaching Strategies Gold, and the Ages and Stages Questionnaire (ASQ) for ages four months through five years. At least once a year, our center administers the ASQ screening. This tool assesses a child's overall development in the areas of: communication, gross motor, fine motor, problem-solving, and personal social skills. Our staff have been trained how to administer this screening. The questions on the ASQ may be answered based on teacher observation, one-on-one activities conducted with the child or by parent/guardian input. Upon completion of the questionnaire, we will share with you the results and may provide supplemental learning activities or follow-up recommendations.

\*\*\*I give consent for my child to participate in screenings administered at the center. I understand that the information gathered from the screening will be used to help my child with his/her developmental growth and success. My child's results and findings are confidential and will only be shared with my permission.

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*Child's Name (Printed)*

*Date of Birth*

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*Address*

---

*City*

*State*

*Zip*

---

*Telephone*

*Cell Phone*

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*Parent Signature*

*Date*





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**Diocese of St. Augustine  
 Parent Permission and Release of Liability  
 School Field Trip Participation**

Name of Child: \_\_\_\_\_  
 Name of Parent or Legal Guardian: \_\_\_\_\_  
 Name of School: St John Paul II FLC \_\_\_\_\_  
 Name of Event: Walk to the Church \_\_\_\_\_  
 Destination: Church parking Lot \_\_\_\_\_  
 Date and Time of Departure: \_\_\_\_\_ Date and Anticipated Time of Return: \_\_\_\_\_  
 Method of Transportation: On foot Student Cost: FREE

The above student is eligible to participate in above school-sponsored event requiring transportation to a location away from the school grounds. This activity will take place under the guidance and supervision of employees from the above school.

If you would like your child to participate in this event, please read, complete, sign and return this form which includes your consent, as well as a full release of liability. As a parent or legal guardian, you remain fully responsible for any acts of the named student during this activity.

\*\*\*\*\*

Please list any known allergies: \_\_\_\_\_  
 \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\*\*\*\*\*

The undersigned parent, guardian or legal representative hereby consents to the participation of the above-noted student in the event described and further consents to the conditions stated above on participating in this event, including the method of transportation. It is understood that this event will take place away from the school grounds and that the student will be under the supervision of a designated school employee(s) on the stated dates.

For and in consideration of the student being allowed to participate in this event, and other valuable consideration, the undersigned parent, guardian or legal representative, on behalf of the student and the student's parents, personal representatives, assigns, heirs and next of kin, does hereby release and hold harmless the Diocese of St. Augustine Bishop Felipe J. Estévez, S.T.D., as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Felipe J. Estévez, S.T.D., individually, the above-noted school, and employees and agents of said parties engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property, of the student, or death, caused by negligence or otherwise, while the student is engaged in the above-stated event or in transportation to and from said event. The undersigned expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the student, and the student's parents, personal representatives, assigns, heirs, and next of kin.

\_\_\_\_\_  
 (Parent / Guardian / Representative Signature) (Date)

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

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.

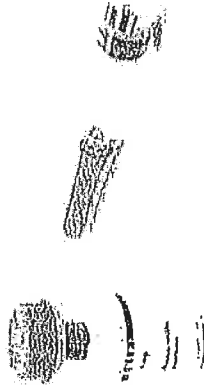


### What should I do if my child gets sick?

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:

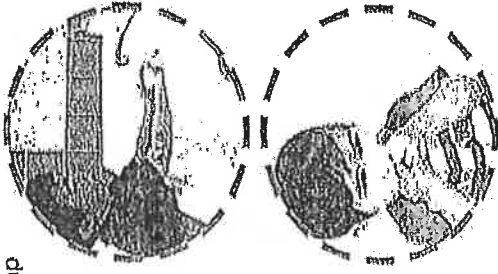
- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions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



### 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.



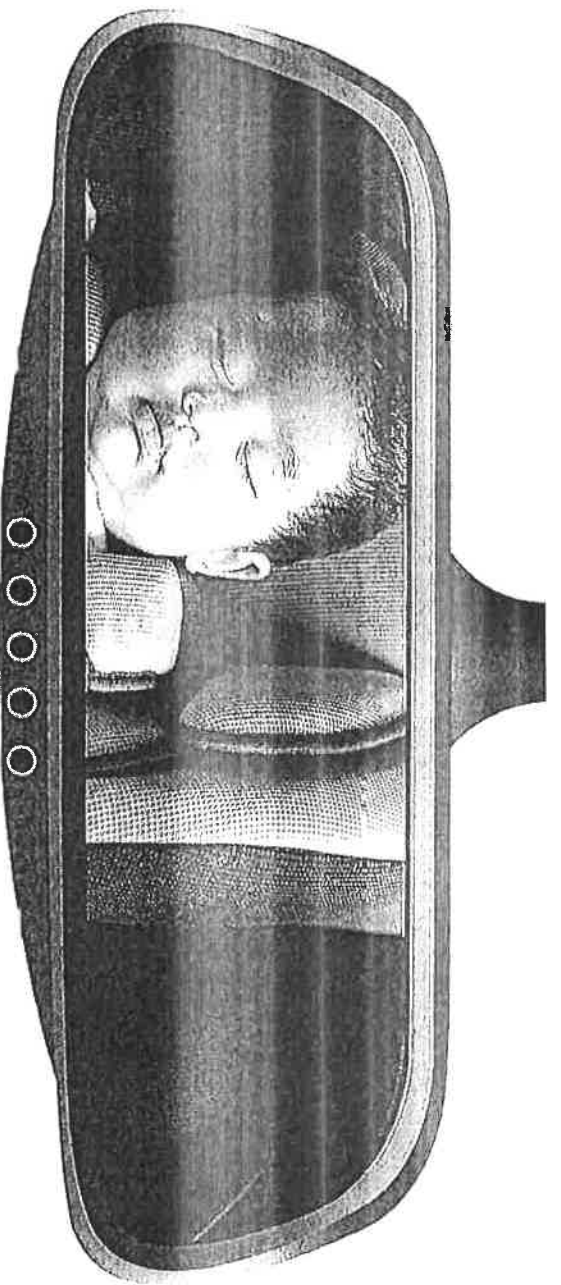
### When should my child stay home from child care?

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.

### 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/>



## FACTS ABOUT HEATSTROKE:

It only takes a car 10 minutes to heat up 20 degrees and become deadly.

Even with a window cracked, the temperature inside a vehicle can cause heatstroke.

The body temperature of a child increases 3 to 5 times faster than an adult's body.



## ! PREVENTION TIPS:

- Never leave your child alone in a car and call 911 if you see any child locked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

During the 2018 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

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Child's Name:

---

Date:

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