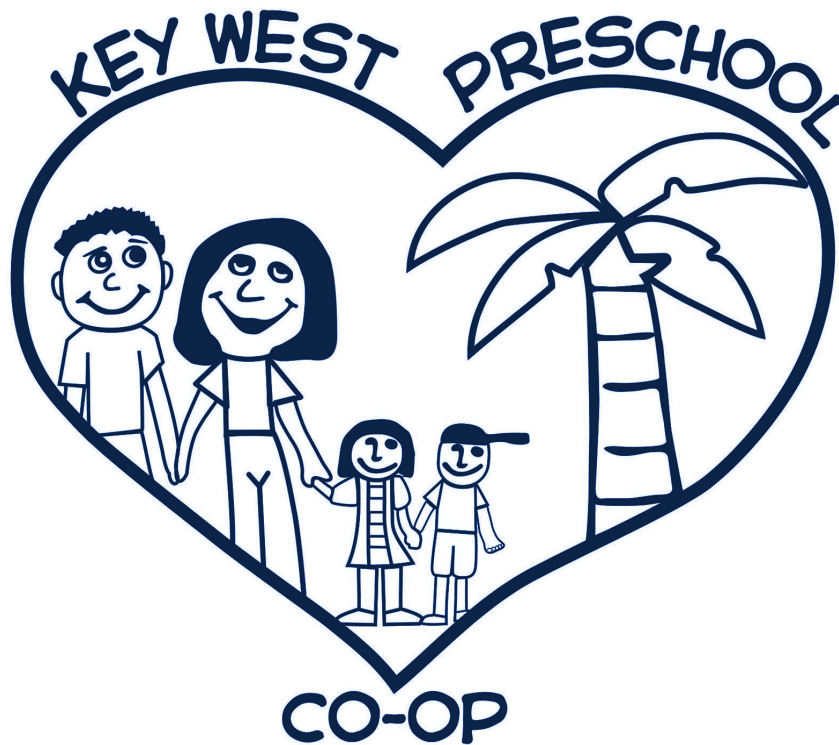


# Key West Preschool Co-Op



**Registration Packet**

**2025-2026**

# KEY WEST PRESCHOOL COOPERATIVE

## Registration Packet Checklist

2025 – 2026

Dear Family,

Welcome to the Key West Preschool Cooperative. Please read over all the documents and sign all forms that require a signature, then return to the front office. In addition to these forms, you are **required to submit an immunization form and a school physical form from your child's pediatrician**. All pediatric forms must be issued in the state of Florida. Please contact the office should you have any questions. We look forward to spending a wonderful year with you and your child.

Following is a checklist of forms that you are receiving today:

Parent check	Name of Form	Office Use Only
	Childcare Application for Enrollment Form	
	Parent Pledge of Cooperation	
	Code of Ethics	
	KWPC Volunteer Application	
	Emergency Medical Consent	
	Medication Authorization Form (if needed)	
	Video/Audio/Photo Consent	
	Field Trip Permission Slip	
	Know Your Childcare Facility	
	KWPC Potty Training Policy (3s and VPK Only)	
	Copy of Birth Certificate	
	Official Immunization Record	
	School Physical from Physician	



## State of Florida Department of Children and Families

### **CHILD CARE APPLICATION FOR ENROLLMENT**

**Student Information:** Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

Full Name: \_\_\_\_\_

Child's Physical Address: \_\_\_\_\_

Primary Hours of Care: From \_\_\_\_\_ To \_\_\_\_\_ Days of the Week in Care: ☐ **M-F** | ☐ **M/W/F**

☐ **T/Th**

**Family Information:** Child Lives With: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

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: \_\_\_\_\_

Emergency Care Plan instructions (if applicable): \_\_\_\_\_

**Emergency Contacts:**

The 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: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Helpful Information About Child:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 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), **or**
- Section 8.3 of the Family Day Care Home/ Large Family Child Care Home Handbook 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 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility **or**
- Section 2.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

---

Parent/Guardian Signature

Date

## KEY WEST PRESCHOOL COOPERATIVE

### PARENT'S PLEDGE OF COOPERATION

Welcome!

Membership in the Key West Preschool Co-operative is a privilege, carrying with it certain responsibilities. The school's continued success depends on the full cooperation of all our members. Any parent joining the Co-op should understand and accept these responsibilities. Inherent in the Co-op is a spirit that allows for individual strengths and weaknesses, for family crises or illness, or for differences in energy and commitment. The Board of Directors and parents of the school determine the philosophy, goals, objectives, policies, budgets, tuition, staffing, programs, and activities of the school.

**Parents' mandatory responsibilities at the Key West Preschool Co-op are:**

**1. Compliance & Enrollment**

- a. Read and follow the Handbook and Bylaws.
- b. Pay an annual enrollment fee of \$150 per student (excludes VPK with voucher).
- c. Pay a KWPC annual membership fee of \$75 per family.
- d. Submit completed enrollment paperwork (packet, immunization record/waiver, physical form) within 30 business days or forfeit membership (no refund).

**2. Financial Obligations**

- a. Recommended \$30 classroom donation instead of a supply list.
- b. Pay monthly tuition on time.

**3. Volunteer & Fundraising Commitments**

- a. Complete 1 Yearlong Job or 2 classroom volunteer shifts per month (per family) or opt-out with fees applied.
- b. Participate in at least 4 fundraisers per year, including:
  - i. Bake 3 Bake Sale goods (or work 2 Bake Sale shifts/pay opt-out fee).
  - ii. Sell \$150+ in poinsettia plants.
  - iii. 1 required fundraiser (announced yearly).
  - iv. 2 additional fundraisers of choice.
- c. Attend 1 of 2 all-school cleanups or opt-out (fees apply).

**4. Attendance & Communication**

- a. Be on time for drop-off (8:50–9:15 AM) & pick-up (12:00 PM / 3:30 PM for Aftercare).
- b. Attend 2 required in-person meetings (1st general meeting/Orientation & November general meeting)
- c. Stay informed via school website, emails, bulletin board, and optional private Facebook group.
- d. Maintain up-to-date enrollment paperwork (contacts, immunization, authorized pick-ups).

**5. Community & School Support**

- a. Complete a mid-year Climate Survey evaluating teachers, classrooms, and school operations.
- b. Assist with hurricane/storm prep & cleanup as needed.
- c. Maintain respectful communication; disruptive behavior may result in membership cancellation.
- d. **Enjoy this learning journey with your child!**

I accept and agree to uphold the philosophy and fulfill all parental responsibilities of the Key West Preschool Co-Op. I realize that failure to do so could result in suspension or termination of my membership.

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

Enrolled Child's Name: \_\_\_\_\_

---

**KEY WEST PRESCHOOL COOPERATIVE****CODE OF ETHICS**

We, the undersigned, agree to follow the basic ethical guidelines and conflict of interest matters as follows:

- Recognizing the dignity of all persons and respecting their freedom of privacy
- No one shall be discriminated against on account of gender, marital status, age, religion, race, political beliefs, social and financial class, pregnancy, language, dialect, ethnic origin, nationality, sexual preference, or disability.
- No one shall speak poorly of the school, members, or staff while on school property
- Any discussion of a sensitive personal matter shall take place behind closed doors with all parties present. However, teacher-to-teacher discussions and board matters may be discussed at school as long as there are no third parties present.
- No one shall receive unreasonable financial or material gains from conducting business with the school as a third-party contractor
- Any and all issues or complaints should be brought to the president and/or director immediately for resolution.

Child's Name \_\_\_\_\_

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

---

Parent/Guardian Signature

Date

## KEY WEST PRESCHOOL COOPERATIVE VOLUNTEER ACKNOWLEDGEMENT

I attest my name is \_\_\_\_\_ (parent/foster grandparent) and serve in the child care program known as Key West Preschool Cooperative.

I serve as a (check one)

- ☐ Volunteer – As a volunteer, I do not receive any form of payment or compensation such as money, free or reduced child care, or any other type of compensation for my time. I also understand that as a volunteer, I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children. If I volunteer 10 hours or more per month or receive some form of compensation, I understand that I must submit background screening information in accordance with section 402.302(3), Florida Statutes, and complete the state-mandated training requirements.
- ☐ Foster Grandparent – As a foster grandparent, I adhere to all of the Foster Grandparent Program Guidelines pursuant to Title 45, Public Welfare, Code of Federal Regulations, section 2552.75. I also understand I must be under the constant supervision of a trained and screened staff person and may not be left alone or in charge of any group of children. I must begin training within 30 days of working in the child care industry in any Florida child care facility and have the following courses completed, either instructor-led or online, within one year from the working start date: Child Care Facility Rules and Regulations Health, Safety and Nutrition; Identifying and Reporting Child Abuse and Neglect; and Special Needs Appropriate Practices.

I attest that I have read and that I understand the foregoing.

\_\_\_\_\_  
Volunteer/Foster Grandparent Signature

\_\_\_\_\_  
Date

### To Be Completed by the Owner/Operator/Director

I attest that my name is \_\_\_\_\_ (owner/operator/director name), and I am the (circle one) owner/operator/director of the childcare program identified above. The above individual serves, under the above definition, as a volunteer/foster grandparent in this child care program.

I attest that I have read and that I understand the foregoing.

\_\_\_\_\_  
Owner / Operator / Director Signature

\_\_\_\_\_  
Date

**KEY WEST PRESCHOOL COOPERATIVE  
EMERGENCY MEDICAL/DENTAL CONSENT FORM**

This form grants temporary authority to Key West Preschool Cooperative to provide and arrange for the care of a minor in the event of an emergency where the minor is not accompanied by either parents or legal guardians. In the event of an emergency, it is understood that Key West Preschool Cooperative will use all reasonable efforts to notify me (or the emergency contact/s listed below), where practical, prior to initiating medical or dental treatment for any such injury or illness. Should no party be available, I hereby give permission to any such physician or other medical personnel to provide such medical and/or dental treatment such individual deems medically necessary. I understand and agree that I am responsible for all medical and/or dental care/treatment expenses incurred to treat my child's injuries.

**Child's Information**

Full Legal Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Assigned Sex (circle one): female / male

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Information for Medical Treatment**

Child's Physician Name: \_\_\_\_\_

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

Child's Dentist Name: \_\_\_\_\_

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

Allergies: \_\_\_\_\_

Daily medications taken: \_\_\_\_\_

Note any other significant medical information: \_\_\_\_\_

**Emergency Contact(s)** (This should also be listed on the pick-up permission form)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)**

I do hereby state that I have legal custody of the aforementioned child. I grant my authorization and consent for Key West Preschool Cooperative to administer general first aid treatment for any minor injuries or illnesses experienced by the child. If the injury or illness is life-threatening or in need of emergency treatment, I authorize Key West Preschool Cooperative to summon any and all professional emergency personnel to attend, transport, and treat my child and to issue consent for any diagnostics, treatment and/or care deemed advisable by, and to be rendered under the general supervision of any licensed physician, surgeon, dentist, hospital or other medical professional or institution duly licensed to practice in the state of Florida until myself or other guardian/representative is present. I agree to assume financial responsibility for all expenses of care. It is understood that this authorization is given in advance of any such medical treatment but is given to provide authority and power on the part of Key West Preschool Cooperative in the exercise of Key West Preschool Cooperative's best judgment upon the advice of any such medical or emergency personnel.

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



**KEY WEST PRESCHOOL COOPERATIVE  
MEDICATION AUTHORIZATION FORM**

**Key West Preschool Cooperative Medication Policy**

It is the general policy of the school not to dispense medicine except in life-threatening situations. In these circumstances, the following guidelines must be met:

***Prescription Medications***

- Before any prescription medicine is dispensed, a written and signed authorization that includes the date, name of the child, name of medicine, prescription number, if any, dosage, current date, and time of day medication is given must be given.
- Medicine must be in its original container and labeled with the child's name.
- Parents must provide and label any necessary equipment for the dispensing of the medicine.
- Medications will not be sent to school stored in lunch boxes, backpacks, etc. All medications must be received by the office staff and will be kept in a locked cabinet in the office.

***Non-Prescription Medications***

Parents/guardians are required to administer over-the-counter medication to the child. The only exception is in life-threatening situations and diaper rash cream, which must follow the prescription medications policy.

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Medication Name	Dosage	Time to be Given

**WAIVER OF LIABILITY**

*This authorization form must be maintained and is only valid for the duration of the prescription.*

I understand that (the school) will administer only the prescribed medication written above. I hereby waive any and all claims against the school and agree to hold the school harmless from any and all liability that may arise in connection with my child's use of the medication. I hereby give permission to dispense the medication(s) listed above in accordance with the written directions on the prescription label or printed manufacturer's label.

Parent/Legal Guardian Print Name: \_\_\_\_\_

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

\_\_\_\_\_  
Date

**KEY WEST PRESCHOOL CO-OP  
PICTURE/VIDEO/AUDIO CONSENT**

Key West Preschool Co-Op is a childcare facility that cares for and educates young children. To ensure the safety and security of all children, staff, parents, and visitors and the security of our childcare facility, KWPC is equipped with a digital video surveillance system. Security cameras are installed in all classrooms and the outdoor play area. The facility may also conduct video surveillance of any portion of its premises at any time, with the only exceptions being private restroom areas and changing pads.

The video/security cameras will be positioned in appropriate places within and around our childcare facility and used to help promote the safety and security of people and property. The video is also used to stream live images of the children to parents and other authorized users of the webcam system so that authorized users may view their child(ren)'s daily activities, which would otherwise be missed. This camera footage is recorded and saved for 48 hours, then deleted.

In addition, KWPC parents, staff, and administration may periodically video, audio tape (via web-based cameras and other electronic devices), and/or photograph children as part of their day-to-day activities, parties, assessments, etc. Therefore, a video, audio, or photo release for a child attending KWPC is a condition of enrollment.

**SECURITY CAMERA ACCESS AGREEMENT AND CONSENT**

I give my permission to record video audio and take photographs of my child for the purposes of instruction and for the purposes of program support on social media. I understand and consent to my child's observation to those granted access as authorized users on our security cameras. If I am granted access to the webcam system, I agree not to provide my sign-on identification (ID) or password to anyone else, including other family members. I waive the privacy rights afforded to my child under federal or state law to the extent of the security camera access while my child is enrolled at Key West Preschool Cooperative, Inc. (KWPC). I understand that other families with children in the KWPC may observe my child through the security camera access. I agree not to record any images I receive from the KWPC security camera access. I understand the policy, and it has been reviewed by KWPC staff.

Child's Name: \_\_\_\_\_

Parent/ Legal Guardian Name: \_\_\_\_\_

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

**IMAGE RELEASE FOR MARKETING PURPOSES**

Key West Preschool Co-Op would like permission to photograph, video, and/or audio record your child while attending the preschool, preschool activities/events, and field trips. These photos, videos, and/or audio recordings will be used for marketing purposes only. They will be used on the official Key West Preschool Cooperative website and social media (Facebook & Instagram) pages, local newsprint publications (press releases), and various advertisements and flyers produced by the Key West Preschool Co-Op. Your child will not be identified by name in photos published on the web, social media, print publications, or television. Personal information about your child is never posted, nor is information indicating the physical location of your child at any given time other than general participation information about an activity or event. Key West Preschool Co-Op is not responsible for social media photos or online photos posted, shared, or tagged by a third party. You also understand that no compensation will be given at any time for the use of your child's photo.

Child's Name: \_\_\_\_\_

Parent/ Legal Guardian Name: \_\_\_\_\_

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

**KEY WEST PRESCHOOL COOPERATIVE  
FIELD TRIP PERMISSION SLIP**

I, (Parent or Guardian) \_\_\_\_\_, give my permission for my child,  
(Child's Name) \_\_\_\_\_, to participate in field trips sponsored by  
the Key West Preschool Cooperative, Inc. I understand that all field trips are parent-accompanied,  
and transportation to and from the site is the sole responsibility of the parent or legal guardian.

I agree to hold the school harmless for any injury or accident that may occur during a field trip  
experience.

Child's Name: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

---

Parent/Guardian Signature

Date

**KEY WEST PRESCHOOL CO-OP**  
**KNOW YOUR CHILD CARE FACILITY ACKNOWLEDGMENT**

I certify that I received a copy of the Know Your Child Care Facility Pamphlet and the Key West Preschool Cooperative's Behavioural Intervention Plan and Discipline Policy, which is included in the Member Handbook.

Child's Name \_\_\_\_\_

Parent/Legal Guardian Print Name \_\_\_\_\_

---

Parent/Guardian Signature

Date

**KEY WEST PRESCHOOL COOPERATIVE**  
**PERMISSION FOR FOOD-RELATED ACTIVITIES & SPECIAL OCCASION FOOD CONSUMPTION**

Per **65C-22.005(1)(c)2., F.A.C.**, licensed childcare facilities must obtain written permission from parents or guardians for a child to participate in food-related activities. These activities may include classroom cooking projects, gardening, school celebrations, and birthdays.

I, \_\_\_\_\_, **(Parent/Guardian Name)**, **give / decline** (circle one) permission for my child, \_\_\_\_\_, **(Child's Name)**, to participate in food-related activities and special events where food is consumed.

**Please indicate your child's dietary status by selecting one option:**

☐ **My child does not have** food allergies or dietary restrictions and **MAY** participate in food-related activities.

☐ **My child does not have** food allergies or dietary restrictions but **MAY NOT** participate in food-related activities.

☐ **My child has** food allergies or dietary restrictions and **MAY** participate in activities but **MAY NOT** eat or handle the following items:

\_\_\_\_\_

☐ **My child has** food allergies or dietary restrictions and **MAY NOT** participate in food-related activities.

I understand that it is my responsibility to update this form if my decision changes. This consent will remain in effect for the duration of my child's enrollment.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**KEY WEST PRESCHOOL COOPERATIVE**  
**TOILET TRAINING POLICY**  
(3s Class and VPK ONLY)

Children enrolled in either the 3's class or VPK must be toilet-trained before attending preschool.

*Children must be wearing underwear. A child who has accidents daily would not be considered toilet-trained. Please note that wearing pull-ups is NOT considered toilet-trained.*

**Why do children have to be toilet-trained before they begin preschool?**

- There are strict standards for changing and disposing of wet or soiled diapers/pull-ups; our 3s and VPK classrooms are not equipped for this.
- When an adult is busy changing a child's soiled clothing, it takes away from learning time for all students and removes one adult from the direct supervision of and interaction with the rest of the class.
- We do understand that even toilet-trained children will occasionally have accidents. By definition, "accidents" are unusual incidents and should happen infrequently. In these instances, the teachers will help children to change their clothes, encouraging independence as much as possible. Please have your child dressed in clothing that he/she can easily manage independently. Please send a complete change of clothes appropriate for the season. Parents will be notified if a child has a toileting accident, and the soiled items will be sent home that day.

**A toilet-trained child is a child who can do the following:**

- Communicate to the teachers that he/she needs to go to the restroom before they need to go
- Alert him/herself to stop what he/she is doing, to go and use the bathroom
- Pull down his/her clothes and get them back up without assistance
- Wiping him/herself after using the toilet (with minimal assistance for 3-year-olds)
- Get on/off the toilet by him/herself
- Wash and dry hands
- Postpone going if they must wait for someone who is in the bathroom or if we are away from the classroom.
- Wake up during nap time should they need to use the bathroom

We certainly will ask your child many times throughout the day if they need to use the bathroom. A teacher will assist children as needed, but children should be able to complete toileting activities independently. This is an issue that protects all concerned.

## Demonstration of Toilet Training

We understand that each child arrives at this milestone differently; therefore, we will allow 4 weeks from the first day of school for your child to demonstrate accomplishment of this goal. However, if the situation is not manageable within the classroom environment, we will discuss the issue with the parents and reserve the right to suspend the attendance of the child at such time.

*A child will not be considered toilet trained for our preschool program if the child continues to consistently have toileting accidents after the first 4 weeks of school.*

After the first 4 weeks of school, the following policies will be in place for children who have accidents:

- If 1-2 accidents occur in one week, the parents will be notified with the understanding that the issue needs to be addressed and corrected.
- If 3 or more accidents occur in one week, the parent will be notified with the understanding that if the issue is not corrected by the end of the following week, the child will have to stay home until he/she is completely toilet trained. Monthly tuition must still be paid to secure the child's spot.
- If multiple accidents occur in one day, the parent will be notified on that day, and if not corrected in 3 days, the child will have to stay home until he/she is completely toilet trained. Monthly tuition must still be paid to secure the child's spot.

Please note that this policy is not in place to shame or punish a child or inconvenience caregivers. Cleaning accidents in the preschool setting is time-consuming, and the time that teachers spend attending to and cleaning accidents is time that they are not interacting with children and facilitating the curriculum safely. This policy is intended to ensure the safety and happiness of children and staff at the Key West Preschool Co-Op.

Thank you for your cooperation and understanding.

---

I, \_\_\_\_\_ (parent/guardian name), have received, reviewed, and accept accountability for the Key West Preschool Co-Op Toilet Training Policy.

Child's Name \_\_\_\_\_

---

Parent/Legal Guardian Signature

Date