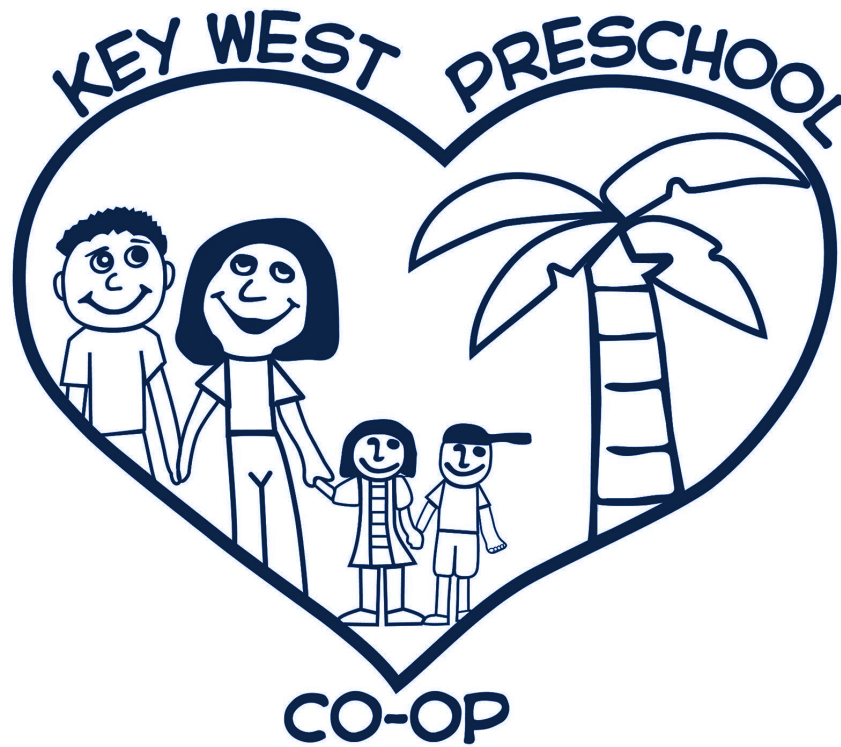


# Key West Preschool Co-Op



**Registration Packet**

**2026-2027**

# KEY WEST PRESCHOOL COOPERATIVE

## Registration Packet Checklist

2026 – 2027

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 this form, 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: \_\_\_\_\_  
\_\_\_\_\_

**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:** \_\_\_\_\_

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- 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.

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Parent/Guardian Signature

Date

# PARENT'S PLEDGE OF COOPERATION

Membership in the Key West Preschool Cooperative (KWPC) is a privilege and requires active cooperation and participation. By enrolling my child(ren), I acknowledge that I have read and agree to comply with the **KWPC Member Handbook and Non-Profit Bylaws** and accept the responsibilities outlined below.

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## Parent/Guardian Responsibilities

### Enrollment & Compliance

I agree to:

- Follow all policies in the KWPC Handbook and Bylaws.
  - Pay a **\$150 enrollment fee per student** (excluding VPK with voucher).
  - Pay a **\$75 annual membership fee per family**.
  - Submit all required enrollment paperwork within **30 business days** of enrollment or forfeit membership without refund.
- 

### Financial Obligations

I agree to:

- Submit the **required \$100 classroom supply donation per student**.
  - Pay tuition, fees, and any applicable fines **on time** in accordance with KWPC policies.
- 

### Volunteering & Fundraising (Per Family)

I agree to complete **one** of the following volunteer options:

- **One (1) year-long job**, or
- **Two (2) classroom volunteer shifts per month**, or
- Pay the applicable **volunteer opt-out fee**.\*

I also agree to participate in **five (5) fundraising obligations per school year**, including:

1. **Bake Sale:** Bake **four (4)** items *or* work **two (2)** shifts *or* opt out.\*
2. **Poinsettia Fundraiser:** Sell **\$240 minimum** *or* opt out.\*
3. **One KWPC/Director's Choice Fundraiser.**

4–5. **Two (2) additional fundraising commitments of choice**, or opt out.\*

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## School Support & Participation

I agree to:

- Participate in **one (1) of two (2) all-school cleanups** per year or opt out.\*
  - Attend **two (2) required in-person general meetings** per school year.
  - Maintain up-to-date emergency contacts and authorized pick-up information.
  - Complete the **end of year Climate Survey**.
  - Assist with **hurricane or storm preparation and cleanup** when requested.
  - Communicate respectfully with staff, board members, and families. I understand disruptive or threatening behavior may result in termination of membership.
- 

## Acknowledgment

I understand that failure to fulfill these responsibilities may result in fines, suspension, or termination of my membership. I agree to uphold the cooperative values and expectations of Key West Preschool Cooperative.

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**Parent/Guardian Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Enrolled Child(ren)'s Name(s):** \_\_\_\_\_

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Parent/Guardian Signature

Date

## 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 \_\_\_\_\_

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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 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: \_\_\_\_\_

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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 \_\_\_\_\_

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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 the **3-Year-Old** or **VPK** classrooms must be **fully toilet trained** prior to attending preschool.

### **Toilet Training Requirement**

Children must wear **underwear**. **Pull-ups are not considered toilet trained**. A child with **daily accidents** is not considered toilet trained. While occasional accidents are developmentally appropriate, they should occur infrequently.

### **Why Toilet Training Is Required**

- 3s and VPK classrooms are **not equipped for diaper or pull-up changing**.
- Managing frequent accidents removes teachers from classroom supervision and learning time.
- This policy protects the **health, safety, and instructional environment** for all children.

### **Definition of a Toilet-Trained Child**

A toilet-trained child can:

- Communicate the need to use the restroom
- Stop activities and go independently
- Manage clothing independently
- Wipe independently (minimal assistance for 3s)
- Get on/off the toilet independently
- Wash and dry hands
- Wait briefly if the restroom is occupied
- Wake from nap if restroom use is needed

Teachers will prompt and support children throughout the day; however, children must be able to complete toileting independently.

## Accidents & Clothing

Families must provide a **season-appropriate change of clothes**. If an accident occurs, staff will assist the child, parents will be notified, and soiled items will be sent home the same day.

## Demonstration Period

Children are given **four (4) weeks** from the first day of school to demonstrate successful toilet training. Continued consistent accidents after this period indicate the child is not toilet trained for the preschool setting.

## Accident Policy After Four Weeks

- **1–2 accidents in one week:** Parent notified; issue must be addressed
- **3+ accidents in one week:** Parent notified; if not corrected by the end of the following week, the child must remain home until fully toilet trained (**tuition remains due**)
- **Multiple accidents in one day:** Parent notified same day; if not corrected within 3 days, the child must remain home until fully toilet trained (**tuition remains due**)

## Policy Purpose

This policy is not intended to shame or punish a child. It exists to ensure a safe, supportive, and positive learning environment for all children and staff.

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## Acknowledgment

I have received, reviewed, and agree to comply with the **Key West Preschool Cooperative Toilet Training Policy**.

Parent/Guardian Name (Print): \_\_\_\_\_

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

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