



Registration for admission is NOT complete without payment of a \$200 registration fee. Must have most current immunization records and health statement from doctor on file.

**For Office Use Only**

Registration Fee		Supply Fee	
Shot Records		Health Statement	
Vision/Hearing		Photo Waiver	
Class Assigned		Early Bird	
Days/Times			

\_\_\_\_\_  
Date of Admission

## FUMC Preschool & Mother's Day Out

### Registration Form

#### Student Information:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle I.

\_\_\_\_\_  
Preferred Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

\_\_\_\_\_  
Gender

#### Primary Contact Information:

\_\_\_\_\_  
Parent(s)/Guardian(s) First & Last Name

\_\_\_\_\_  
Relation to child

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Primary Phone Number

\_\_\_\_\_  
Primary Email Address

#### Medical Information:

\_\_\_\_\_  
Primary Care Physician Name

\_\_\_\_\_  
Phone

Hospital of Choice: \_\_\_\_\_

I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital.

\_\_\_\_\_  
**Parent Signature**

#### In case of emergency/Authorized Pick Up (other than Parent/Guardian):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

## Registering for 2021-2022 class:

**Class:** Nursery(6-11 mos.)    Older Infants (12-17 mos.)    Toddlers(18-23mos.)  
Two's(24-35mos.) \*    Three's(36-47mos.) \*+    Pre-K (Four-year old) \*+

**Days:** MW    TTH    TWTH    Monday-Thursday

**Times:** 9:00 to 12:00    9:00-2:30

**Early Bird: \*\*** 7:45    YES    NO    M    T    W    TH    How many days? \_\_\_\_\_

\*must be that age by September 1<sup>st</sup>

\*\*18 months +

+ must be fully potty trained

## Student Family Information:

Mother/Guardian:

Name    Phone    Email

Occupation    Place of Employment    Work Phone

Father/Guardian:

Name    Phone    Email

Occupation    Place of Employment    Work Phone

Siblings:

Name    Age    Gender    Birthdate

Name    Age    Gender    Birthdate

Name    Age    Gender    Birthdate

## Additional Medical Information:

List any special needs that your child may have, such as environment allergies, food intolerances, existing illness, diagnoses of any kinds, previous serious illness, injuries and hospitalization during the past 12 month, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

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Does your child have diagnosed food allergies?

☐ Yes

Plan submitted on: \_\_\_\_\_

☐ No

## Admission Requirement:

- ☐ I understand that I must provide up to date immunizations records for my child before he/she will be able to start school.
  - ☐ I must also provide a health care professional's statement by my child's doctor to be able to start.
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## Consent Information:

- ☐ I give permission for my child to be transported and supervised by the operation's employees for emergency care only.
- ☐ I give consent for my child to participate in walking field trips.
- ☐ I give consent for my child to participate in the following water activities:
  - ☐ Water table play
  - ☐ Sprinklers play
  - ☐ Water guns & toys
  - ☐ Splashing/wading pools

## Initial following releases:

- I give FUMC Preschool & MDO permission to take pictures of my child for use in the school building, including class pictures taken yearly by a professional photographer.
- I give FUMC Preschool & MDO permission to use photos/videos of my child for use in publication on the school website, social media, and paper materials for marketing purposes. No name will be used.
- I understand that I was given a copy of FUMC Preschool & MDO's Parent Policy Handbook/COVID guidelines and I have read and agree to all terms in the handbook.
- I understand that tuition is due the 1<sup>st</sup> day of the month that my child attends and know that there is a \$25-dollar late fee after the 15<sup>th</sup> of each month. After the last day of the month, if tuition is not paid, the child will be dropped from enrollment.
- I understand that tuition has been averaged out from the months September-May. The tuition amount will be constant, regardless of the actual number of days in a month. Tuition will not be pro-rated for absences.
- I understand if for any reason you choose to terminate your child's enrollment, we require that you notify our office as soon as possible. You must inform the school within 14 days prior to dropping out and must fill out form in the office or email unenrollment statement to the director.
- If making a change in enrollment, I must fill out Enrollment Change form.

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Parent Signature

Date

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Director Signature

Date