



2021-2022

Enrollment Agreement

{YOU MUST COMPLETE FORM}

Child's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Sex: \_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or P.O. Box City, State Zip Code

**Identifying Information**

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Employed by: \_\_\_\_\_ Hours of Employment: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Employed by: \_\_\_\_\_ Hours of Employment: \_\_\_\_\_

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

Names & Ages of other children in the household: \_\_\_\_\_

**Emergency Contacts (other than parents)**

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

Complete Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Complete Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Person(s) Authorized to Take Child from Preschool**

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

Complete Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Complete Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Authorization for Emergency Medical Care:** I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I authorize First United Methodist Preschool to contact the following:

**Physician and Preferred Hospital in Case of Emergency**

Physician/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

**Allergies, Restrictions, Habits, Concerns, etc...** \_\_\_\_\_



417.623.2796



501 West 4th Street ~ Joplin MO 64801



joplinfirstumc.org/preschool

**Class Choice (Please Select One from Each Category)**

Class	Days	Tier
Pre-K (4 & 5 yrs) <input type="checkbox"/>	M/W/F <input type="checkbox"/>	T1 9:00 a.m. – 12:00 p.m. <input type="checkbox"/>
Primary (3 & 4 yrs) <input type="checkbox"/>	T/TH <input type="checkbox"/>	T2 7:30 a.m. – 12:00 p.m. <input type="checkbox"/>
Toddlers (2 & 3 yrs) <input type="checkbox"/>	M-F <input type="checkbox"/>	T3 7:30 a.m. – 5:30 p.m. <input type="checkbox"/>

**Name of siblings enrolled (\$5/month discount)** \_\_\_\_\_

**Are you a member of Joplin 1<sup>st</sup> Methodist? (\$5/month discount)** Yes  No

**How did you hear about us? Family referred by?** \_\_\_\_\_

**Class Enrollment Requirements**

In order to ensure efficient use of faculty time and preschool resources, we will require a minimum number of children enrolled in each class to continue offering that class. If we need to close/cancel a class for the year, the registration and supply fees will be refunded in full. We will also make sure that parents/guardians will be notified within a reasonable time frame to allow for other arrangements to be made.

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

**Website Consent**

Do we have your consent for us to put your child’s picture on our website (joplinfirstumc.org/preschool) and our Facebook page? We will be showing pictures of our activities each month. Their names and addresses would not be listed.

Yes  No  **Parent/Guardian Signature:** \_\_\_\_\_

**Agreements**

- A I have been informed of the required health and safety inspections and that the inspections are available for review.
- B When my child is ill, I understand and agree that my child may not be accepted for class.
- C I understand that, before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations or exception from immunizations.
- D I have been notified that I may request notice at initial enrollment, or any time thereafter, whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.

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

**ACCEPTANCE** of this **completed** enrollment form and a **non-refundable** registration fee of **\$100.00 (\$125 if paid after May 20, 2021)** assures your child a place in our center. In return, we expect that you honor your enrollment for the term or one month’s tuition will be required. The exceptions are as follows: a change of residence from our city or a mutual agreement between the director and parent.

I have read the policy statement and agree to abide by these policies. I agree to honor this enrollment as described above. In case I do need to remove my child from the program, I will give two weeks’ notice.

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

-----**BELOW IS FOR OFFICE USE ONLY**-----

**Registration Fee:** \_\_\_\_\_ **Check No.** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supply Fee:** \_\_\_\_\_ **Check No.** \_\_\_\_\_ **Date:** \_\_\_\_\_

