

# First United Methodist Church PS/MDO Program

## Application for Preschool/MDO

Date: \_\_\_\_\_  New Form  Extend Current Enrollment

Child's Name \_\_\_\_\_  
Last First Middle Usually Goes By

Age \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth (Month/Day/Year) \_\_\_\_\_

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

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Alternate Number \_\_\_\_\_

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

**Please enroll us for:**

Baby Room:	_____	Tues	_____	Wed	_____	Thurs
Toddler Room:	_____	Tues	_____	Wed	_____	Thurs
Terrific Two's:	_____	Tues	_____	Wed	_____	Thurs
Preschool:	_____	Tues	_____	Wed	_____	Thurs
Extended PS:	_____	Tues	_____	Wed	_____	Thurs

**\*Preschool is mandatory T-Th 9:00 a.m. to 11:30 a.m.– Extended PS is optional \***

Information concerning adults living in the same household as child. Please include babysitter or any other adult that may be picking up your child:

Name: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Business Phone: 1. \_\_\_\_\_ 2. \_\_\_\_\_

List other children in the family, including this child, from oldest to youngest:

	<b>Name</b>	<b>Gender</b>	<b>Age</b>	<b>Grade and School</b>
1)	_____			
2)	_____			
3)	_____			

Has your child attended preschool/MDO previously? \_\_\_\_\_ Where? \_\_\_\_\_  
Is your child left or right handed? \_\_\_\_\_

Please add any additional information that you feel would help us in getting to know him/her better: \_\_\_\_\_

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

# Duncan First United Methodist Church

2300 Country Club Road

Duncan, OK 73533

## Preschool/Mother's Day Out/Extended Day Program Health Information Form:

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**\*\*\* Please attach a copy of your child's immunization record \*\*\***

Please list any diseases or operations this child has had:

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Please list any food or medication allergies:

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Please list any eye or hearing problems:

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Is your child taking any regular medications? \_\_\_\_\_ If yes, please list:

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Is there any reason why this child should not engage in full physical activity?

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Are there any special medical situations which the staff should be aware of?

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Family Physician:

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

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

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

## Preschool/Mother's Day Out

### Permission Form and Release of Liability

In consideration of our child's participation in the First United Methodist Church Preschool/Mother's Day Out program, we, being the parent(s) or legal guardian of \_\_\_\_\_, do release and agree to hold harmless the First United Methodist Church and its paid and/or volunteer personnel from any and all liability, claims, or demands for personal injury, as well as damage and expenses, of any nature that may be incurred by the parent, guardian or child while participating in the regular programs and activities of the Preschool/Mother's Day Out.

We, on behalf of our child, assume all risk of personal injury, damage and expense incurred as the result of participation in any and all activities of the Preschool/Mother's Day Out. Authorization and permission are given to the staff of the First United Methodist Church to furnish any necessary transportation, food and lodging needed to provide adequate care.

We, on behalf of our child, give our permission for him/her to participate in any scheduled trip or activity that has been published by the Preschool/Mother's Day Out in advance. We give our permission to transport our child to the doctor, dentist or hospital by emergency services or staff. We authorize the church staff to give consent for medical or dental treatment, including but not limited to emergency surgery, medical or dental procedures, and on behalf of the child assume the responsibility of all medical, dental and hospital bills. We understand that we will be contacted if at all possible and that our family physician will be contacted if possible. In the event that our family physician cannot be contacted, the staff may choose a physician or dentist under this authorization. Should it be necessary for our child to return home due to medical reasons, disciplinary action, or otherwise, we will assume all transportation costs.

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

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Also, in an effort to improve communication between parents and the Preschool/Mother's Day Out, we created a FaceBook page. We post information about field trips, events, parties and other information about what's going on. We will also post pictures from time to time of the exciting things we do at Preschool. To see the page, go to your page on facebook.com and search "**FUMC Preschool/Mother's Day Out**", then click the "LIKE" button!!

FUMC Preschool/Mother's Day Out \_\_\_\_\_DOES, or \_\_\_\_\_DOES NOT have permission to post pictures of my child on FaceBook.

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

# Duncan First United Methodist Church

Preschool/Mother's Day Out/Extended Day Program

## BANK DRAFT AUTHORIZATION

I (we) hereby authorize the Duncan First United Methodist Church, hereinafter called FUMC, to initiate debit entries for tuition payments to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.

- MDO Payment \$ \_\_\_\_\_/Month  
 Summer Enrichment \$ \_\_\_\_\_/Month

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Branch

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

Type of Account:    \_\_\_\_\_ Checking    \_\_\_\_\_ Savings

This authority remains in full force and effect until FUMC has received written notification from me (or either of us) of its termination in such time and manner as to afford FUMC and Financial Institution a reasonable opportunity to act on it.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM:**

# First United Methodist Church

## Preschool/Mother's Day Out

### Fee Schedule

#### Schedule of Fees

##### **Non-Refundable Enrollment Fee**

\$25 Non-Refundable Renewal Fee for those currently enrolled.  
\$75 Non-Refundable Enrollment Fee for new enrollees.

**Preschool** (Mandatory all 3 days 9:00 a.m.– 11:30 a.m.)

\$125 per Month

##### **Extended Preschool:**

\$50 for 1 day Extended Day

\$75 for 2 days Extended Day

\$100 for 3 days Extended Day

**Mother's Day Out** (Two's class, 3 days per week)

\$125/month for one day per week

\$175/month for two days per week

\$225/month for three days per week

(Now year round)

**Mother's Day Out** (Infant/Toddler class, 3 days per week)

\$100/month for one day per week

\$150/month for two days per week

\$200/month for three days per week

(Now year round)

**Classroom assignments are determined from the child's exact day of birth.  
All fees are calculated to include holidays and breaks.**

#### Payment Options/Scholarships:

1. Monthly automatic withdrawal (return attached form)
2. Check or cash for full semester
3. 5% discount on full amount if pre-paying for semester
4. Any family enrolling more than one child will receive a 10% discount for the second and additional child.

For questions or additional information, please contact the Director of Preschool and Mother's Day Out, **Tara Cook**, at 255-3353, [tara.cook@duncanfumc.org](mailto:tara.cook@duncanfumc.org), or visit [www.duncanfumc.org](http://www.duncanfumc.org).