



2019-20

ENROLLMENT
AGREEMENT

{ YOU MUST COMPLETE THIS FORM }

Child's Name: _____ Nickname: _____ Sex: _____ Birthdate: _____
Address: _____
Street or Box City, State, Zip Code

IDENTIFYING INFORMATION:

Mother's Name: _____ Home Phone: _____
Cell Phone: _____ E-mail address: _____
Home Address: _____
Employed by: _____ Hours of Employment: _____
Business Address: _____ Business Phone: _____

Father's Name: _____ Home Phone: _____
Cell Phone: _____ E-mail address: _____
Home Address: _____
Employed by: _____ Hours of Employment: _____
Business Address: _____ Business Phone: _____

Names & ages of other children in the household: _____

EMERGENCY CONTACT(S) 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 TO BE USED IN AN EMERGENCY:

Doctor/Clinic: _____ Phone Number: _____
Address: _____
Hospital: _____ Phone Number: _____
Address: _____

ALLERGIES, RESTRICTIONS, HABITS, SPECIAL LANGUAGE, ETC.: _____



417.623.2796



501 West 4th Street ~ Joplin MO 64801

joplinfirstumc.org/preschool

FIELD TRIPS AND TRANSPORTATION: (ONLY PRIMARY AND PRE-KINDERGARTEN)

I do ___do not___give consent for my child to take part in field trips or excursions with this preschool under proper supervision. It is my understanding that I will be notified when such trips are planned. Parents will need to provide transportation due to seat belt and car seat regulations.

Parental/Guardian Signature:_____ **Date:**_____

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.

Parental/Guardian Signature:_____ **Date:**_____

ACCEPTANCE of this **completed** enrollment form and a **non-refundable** registration fee of **\$75.00** 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.

Parental/Guardian Signature:-_____

Do we have your consent for us to put your child's picture on the World Wide Web on our preschool site or our Facebook page? We will be showing pictures of our activities each month. Their names or addresses would not be listed. (joplinfirstumc.org/preschool)

Yes, I consent to my child's picture being on the preschool website:_____

No, Please do not put my child's picture on the preschool website:_____

.....

CLASS CHOICE: (PLEASE CHECK ONE)

<u>M/W/F</u> <u>Toddlers</u>	<u>T/TH</u> <u>Toddlers</u>	<u>M-F</u> <u>Toddlers</u>	<u>M/W/F</u> <u>Primary</u>	<u>T/TH</u> <u>Primary</u>	<u>M-F</u> <u>Primary</u>
Tier 1 <input type="checkbox"/>	Tier 1 <input type="checkbox"/>	Tier 1 <input type="checkbox"/>	Tier 1 <input type="checkbox"/>	Tier 1 <input type="checkbox"/>	Tier 1 <input type="checkbox"/>
Tier 2 <input type="checkbox"/>	Tier 2 <input type="checkbox"/>	Tier 2 <input type="checkbox"/>	Tier 2 <input type="checkbox"/>	Tier 2 <input type="checkbox"/>	Tier 2 <input type="checkbox"/>
Tier 3 <input type="checkbox"/>	Tier 3 <input type="checkbox"/>	Tier 3 <input type="checkbox"/>	Tier 3 <input type="checkbox"/>	Tier 3 <input type="checkbox"/>	Tier 3 <input type="checkbox"/>

<u>M/WF</u> <u>Pre-K</u>	<u>T/TH</u> <u>Pre-K</u>	<u>M-F</u> <u>Pre-K</u>
Tier 1 <input type="checkbox"/>	Tier 1 <input type="checkbox"/>	Tier 1 <input type="checkbox"/>
Tier 2 <input type="checkbox"/>	Tier 2 <input type="checkbox"/>	Tier 2 <input type="checkbox"/>
Tier 3 <input type="checkbox"/>	Tier 3 <input type="checkbox"/>	Tier 3 <input type="checkbox"/>

Amount of registration fee: \$75.00 NON-REFUNDABLE (Must be paid at time of registration)

Siblings will receive a \$5.00 discount per child monthly.

Do you have a church home?_____Are you a member of 1st Methodist?_____ \$5.00 discount monthly

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

Registration Fee:_____Check#:_____Cash:_____

Date:_____Time:_____