



**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

Do you have a church home? \_\_\_\_\_

**Class Supply Fee**

Instead of having a class supply list this year, we are asking for a one-time **\$25 supply fee** for all classes. The supply fee will be used to purchase school supplies for your child (not including backpack, paint shirt, or Kindermat if it is needed.)

**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 **\$75.00 (\$100 if paid after May 21, 2020)** 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: \_\_\_\_\_