

Guilford College United Methodist Preschool-Registration Form
2021-2022-School Year

Office
Use: _____
Reg.Fee Pd

Child's Name (First & Last): _____

Child's Birthday (Month/Day/Year): _____ Gender: Male: _____ Female: _____

Father's Name: _____ Father's Place of Employment : _____

Father's Wk Ph: _____ Father's Cell Ph: _____

Mothers Name: _____ Mother's Place of Employment _____

Mother's Wk Ph: _____ Mother's Cell Ph _____

Hm Ph: _____ Family Email: _____

Home Address: _____

Other children in family:

Number of sibling's _____ Names & ages _____

Other adults living in the home _____

EMERGENCY CONTACT INFORMATION

PLEASE DO NOT LEAVE THIS BLANK; PLEASE DO NOT LIST YOURSELF (THE PARENT) AS THE EMERGENCY CONTACT.

You as the parent will **ALWAYS** be the *FIRST* point of contact in any situation. The purpose of the emergency contact: In the case the parents cannot be reached, we will attempt to reach the emergency contacts listed. For instances such a child illness, injury, the parent has not yet arrived for afternoon pick up etc. **Proper identification is mandatory** (i.e. driver's license, school ID etc...Identification must have photo.)

1. _____ Phone _____

2. _____ Phone _____

Tuition Schedule

2 days per week/monthly: \$200 (Amount of days available for Pooh bear class)

3 days per week/monthly: \$250

5 days per week/monthly: \$350 (Ideal for Pre/K moving forward to K next fall)

***Registration Fee: \$85.00 for the first child and \$45.00 per sibling**

Please indicate which class you wish to enroll your child.

Pooh Bear Class (1yrs old by Aug 31st; turning 2 within the year) **T /TH** _____

Teddy Bear Class (2yrs old by Aug 31st; turning 3 within the year) **M /W/F** _____

Teddy Bear Class (2yrs old by Aug 31st; turning 3 within the year) **T /TH** _____

Teddy Bear Class (2yrs old by Aug 31st; turning 3 within the year) **M-F** _____

Busy Bee Class (3yrs old by Aug 31st; turning 4 within the year) **M /W /F** _____

Busy Bee Class (3yrs old by Aug 31st; turning 4 within the year) **T/TH** _____

Busy Bee Class (3yrs old by Aug 31st; turning 4 within the year) **M-F** _____

Pre-K Class (4yrs old by Aug 31st; turning 5 within the year) **M-F** _____

(Please Turn Form Over)

Enrollment & Financial Agreement

- A \$15.00 late fee will be charged to your account if your child is picked up after 12:45pm
- For any tuition payment received after the 15th of the month, a \$15.00 fee will be added to your next month's tuition.
- If at any time, you anticipate a problem with timely payments, please speak to the director.
- Tuition is a yearly commitment; during a prolonged absence, tuition is to be paid as scheduled.
- **Withdrawals:** Parents are required to notify the director **two weeks in advance** of the withdrawal date. If this notice is not received, a full month's tuition is required for the following month. No exceptions.

Allergies & Special Dietary Concerns:

Does your child have any *allergies/special* dietary concerns? Please **list allergies & describe symptoms and treatments for the allergic reaction.** (If none, please state none.): _____

Allergic to: _____ Reaction: _____

Treatment for this allergic reaction: _____

Name of Medication: _____, Date Started _____ Reason for taking: _____

When medication is administered: _____

Authorization for Medication to be administered: _____ (Parent signature)

Complete medical form attached and Medication Authorization form also.

The language below references consent for medical care in an emergency.

In the event of sickness or medical emergency, I request that my child receive any medical attention or treatment deemed necessary. I give permission to any hospital, doctor, and/or health care provider to transport, treat and/or admit my child for care. I understand that I am responsible for all expenses and charges for the treatment and care of my child. In the event that I am not present at the time of the emergency or cannot be contacted, my care has been entrusted to the staff and designated ministry leadership of Guilford College UMC (GCUMC) & Preschool. I also release from liability any and all agents of GCUMC, the volunteers and staff in case of an accident and/or injury.

Hospital Insurance Company Name: _____

Policy No.: _____

Child's Name (Please print child's full name.)

Signature of Parent or Legal Guardian _____

Date _____

Additional Student Information for support in the Classroom Environment

Has your child been in an Early Childhood Program before? Yes _____ No _____ Where? _____

Reason for leaving: _____

Guilford College UMC Preschool strongly supports including children with various needs into our classrooms. Please indicate the information (as indicated below), that would be helpful for us to know about your child. (English as a second language, just moved to the area, uses special words for going to the potty, water, etc...)

Does this child have any special needs? No Yes

If yes, please explain. _____

Does your child have a IEP or IFSP? No Yes _____

Please provide a copy of the IEP or IFSP to Guilford College UMC Preschool. _____ (copy attached)

Child's special interests: _____

What are your goals for your child this school year? _____

List any health care needs or concerns, symptoms of or types of response of these health care needs or concerns. _____

List any particular fears or unique behavior characteristics your child shares or exhibits. _____

MEDIA CONSENT

From time to time GCUMC Preschool is featured in the local newspaper (Northwest Observer, News and Record, etc.) and/or the local new media may come to our facility to cover exciting events!

By law, GCUMC Preschool protects the privacy of the students and is prohibited from releasing students' personal information.

GCUMC Preschool staff often take photos of their class/students, and will post in the hallway.

I hereby consent to the use of photography/video taken of my child by GCUMC preschool for the use of advertising or publicizing event, activities, facilities, and programs of the GCUMC Preschool in newspapers, newsletters, website, other publications, television, radio, and other communications and advertising media.

Parent / Guardian's Signature _____ Date _____