



FIRST UNITED METHODIST CHURCH
**TREEHOUSE
PRESCHOOL**
1650 Rainbow Blvd. • Excelsior Springs, MO 64024



Dear parent or guardian,

Welcome to the First United Methodist Church Treehouse Preschool. We are excited that you chose Treehouse for your child's early education development and growth. We are looking forward to a great year and getting to know you and your precious one.

Attached are the **required enrollment forms** and our **policies and procedures**. We strive very hard to meet state requirements for our facility, so it is very important that you fill out these forms completely. **Incomplete forms will be rejected and sent back to you.** In this packet you will find the following:

- 1. Enrollment Form** — it is a **state requirement** that we have the **work address for both parents, including name, street, city, state and zip code**. Failure to comply will delay your child's registration. On the back of this form, it is important that you fill out the emergency medical care information and sign the form.
- 2. Policies and Procedures** — please read these policies carefully. It is important that you clearly understand our operating procedures. We ask that you **initial each line, sign and date the form stating you agree to our procedures**. This form doubles as a release form allowing Treehouse Preschool to use your child's photo in newspaper articles and on the internet, such as Facebook, for promotional purposes.
- 3. Medical Examination Form** — this form will need to be filled out by your doctor. This is a **state requirement** for our preschool. Please attach a **copy of your child's immunization records along with this medical form**. **If your child has attended FUMC Treehouse Preschool this last year, we have your medical sheet on file so you do not have to resubmit this form. This form is required only for first-time student enrollment.** (If you have updated immunization records, please include those additions.)

The **state inspection** requires that the **medical examination form** be filled out and returned when you enroll your child. **Your child will not be allowed to attend school until it is turned in.** This is an important state requirement for school attendance!

Please mail or send with your child these completed forms along with a **\$50 nonrefundable enrollment fee** to **FUMC Treehouse Preschool, 1600 Rainbow Blvd., Excelsior Springs, MO 64024**. **Your child's enrollment in Treehouse Preschool is not guaranteed until all forms and the \$50 enrollment fee are received.**

Again, I'm excited to be a part of your child's education and development. I look forward to working with you this coming school year.

Sincerely,

Miss Darla ☺

Darla Sims
Preschool Director
(816) 699-7295
TreehousePreschool3@gmail.com



FIRST UNITED METHODIST CHURCH TREEHOUSE PRESCHOOL

STUDENT ENROLLMENT FORM



| | | | | |
|--|---|---|--------|------------|
| Child's Full Name (write it as you want your child to learn to write): | 3-YO class: <input type="checkbox"/> AM | Pre-K class preference: <input type="checkbox"/> AM <input type="checkbox"/> PM | Sex: | Birthdate: |
| Address (street, city, state, zip): | Email: | | Phone: | |

IDENTIFYING INFORMATION

| | |
|---|----------------------------|
| Mother's or Guardian's Name: | Cell phone: |
| Do you live with your child: <input type="checkbox"/> YES <input type="checkbox"/> NO (if no -- list your address, street, city, state, zip): | Home phone (if available): |
| Employer name: | Hours of employment: |
| Employer address (street, city, state, zip): | Work phone: |

| | |
|---|----------------------------|
| Father's or Guardian's Name: | Cell phone: |
| Do you live with your child: <input type="checkbox"/> YES <input type="checkbox"/> NO (if no -- list your address, street, city, state, zip): | Home phone (if available): |
| Employer name: | Hours of employment: |
| Employer address (street, city, state, zip): | Work phone: |

EMERGENCY CONTACT (ONE REQUIRED, SECOND OPTIONAL)

| | |
|-------------------------------------|---------------|
| Name: | Phone: |
| Address (street, city, state, zip): | Relationship: |
| Name: | Phone: |
| Address (street, city, state, zip): | Relationship: |

PERSON AUTHORIZED TO TAKE FROM CHILD CARE FACILITY (ONE REQUIRED)

| | |
|-------|-------|
| Name: | Name: |
|-------|-------|

COMMENTS ON CHILD'S DEVELOPMENT

Please note allergies, habits, special language, etc.:

FIRST UNITED METHODIST CHURCH TREEHOUSE PRESCHOOL

ENROLLMENT FORM - CONTINUED

| TO BE COMPLETED BY CHILD CARE FACILITY (FORM WILL BE RETAINED FOR ONE YEAR AFTER DISCHARGE) | |
|--|------------------------|
| Facility Name: | Admission Date: |
| Enrolled for (days of the week): | Full time / part time: |
| Hours per day: <i>From:</i> <i>To:</i> | Discharge date: |

Child's Name:

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in case of illness or an accident to my child, and I will make arrangements for medical care for 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 the **FIRST UNITED METHODIST CHURCH TREEHOUSE PRESCHOOL (Provider/Licensee)** to contact the following physician or clinic:

| | |
|-------------------------------------|--------|
| Physician/Clinic Name: | Phone: |
| Address (street, city, state, zip): | |
| Preferred hospital: | Phone: |
| Address (street, city, state, zip): | |

TRANSPORTATION TO AND FROM SCHOOL

I DO DO NOT GIVE PERMISSION FOR THE PRESCHOOL TO TRANSPORT MY CHILD TO AND FROM SCHOOL IN EMERGENCY SITUATIONS

FIELD TRIP AUTHORIZATION

I UNDERSTAND THAT I MUST GIVE WRITTEN PERMISSION FOR FIELD TRIPS/EXCURSIONS AND THAT I WILL BE NOTIFIED WHEN THEY ARE PLANNED.

ACKNOWLEDGEMENTS

| | |
|-----------|--|
| A) | I HAVE RECEIVED A COPY OF THIS FACILITY'S POLICIES PERTAINING TO THE ADMISSION, CARE, AND DISCHARGE OF CHILDREN. |
| B) | I HAVE BEEN INFORMED THAT A COPY OF THE LICENSING RULES FOR CHILD CARE HOMES OR THE LICENSING RULES FOR GROUP CHILD CARE HOMES AND CHILD CARE CENTERS IS AVAILABLE AT THE FACILITY FOR REVIEW. |
| C) | THE PROVIDER AND I HAVE AGREED ON A PLAN FOR CONTINUING COMMUNICATIONS REGARDING MY CHILD'S DEVELOPMENT, BEHAVIOR AND INDIVIDUAL NEEDS. |
| D) | WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT HE/SHE MY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE. |

| | |
|--------------------------------------|-------|
| PARENT/LEGAL GUARDIAN SIGNATURE: | DATE: |
|--------------------------------------|-------|



FIRST UNITED METHODIST CHURCH TREEHOUSE PRESCHOOL

POLICIES AND PROCEDURES



In order to assure that new parents clearly understand the procedures and policies of Treehouse Preschool, we ask all parents to **read the policies** enclosed with the application packet and to also to **initial the following important items**:

- _____ Read & Initial 1. Parents are responsible for payment of fees on time. Monthly fees are \$80 for the 3-year-old class and \$90 for the Pre-K class. A late fee of \$10 will be added to bills not paid after the 10th of each month.
- _____ Read & Initial 2. There is no reduction of fees for absences or vacations except in the case of an extended illness of the child. The director should be notified if such a situation occurs.
- _____ Read & Initial 3. I understand that I must walk into the building with my child every day and make certain the teachers know that he/she is there.
- _____ Read & Initial 4. I give my consent to my child to attend all field trips involving Treehouse Preschool. You are responsible for your child's transportation to the field trips. On all field trips, your child will be required to be secured in a booster seat or car seat. Only the back seat will be used.
- _____ Read & Initial 5. Keep your child home with the following: fever, diarrhea, vomiting in the previous 24-hour period. Children too sick to participate in full program, including outside play, need to be kept at home. When your child is ill, you understand that your child may not be accepted for care.
- _____ Read & Initial 6. Parents need to inform the preschool of **changes in address, phone number, employment, emergency information or any changes in family situations**.
- _____ Read & Initial 7. Parent is expected to pick up children at dismissal time: 11:30 a.m. or 3:00 p.m. There will be a late fee of \$3 for each 10 minute period the child is not picked up.
- _____ Read & Initial 8. No medication can be administered to a child without the written consent and instructions from the doctor.
- _____ Read & Initial 9. The director is to be notified **two weeks in advance** before a child is to be withdrawn. Parents are required to pay for those two weeks, regardless of when the child leaves the preschool.
- _____ Read & Initial 10. If, after a reasonable period of time, it is found that a child is unable to adjust to the preschool, **the preschool reserves the right to request withdrawal of the child. This decision is left to the discretion of the director and FUMC Treehouse Preschool board.**
- _____ Read & Initial 11. Treehouse Preschool has an annual required health and safety inspection and the inspection forms are available for review.
- _____ Read & Initial 12. I give permission for my child's photo or video to be taken and used in media, such as a newspaper article or on the internet for promotional purposes.
- _____ Read & Initial 13. I agree to abide by these rules and regulations.

Parent or Guardian Signature: _____ Date: _____



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION

CHILD MEDICAL EXAMINATION REPORT (INFANT/TODDLER/PRE-SCHOOL)

IDENTIFYING INFORMATION

| | |
|--------------|-----------|
| CHILD'S NAME | BIRTHDATE |
|--------------|-----------|

CURRENT STATE OF HEALTH

Based on my assessment of this child's medical history, current state of health and my physical examination of the child on ____ / ____ / ____, this child can participate in a child care program. This child has no special care needs unless specified below.

(Date of medical examination must be within the last 12 months.)

PHYSICIAN'S INSTRUCTIONS FOR SPECIALIZED CARE

Complete this section only if child requires special care at a child care facility, e.g. special diets, allergies, ear infections, convulsions, diabetes, asthma, behavior problems, hearing or visual impairment, etc. (Attach additional pages as needed.)

| | |
|---|------|
| SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN | DATE |
|---|------|

PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)

| | |
|--|---|
| NAME AND ADDRESS OF CLINIC, GROUP, PRACTICE OR OTHER (MAY USE STAMP.) | IF NURSE IS SUPERVISED BY A PHYSICIAN, INDICATE PHYSICIAN'S NAME (PLEASE PRINT.) |
| | TELEPHONE NUMBER |