

2019-2020 PRESCHOOL REGISTRATION

Child's Name _____ Birth Date _____

Name you wish child to be called Gender _____

Address _____ City _____ Zip _____

Mother's Name _____ Address _____

Home Phone _____ Mobile Phone _____

Occupation _____ Work Phone _____

Father's Name _____ Address _____

Home Phone _____ Mobile Phone _____

Occupation _____ Work Phone _____

PLEASE PRINT EMAIL ADDRESS CLEARLY: _____

We should send correspondence to (please check): Mother _____ Father _____ Both _____

Is either parent a member of First UMC, Salisbury? Yes _____ No _____ Who? _____

Siblings (Names and ages) _____

If any sibling(s) attended First UMC Preschool, please give name, classes completed, and dates:

Child's Favorite Activities _____

What do you hope your child will gain from this preschool program? _____

What special concerns do you have about your child? _____

Does your child have any special traits or habits of which we should be aware? If so, please list. _____

Does your child have any known medical problems? Allergies? Necessary medications? If yes, please

explain. _____

Child's Doctor _____ Telephone _____

Two names with telephone numbers to call in case of emergency, should we not be able to reach you
(local numbers, please)

_____ Telephone _____

_____ Telephone _____

*** Registration begins at 8:15 AM on Tuesday, January 22 for families already in our program and for members of First United Methodist Church. Early registration is for forms received January 22-25 only (until noon January 25). Registration for all others begins at 8:00 AM on Monday, January 28, on a first come/first serve basis.**

Enrollment Agreement 2019-2020

Thank you for choosing First Methodist Preschool for your child. Please return this form with your registration form; we must have it signed and on file.

I, _____, parent of, _____ do hereby enroll my child in First Methodist Preschool for the 2019-2020 academic year.

I hereby agree to the following:

1. I agree to pay the following monthly tuition:

_____ \$160 (5 day program) 4 year old

_____ \$150 (4 day program) 3 year old

_____ \$120 (2 day program) Older 2 year old

_____ \$120 (2 day program) Younger 2 year old

Tuition is due on the first day of each calendar month, beginning in September and continuing through May. A late charge of \$1.00 per day will be assessed if monthly payment is not made by the 10th of the month, and I agree to pay all applicable late charges.

_____ 2. I agree to honor the preschool hours of 8:30-12:00 (11:30 for two year old classes). I understand that it is my responsibility to bring and pick up my child on time and that no teacher is required to be present after 12:00 noon. If I arrive late to pick up my child, I will be assessed a late fee as set by the preschool committee.

_____ 3. I agree to give written notice to the preschool director one month prior to withdrawing my child from the program. I also agree to be responsible for payment of tuition for one month after giving said notice.

_____ 4. I hereby give my permission for my child to attend all scheduled preschool field trips.

_____ 5. I hereby authorize the preschool teachers to obtain medical care for my child in the event of injury.

_____ 6. I understand that all holidays will be discussed in the classrooms. In addition, parties will be given for Thanksgiving, Christmas, Valentine's Day and Easter. I understand that if I do not wish for my child to participate in these activities, I may keep her/him home on the days they occur.

Signed _____ Date _____