



Faith United Methodist Preschool 3 Application Form



2024-2025

Child's Information

Child's Name: _____ Nickname: _____
 Address: _____ Telephone: _____
 _____ Cell phone: _____
 Age - Years: _____ Months: _____ Date of Birth: _____ Girl Boy
 Child lives with: Both Parents Mother Father Grandparent(s) Other

Mother's Information

Mother's Name: _____
 Address: _____

 Phone: _____
 Email: _____
 Mother's Place of Employment _____
 Phone: _____

Father's Information

Father's Name: _____
 Address: _____

 Phone: _____
 Email: _____
 Father's Place of Employment _____
 Phone: _____

Emergency Contact Information

Child's Physician: _____ Phone: _____
 Whom to call in case of Emergency:
 1. Name: _____ Relationship: _____ Phone: _____
 2. Name: _____ Relationship: _____ Phone: _____

Other Information

Other Children in Family
 1. Name: _____ Date of Birth _____
 2. Name: _____ Date of Birth _____
 3. Name: _____ Date of Birth _____

Other Adults Living in the home _____
 Has your Child had other group experiences? Yes ___ No ___
 What? _____
 Where? _____

What are some of his/her favorite games, toys and activities?

IF I CANNOT BE REACHED IN CASE OF AN EMERGENCY, I give permission to Faith Preschool to provide emergency medical attention and transfer my child to: _____ Hospital

I ALSO _____ **AGREE** _____ **DISAGREE** that the Preschool may communicate with my child’s physician at its discretion.
IF MY CHILD IS ACCEPTED FOR ENROLLMENT, I AGREE TO THE FOLLOWING CONTRACT:

1. I will be responsible for the transportation of my child to and from Faith United Methodist Church. I will have the child there NO SOONER than FIVE MINUTES BEFORE STARTING TIME (8:30 am/12:15 pm) and I will be there PROMPTLY at dismissal time (11:30 am/3:15 pm). I will pay a \$5.00 late fee for the third and subsequent late pick-ups. I will notify the school if my child is to go home with anyone but the regular authorized person.
2. At registration, I will pay a \$75.00 non-refundable fee (\$25.00 administrative fee and \$50.00 which will count towards the first month’s tuition). I will pay the remaining first month’s tuition of \$107.00 no later than June 1, 2024. I will be responsible for eight (8) payments thereafter of \$157.00 per month, due the **first** of each month. Unusual circumstances may be considered. I also understand NO REFUND WILL BE GIVEN FOR ABSENTEEISM.
 - *If the remainder of the first tuition payment is not made by June 15, 2024 your child’s spot will be offered to a student on our waiting list.
3. In case of an accident causing injury, the Faith United Methodist Church, the Preschool or the teachers shall not be liable for such accident.
4. There will be a late fee of \$25.00 charged in addition to the \$157.00 if the payment is not paid by the 5th of the current month. If problems arise, please contact the church office **before payment is due**. DO NOT send payments in with your child or give them to the teachers.
5. **IF PAYMENT IS NOT RECEIVED BEFORE THE 10TH OF THE CURRENT MONTH, YOUR CHILD WILL NOT BE ALLOWED TO COME TO SCHOOL UNTIL THE TUITION IS RECEIVED.**

I have read and understand the above and agree to the terms and conditions of this policy. _____
(Please initial)

(For office use)

Registered by _____

Received \$75.00 on _____

Check # _____ Cash _____

Signature of Parent

Date

Please note: If paying by cash, you need to have the exact amount (we do not keep change on the premises) and we cannot accept \$100 bills. Thank you for your understanding.

Child's name _____

Pupil's Medical Form

Does your child have a regular physician? YES NO

If yes, Name _____ Phone # _____

Is your child seen regularly for any medical conditions? (if so describe below) YES NO

Dentist? YES NO

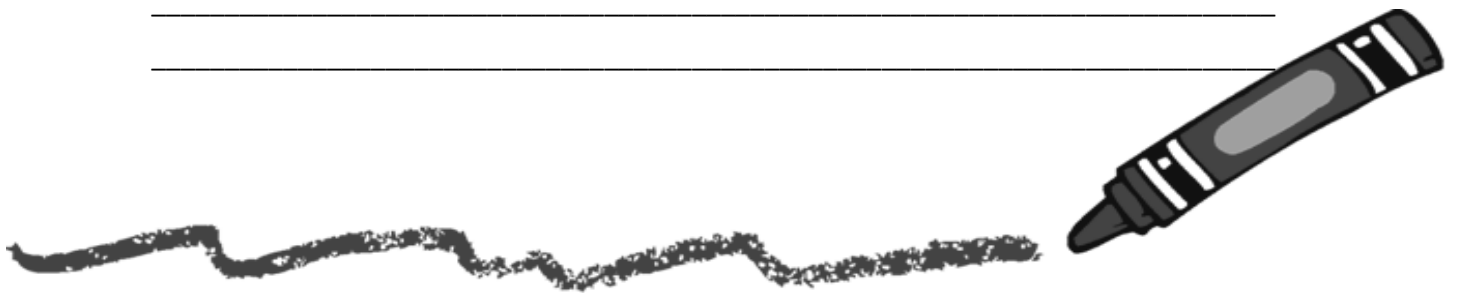
Eye Doctor? YES NO

Is your child under care or supervision of any child welfare organization? YES NO

If so, what is the name of the organization? _____

Please note conditions you wish to call to the teacher's attention:

(such as allergies, serious injuries, handicaps, etc.)



One more _____→

FAITH UNITED METHODIST CHURCH PRESCHOOL 3 HEALTH INFORMATION SHEET

STUDENT'S LEGAL LAST NAME

FIRST NAME

MIDDLE NAME

Please attach a copy of the student's immunization record OR religious exemption at time of registration.

Health Information

Has this student had:

Illness (Please check)	Date	Illness (Please check)	Date
<input type="checkbox"/> Chickenpox			
<input type="checkbox"/> Whooping cough		<input type="checkbox"/> TB	
<input type="checkbox"/> Seizures		<input type="checkbox"/> Convulsions	
<input type="checkbox"/> Mumps			
<input type="checkbox"/> German Measles		<input type="checkbox"/> Other	
<input type="checkbox"/> Scarlet Fever			

Please list any operations this student has had: _____

Please list any serious accidents this student has had: _____

Does this student have:

- Asthma
 Bronchitis
 Chronic Cough
 Frequent Colds
 Frequent Sore Throats
 Frequent Earaches or Chronic Infections
 Speech Difficulties
 Vision Loss
 Allergies
 Hearing Loss
 Diabetes

Please list any other conditions you wish to call attention to the Preschool Teachers:

Parent's Signature _____