

FUMC PRESCHOOL
ENROLLMENT AND CONTRACT

Full name of child _____ Date of birth _____

Name by which child is commonly called _____

Home address _____ Tel. _____ Zip _____

Email address _____

Father's name _____ Place of occupation _____

Business Tel. _____ Working hours _____ Cell phone _____

Mother's name _____ Place of occupation _____

Business Tel. _____ Working hours _____ Cell phone _____

Child resides with both parents? _____ Father? _____ Mother? _____

Both parents work: Caregiver _____ Tel. _____

Address child will be cared for: _____

Emergency phone number _____ Name _____

Names of persons other than parents to whom child may be released:

Physician's name _____ Tel. _____

Hospital preference if other than McLaren Central Michigan _____

Please list siblings in the household and their age:

Does your child have any pets? _____ Give the kind of pets and names _____

What are your child's favorite toys and interests? _____

Has your child had any previous school or daycare experiences? Describe. _____

What is the usual size of your child's play group? _____

Are his/her playmates older? _____ Younger? _____ Same age? _____

Does your child have any particular habits or mannerisms such as thumb sucking, nail biting?

Describe. _____

Does your child have any particular fears? Describe. _____

Does your child accept new people easily? _____

What word does your child use for bowel movement? _____ Urination? _____

Does your child have allergies? _____ Specify. _____

Do you have any particular concerns about your child's eating habits? _____

What is your child's usual bedtime? _____ Waking hour? _____

Does your child sleep well? _____ Does your child nap? _____

What is your accustomed mode of disciplining your child? _____

Do you have trouble with excessive temper outbursts, crying, sulking, destructiveness?

What communicable diseases or serious illnesses has your child had? _____

Write below further information about your child which you believe will be helpful to us in understanding your child's behavior (language problems, physical handicaps, etc.)

Class preference: MWF morning (4's & 5's) _____ MTWTh afternoon (4's & 5's) _____ TTH morning (3's) _____

The undersigned parent hereby enrolls his child, _____ for the _____

school year in the FUMC PRESCHOOL conducted under the auspices of the Board of Directors.

I agree to pay:

_____ \$85 Tuition each month for TTH class-\$765/year

_____ \$120 Tuition each month for MWF morning class-\$1080/year

_____ \$160 Tuition each month for M-Th afternoon class-\$1440 a year

I understand and agree that by reason of the necessary commitments of the school, refunds of the tuition will not be made. I give permission for my child to participate in any school sponsored trips. I give permission to the school to secure emergency medical or surgical treatment for the above named child while in the care of the school.

Health insurance ID # _____

It is understood that the school may reject any application for enrollment, and may also dismiss any student after enrollment, in which event the school will refund the prorated portion of the student's tuition fee.

I understand that there is a non-refundable enrollment fee:

_____ \$30-new enrollees

_____ \$15-child enrolled 2 or more consecutive years

_____ \$15-per child in a family enrolling more than one child a school year

I will fulfill the total tuition obligation unless we move from the city or some unusual situation arises, in this case, I will give 4 weeks notice, or the equivalent in tuition.

Signature of parent _____ Date _____