



Application for Enrollment 2012-2013

4-Year-Old, Four-Day Program

Monday, Tuesday, Wednesday and Thursday 9:15-12:15 p.m.

Application for New Enrollment Continued Enrollment

Tuition: \$190/month (*Alternate payment plans are available)

New Student: Registration Fee: \$35. Activity Fee: \$100 Total=\$135

Returning Student: Registration Fee: \$15. Activity Fee: \$100 Total=\$115

For staff use:

Date: _____

Paid: _____

Amt.: \$ _____

Tuition

Registration/
activity fee

Cash

Check No: _____

Child's Name (the name that we will teach them to identify and write): _____

DOB: _____ Age: _____ Sex: _____

Address: _____ Phone: _____

E-Mail: _____

Mother's Name: _____

Father's Name: _____

Occupation: _____

Occupation: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Address (if different from child): _____

Brothers and Sisters:

Which elementary school will your child attend? _____

Age: _____

Are you planning to apply to the public pre-k program?

Age: _____

Yes No

Age: _____

Does your family currently attend church? Yes No Where? _____

How did you learn about Mt. Zion UMC Preschool? _____

**A non-refundable registration fee and an activity fee are required at registration. These fees secure a place for your child in the class. The activity fee covers the cost of field trips, T-shirt, tote bag, snacks and classroom supplies. The first monthly tuition payment is due on Aug. 1, 2012. Tuition is paid one month in advance (9 total) and payments are due the first of each month August 2012 through April 2013. If the August payment is not received by Aug. 8, 2012, it will be assumed you are no longer interested in your child attending Mt. Zion Preschool and persons on the waiting list will be contacted. Please make all checks payable to Mt. Zion Preschool.*

* Alternate Payment Plans: Full year tuition \$1,710.

Bi-monthly: \$95 due the the 1st and 15th.

Extended Payment: August – May (10 months) \$171

Mt. Zion UMC Preschool admits students of any race, religion and ethnic origin.

Signature of Parent: _____ Date: _____

Mt. Zion United Methodist Church



Allergy information

Please inform us if your child has any allergies to a particular substance or animal.

- My child, _____, has no known allergies at this time.
 My child, _____, has the following allergies (please list below):

Parent/Guardian Signature: _____ Date: _____

Photo release

Mt. Zion UMC Preschool requires your permission to include pictures of your child participating in preschool activities, which may be displayed or published to promote the Preschool Program.

Child's name _____

- Yes, my child may be included in bulletin board displays and preschool publications
 No, please exclude my child from picture displays.

Parent/Guardian Signature: _____ Date: _____

Mt. Zion United Methodist Church



Child pick-up

The following individuals have permission to pick up my child from Mt. Zion UMC Preschool.
(Please include parent's names also). A photo ID is required of each individual listed.

<u>Name</u>	<u>Relationship</u>	<u>Phone No.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that if someone listed above is unknown to the teaching staff, identification will be required and compared to the photo ID supplied before a child will be released.

Someone other than those listed above may take a child home only if we have received written permission from a parent or guardian.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY FORM

INSTRUCTIONS TO PARENTS:

- (1) Complete all items on this side of the form. Sign and date where indicated.
- (2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

When parents cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt.# City State Zip Code

2. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt.# City State Zip Code

3. Name _____ Telephone (H) _____ (W) _____
Last First

Address _____
Street/Apt.# City State Zip Code

Child's Physician or Source of Health Care _____ Telephone _____

Address _____
Street/Apt.# City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian _____ Date _____

Child's Name _____ Birth Date _____
Last First

Enrollment Date _____ Hours & Days of Expected Attendance _____

Child's Home Address _____
Street/Apt.# City State Zip Code

Mother's Name _____ Home Telephone _____
Last First

Mother's Employer/School _____
Name Address

Mother's Home Address (if different from above) _____
Street/Apt.# City State Zip Code

Work Telephone _____ Cellular Phone _____ Beeper _____

Father's Name _____ Home Telephone _____
Last First

Father's Employer/School _____
Name Address

Father's Home Address (if different from above) _____
Street/Apt.# City State Zip Code

Work Telephone _____ Cellular Phone _____ Beeper _____

Name of Person Authorized to Pick Up Child (daily) _____
Last First Relationship to Child

Address _____
Street/Apt.# City State Zip Code

ANNUAL UPDATES _____
(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)