

Registration Agreement

2018-2019

Thank you for your interest in FUMC Preschool!

Please read through the following information carefully, check all appropriate places, sign and return to the preschool office or mail to 201 S. Road St. Elizabeth City, NC 27909

Once the agreement has been completed, please return it to the preschool with a \$75 non-refundable registration fee. If you are placed on a waiting list, your registration fee is held until you are placed in a class. If you are not placed, then it is returned to you. The first month's tuition must be received by May 15th in order to finalize your child's spot in a class. If you register after May 15th, then you will pay September's tuition when you register. If your child is new to our preschool, please bring a copy of their birth certificate and immunization records at the time of registration. Your child will not be admitted to class without the preschool having received the immunization records and birth certificate. You will also need to have a physician's statement filled out, which can be downloaded from our website- ecfumc.org or picked up at the preschool.

Classes are filled in the following order:

1. Children of FUMC members who are currently enrolled
2. Children of FUMC staff and FUMC Preschool Board Members
3. Children who are currently enrolled and their siblings
4. Children of FUMC members who are not presently enrolled
5. Siblings of FUMC Preschool Alumni
6. General Public

Once accepted, we ask that you honor this registration agreement for the 2018-2019 term.

Tuition portion will be refunded for notice given by July 1st.

FUMC Preschool's classes run from September through May.

WHAT CLASS DO I SIGN UP MY CHILD FOR?

If your child will be 12 months-23 months on or before August 31, 2018 (MUST be walking, able to drink out of a cup and go without a morning nap), then he/she will be placed in the Toddler Time/Inchworm class.

If your child will turn two on or before August 31, 2018 (born before August 31, 2016), then he/she will be placed in the 2-3 year old Ladybug Class.

If your child will turn three on or before August 31, 2018 (born before August 31, 2015), then he/she will be placed in the 3-4 year old Dragonfly or Firefly Class.

If your child will turn four on or before August 31, 2018 (born before August 31, 2014), then he/she will be placed in the 4-5 year old Butterfly or Bee Class.

Our Daily Schedule

Drop off begins at 8:45 am and classes start at 9:00 am.

Pick-up times for each class are as follows:

Toddler Time	11:35-11:45 am
2-3 year old Ladybugs	11:35-11:45 am
3-4 year old Dragonflies and Fireflies	11:45-11:55 am
4-5 year old Butterflies and Bees	11:55-12:05 pm

If you have children in two different classes, you are given an extra 5 minutes to pick up the youngest.

If you arrive past dismissal time, you will be charged \$5 for every 5 minutes.

AVAILABLE CLASSES

If the class you have chosen is unavailable, you will be placed on the waiting list for the next available spot.
Please indicate whether you would be interested in a second choice, if your first choice of a class fills up, by putting a 1 beside your first choice and a 2 beside your second choice.

Two Day Program (Thursdays and Fridays)

Cost is \$115 per month

2-3 year old class 3-4 year old class 4-5 year old class

Three Day Program (Mondays, Tuesdays, Wednesdays)

Cost is \$150 per month

2-3 year old class 3-4 year old class 4-5 year old class

Five Day Program (Monday-Friday)

Cost is \$230 per month

3-4 year old class 4-5 year old class

Toddler Time Program (Tuesdays or Wednesdays)

Cost is \$75 per month

You may sign up for both days if there is space after registration closes.

Tuesdays Wednesdays Both, if space is available (cost \$150).

Registration Agreement

2018-2019

Full name of child _____

Name child is called _____ Male____ Female____

Birthdate _____

Full name of father _____

Full name of mother _____

List any custody/family arrangements that we should know (i.e. child resides with a step-parent or grandparent). _____

Mailing address _____

Street

City

Zip

Phone numbers:

Home _____

Mom's Cell _____ Mom's Work _____

Dad's Cell _____ Dad's Work _____

Specify the **cell** phone number you prefer to be used for communications about school closings or delays: _____

E-mail address _____

Physician _____ Phone _____

Health information (allergies, medical concerns, etc.)

Emergency Contacts (parents will be called first)

1. _____

Name

Phone

2. _____

Name

Phone

Emergency Treatment

In the event of an illness or accident which requires immediate medical treatment at a time when a parent cannot be located, I give permission for Jane Wysor, Director of FUMC Preschool, or for other preschool personnel designated by the director, to authorize such treatment.

I will not hold the preschool nor medical personnel responsible. This is done with the understanding that every attempt will have been made to contact parents, the child's physician, and other persons listed for emergency contact.

X Parent signature_____

Photo Release

In the event that my child's picture is taken at a preschool related program, I give permission to FUMC to publish pictures in publications pertaining to the church. Such publications include bulletin boards, newsletters and our website. UNDER NO CIRCUMSTANCES WILL A CHILD BE IDENTIFIED BY NAME IN ANY PUBLICATION.

X Parent signature_____

Approved Pick-Up List

FUMC Preschool will only release your child to the following people, unless you have given prior approval.

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

Please check any that apply:

My student is presently enrolled at FUMC Preschool

I am a member of First United Methodist Church

I am a FUMC Staff Member

My child is a sibling of a current FUMC Preschool student.

My child is a sibling of a FUMC Preschool alumnus.

I have read the registration agreement and have completed the information above. I agree to honor the enrollment. In the event my child needs to be withdrawn from the preschool after July 1st or at any time during the term, I am responsible for giving 2 weeks notice and paying for ½ month tuition.

Class requested _____

Class age

Days per week

Signature _____ Date _____

Parent or Legal Guardian

