



# First United Methodist Church School for Little People

## 2010-2011 Pre-K Enrollment Form

Director: Faye Canafax  
Phone (940) 766-0575  
Fax (940) 766-1411

909 10th Street  
Wichita Falls, Texas 76301  
email: slp@fumcwf.org

First full-day of Pre-K Sept. 1 or 2, 2010

Date of enrollment \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Name used \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_ Address: \_\_\_\_\_ Zip \_\_\_\_\_

Mom's place of employment \_\_\_\_\_ Dad's place of employment \_\_\_\_\_

Mom's Home Phone \_\_\_\_\_ Dad's Home Phone \_\_\_\_\_

Mom's Work Phone \_\_\_\_\_ Dad's Work Phone \_\_\_\_\_

Mom's Mobile Phone \_\_\_\_\_ Dad's Mobile Phone \_\_\_\_\_

Mom's E-mail address \_\_\_\_\_ Dad's E-mail address \_\_\_\_\_

**Stepmother's Name:** \_\_\_\_\_ **Stepfather's Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_ Address: \_\_\_\_\_ Zip \_\_\_\_\_

Step mom's Home Phone \_\_\_\_\_ Step dad's Home Phone \_\_\_\_\_

Step mom's Work Phone \_\_\_\_\_ Step dad's Work Phone \_\_\_\_\_

Step mom's Mobile Phone \_\_\_\_\_ Step dad's Mobile Phone \_\_\_\_\_

Step mom's E-mail address \_\_\_\_\_ Step dad's E-mail address \_\_\_\_\_

**Legal Guardian (Other than Parents)** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**Any Other Caretakers?** Name \_\_\_\_\_ Phone \_\_\_\_\_

**Pre-K Tuition Options for Fall:** Pre-K will begins on September 1 or 2, 2010.

Enrollment Fee: Due at time of enrollment and is not applied to tuition.

\$94.00 for 2 day classes (T/Th)

\$121.00 for 3 day classes (MWF)

\$215.00 for 5 day classes (M-F)

Tuition: Pre-school tuition is charged monthly and due on the 1st and late after the 10<sup>th</sup> of each month. A \$10.00 late fee will be assessed if payment is not received by the 10<sup>th</sup>. First and last month's pre-school tuition (September and May) are due by the first day of school.

\$94.00 per month for 2 days (T/Th)

\$121.00 per month for 3 days (MWF)

\$215.00 per month for 5 days (M-F)

Tuition is based upon a yearly fee. There are no discounts or reduced amounts for Preschool tuition for days missed due to illness, absences, vacations or the school being closed for holidays, emergencies or inclement weather.

**Snack Fee:** Snack fee is for the school year and based upon Pre-K enrollment. The snack fee is due by the first day of school.

\$25.00      2 days

\$40.00      3 days

\$65.00      5 days

**I am enrolling my child for:**      **Age as of September 1, 2010.**

**Circle the desired Class option.**

**Two** year old, 2 days (T/Th)

**Three** year old, 2 days (T/Th)

**Two** year old, 3 days (MWF)

**Three** year old, 3 days (MWF)

**Four** year old, 3 days (MWF)

**Two** year old, 5 days (M-F)

**Three** year old, 5 days (M-F)

**Four** year old, 5 days (M-F)

**Teacher Requests?** (There is no guarantee that a request will be granted but we will try.)

**Preschool begins at 9:00am. If your child needs to arrive before 9:00, you MUST enroll in our Early Bird Program.**

**Extended Care Options for Fall:** Extended care will begin on September 1, 2010.

Extended care charges are based upon an agreed schedule. There are no discounts or reduced amounts for Extended Care tuition for days missed due to illness, absences, vacations (except extended care billing during Christmas break), emergencies or inclement weather or the school being closed for holidays. Payment for extended care is due the first day of the week your child is in care. A \$5.00 late fee will be assessed if payment is not received by Friday of the current week.

**I am enrolling my child for:**

**Early Bird:** (7:15 am-9:00 am or 8:00 am-9:00am) *Due to limited spacing, first preference will go to full time care.* Place a check mark under the day and time you need. We **must** have a set schedule as this is **not** a drop in program.

Cost: 7:15-9:00      \$5.70 per day  
8:00-9:00      \$3.25 per day

	Mon.	Tues.	Wed.	Thurs.	Fri.
7:15-9:00	___	___	___	___	___
8:00-9:00	___	___	___	___	___

**Extended Care:** (12:00-3:00, 12:00-4:00 or 12:00-5:15) *Due to limited spacing, first preference will go to full time care.* Place a check mark under the day and time you need. We **must** have a set schedule as this is **not** a drop in program.

Cost: \$9.75 per day for 12:00 – 3:00  
\$13.00 per day for 12:00 – 4:00  
\$16.25 per day for 12:00 – 5:15

	Mon.	Tues.	Wed.	Thurs.	Fri.
12:00-3:00	___	___	___	___	___
12:00-4:00	___	___	___	___	___
12:00-5:15	___	___	___	___	___

**Those enrolled in the Extended Care program will have care available (by reservation only) over a portion of Christmas Break (All programs will be closed Dec.24-Jan.1) and all of Spring Break. A reservation sheet will be sent to you in advance so that you may schedule holiday care.**

## **Family Information:**

List siblings and ages \_\_\_\_\_

\_\_\_\_\_

What experiences has your child had away from parents? \_\_\_\_\_

\_\_\_\_\_

How does your child react away from parents? \_\_\_\_\_

\_\_\_\_\_

What do you hope for your child to gain from this experience? \_\_\_\_\_

\_\_\_\_\_

What are your child's particular interests? \_\_\_\_\_

\_\_\_\_\_

List pets and family hobbies \_\_\_\_\_

\_\_\_\_\_

Are there special circumstances in your family we should be aware of? (Custody information, divorce, restraining orders, etc.) We must have a copy of all legal documents on file in order to enforce them. All information will be kept confidential.

\_\_\_\_\_

Parents' church preference \_\_\_\_\_

\_\_\_\_\_

## **Volunteer Information**

*All parent volunteers helping at SLP must pass a criminal background.*

I will serve as a parent volunteer during school hours at SLP. \_\_\_\_\_

I can help with evening activities. \_\_\_\_\_

Are you interested in substituting at this school? \_\_\_\_\_

What experience have you had? \_\_\_\_\_

## **Permission for taking and / or using photographs or videos:**

I (we) hereby grant to School for Little People permission to take and use photographs or videos of my child.

I (we) also grant to School for Little People permission to use the finished photographs or videos for the purpose of education and / or membership promotion, and grant the right to publish and / or publicly exhibit the photographs or videos in any lawful and legitimate manner.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date



# School for Little People

## Contract

First United Methodist Church School for Little People is grateful that you have chosen to be part of our ongoing program for 2010-2011. Because activities are planned, and budgeted for the entire year the following must be agreed upon by the parents for the benefit of the children.

**Please initial each point in the space provided.**

- \_\_\_\_ 1. The enrollment fee must be paid at the time of enrollment. This fee covers the cost of materials, supplies, classroom set up costs and insurance. This fee is **nonrefundable** unless the family moves out of town prior to the start of school.
- \_\_\_\_ 2. The snack fee is due by the first day of school and is non-refundable.
- \_\_\_\_ 3. First and last months pre-school tuition (September and May) are due by the first day of school. (September and May tuition amount may be paid in increments during the summer.)
- \_\_\_\_ 4. Pre-school tuition is charged monthly and due on the 1st and late after the 10<sup>th</sup> of each month. A \$10.00 late fee will be assessed if payment is not received by the 10<sup>th</sup>. Tuition may be paid in full at the beginning of the school year.
- \_\_\_\_ 5. Payments for tuition are for the entire school year and are **non-refundable**.
- \_\_\_\_ 6. Payment for extended care is due the first day of the week your child is in care. A \$5.00 late fee will be assessed if payment is not received by Friday of the current week.
- \_\_\_\_ 7. There are no discounts or reduced amounts for Preschool or Extended Care tuition for days missed due to illness, absences, vacations or the school being closed for holidays, emergencies or inclement weather with 1 exception; *parents will not be billed for **Extended Care** Dec. 24 – Jan. 1 while the school is closed.*
- \_\_\_\_ 8. In cases of an extended absence (3 weeks or longer), i.e. vacations, or extended leaves, we will require at least 2 week written notice and ½ of your regular weekly extended care tuition will be due for the entire time of your absence to hold your child's position. Extended absence does not apply to Pre-k tuition.
- \_\_\_\_ 9. The person bringing or picking up your child must be sure that a staff member is aware of the child's arrival and departure. You are required to record your child's attendance on the sign-in, sign-out sheet provided in each classroom.
- \_\_\_\_ 10. A staff member or the director will be available for conferences with parents by appointment. Any accidents, special problems or occurrences in the school affecting your child will be brought to your attention.

**I agree to the terms stated above.**

\_\_\_\_\_  
Parent or guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

## Parental Consent Form

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_, to participate in activities, events, and field trips within walking distance that is a part of First United Methodist Church's School for Little People for September 2010 through May 2011.

The undersigned does absolve First United Methodist Church, School for Little People, and all other parties of any liability in the event of an accident.

Father \_\_\_\_\_ Date \_\_\_\_\_

Mother \_\_\_\_\_ Date \_\_\_\_\_

Or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

### **Emergency Information:**

**In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the staff of School for Little People to take my child to:**

Doctor: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Doctor: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Clinic or Hospital \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

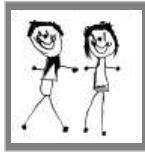
**I consent for any and all necessary treatment when my child is in the care of this physician and / or hospital or clinic.**

\_\_\_\_\_  
**Signature of parent or guardian** **Date**

*Please give names and phone numbers of two local residents, other than parents, who may be responsible in an emergency in the event parents cannot be reached.*

Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_



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 School for Little People  
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## 2010-2011 Health Requirements

*State Licensing requires a new signed form each year.*

Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Brief health history including any allergies or special or on going health needs \_\_\_\_\_

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Does your child have special needs? (speech, hearing loss, learning disability, or other special diagnosis)

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**Health Statement** (physician must provide an annual health statement for preschool children.)

The above named child has been examined by a licensed physician during the past year and is physically able to take part in this program.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Sight and hearing screenings:

EACH CHILD WHO IS 4 YEARS OLD ON DAY 1 OF SCHOOL MUST HAVE A HEARING AND SIGHT SCREENING PRIOR TO THE START OF SCHOOL **AND THE RESULTS MUST BE PROVIDED TO OUR OFFICE.**

EACH CHILD WHO TURNS 4 DURING THE SCHOOL YEAR MUST HAVE A HEARING AND SIGHT SCREENING WITHIN 30 DAYS OF HIS OR HER BIRTHDAY. (SLP will provide screenings in Sept. or Oct. that your child may participate in if you wish.)

**A copy of the child's current shot record must be attached to this form. Up-to-date immunizations are required by state licensing in order to attend School For Little People. Your child will not be allowed to attend school until an updated shot record is on file.**

**A copy of your child's birth certificate is needed if this is his or her first year at School for Little People.**

**This form MUST be completed, signed by a physician and return to the office by July 30, 2010.**



## ENROLLMENT FILE CHECKLIST

Detach and keep this form for your records.

Enrollment Forms

Pre-K Options

Extended Care Options

Family & Volunteer Info/Photo Permission

Contract

Field Trip Consent & Emergency Information

Health Requirements (State Licensing requires a new form signed each year)

Medication Form (State Licensing requires a new forms as needed.)

Sight & Hearing Screening 3 & 4 yr. Olds (within 30 days of 4<sup>th</sup> birthday)

Pick-Up Sheet (State Licensing requires a new form signed each year)

Shot Record (State Licensing requires up to date immunizations. Please submit any updates throughout the year)

Birth Certificate (If not currently on file)

Parent Handbook Signature Page (Parent Handbooks will be given out at Parent's Night)

Enrollment Fee

First (September), Last month's (May) Pre-K Tuition and Snack Fee (Due first day of school. This can be paid in increments during the summer.)

