



First United Methodist Church
School for Little People

909 10th Street
Wichita Falls, TX 76301
Phone (940) 766-0575
Fax (940) 766-1411
Email: slp@fumcwf.org

2017-2018 Pre-K Enrollment Form for New Students

Child's Name _____ (Male/Female)

Date of Birth: ____/____/____ Ethnicity: _____

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 _____

Preschool Class Choices:

Preschool classes meet from 8:30am-3:00pm

Circle the requested Pre-K Class.

[Age as of September 1st]

One year old, 5 days (M-F only) *One year old class is not eligible for 12:00 pm pick up.*

Two year old, 2 days (T/Th) **Two year old, 3 days (MWF)** **Two year old, 5 days (M-F)**

Three year old, 2 days (T/Th) **Three year old, 3 days (MWF)** **Three Year old, 5 days (M-F)**

Four year old, 3 days (MWF) **Four year old, 5 days (M-F)**

Five year old, 5 days (M-F only) *Five year old class is not eligible for 12:00 pm pick up.*

****Please check box for 12:00 p.m. pick up ****

Early Bird's is an available addition for parents needing to drop-off before 8:30am.

Early Bird's

7:15 – 8:30	\$4.00 per day for each day scheduled
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	Mon.	Tues.	Wed.	Thurs.	Fri.
7:15-8:30	___	___	___	___	___

After School is an available addition for parents needing to pick up after 3:15.

After School

3:15 – 5:00	\$6.50 per day for each day scheduled
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	Mon.	Tues.	Wed.	Thurs.	Fri.
3:15-5:00	___	___	___	___	___

SLP closes at 5:00.



We use **RapidTuition** as the primary method of payment for our Preschool tuition and fees. **RapidTuition** lets you pay your tuition and fees automatically through Electronic Funds Transfer or Credit Card. This service benefits both SLP and you. This service benefits us by reducing the administrative time and cost associated with collecting tuition and fees and allows us more time with our children and teachers. Automatic Electronic Funds Transfer (ACH) benefits you by eliminating the need to write checks, removing the worry of paying your bill on time and decreasing the chance of late fees. We encourage you to use this method of payment.

Also with RapidTuition, SLP with process your paper check through an electronic system. With the electronic check conversion feature, we can convert paper checks electronically into Childcare Manager (our tuition processing system) and transfer them directly to our bank.

To use the ACH method of payment, please complete and sign the Electronic Funds Transfer Authorization form below and attach a voided check. Return to the office as soon as possible. Thank You.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

(Please Print)

I authorize _____, (Called "**Sch for Ltl People**" in this Authorization) to initiate either an electronic debit or create and process a demand draft against my Checking or Savings Account. I authorize School for Little People to withdraw sufficient funds to pay my regular preschool tuition and fees that are due and payable. I authorize School for Little People to use the third party sender, RapidTuition to process all payments. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law. If my payment is returned unpaid, I also authorize you to collect the Returned Item Fee of \$20 by presenting a demand draft against my account or by making a one-time electronic fund transfer from my account.

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Bank/Credit Union Name: _____

Bank/Credit Union Address: _____

City: _____ State: _____ Zip: _____

Bank Account Type: Checking Savings Business Checking

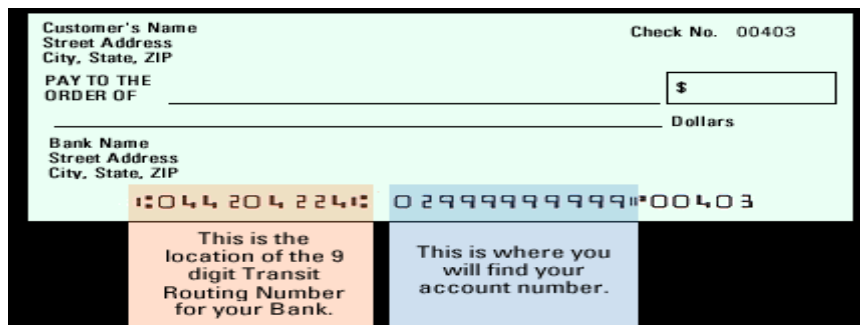
Routing Number: _____ Account Number: _____

This authorization will remain in full force and effect until I notify School for Little People in writing of its termination. Notification must be received 5 business days in advance of termination date to permit Rapid Tuition and your Bank reasonable time to act upon it.

Signature and Title: _____ Date: _____

Please keep a copy of this authorization for your records

(Please attach a copy of a voided check below – deposit slips not accepted.)



Family Information (2.A.04ab):

List siblings and ages _____

What experiences has your child had away from parents? _____

How does your child react away from parents? _____

Does your child have any special fears? _____

How does your child communicate his/her needs? _____

When your child gets upset, what helps him/her calm down? _____

Has your child attended a preschool or daycare before? If so describe your child's behavior at school? _____

How do you tell your child to stop a behavior that you don't approve of or that might be unsafe? _____

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 _____

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

Permission for taking and / or using photographs or videos:

I (we) hereby grant to First United Methodist Church and School for Little People permission to take and use photographs or videos of my child. I (we) also grant to First United Methodist Church and School for Little People permission to use the finished photographs or videos for the purpose of education and/or membership promotion, including Facebook, 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

Field Trip Consent Form

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 the school term . 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.

Signature of parent or guardian

Date

Emergency Information (10.D.09 a,b,c):

In the event of an emergency and a parent/guardian cannot be reached, I authorize School for Little People to obtain EMERGENCY MEDICAL TREATMENT. I authorize any representative of First United Methodist Church or School for Little People to administer first aid to and/or call 911 to transport _____(child's name) to the nearest hospital or emergency treatment center. I authorize and hereby give my consent for any necessary medical treatment, emergency or otherwise, furnished by any licensed physician, hospital or emergency healthcare provider, and I agree to pay all medical fees incurred in connection with treatment of my child under the authority granted herein.

Signature of parent or guardian

Date

Doctor: _____

Clinic: _____

Address _____

Phone _____

Medical Insurance Provider: _____

Policy Number: _____

Group Number _____

Phone _____

Dentist: _____

Address _____

Phone _____

During an emergency School for Little People is authorized to contact the following person(s) when parent or guardian cannot be reached (5.A.01e).

Name _____ Home # _____ Cell # _____ Work # _____

Name _____ Home # _____ Cell # _____ Work # _____



FUMC School for Little 5.A.01dg, 5.C.04
2017-2018 Health Form

909 10th Street
 Wichita Falls, TX 76301
 Phone (940) 766-0575
 Fax (940) 766-1411
 Email: slp@fumcwf.org

Child's name _____ **Birth date** _____

Does your child have any food, medication or environmental allergies? No Yes (check all that apply)
Food Medication Environmental **List allergies:** _____

How should we respond if he/she has an allergic reaction? _____

Does your child have a special health or medical condition? No Yes - please explain _____

Is your child taking any medication? No Yes-if so, how is the medication administered, and will it need to be administered while in school? _____

Does your child have emotional, behavioral or physical needs? (Speech, hearing loss, learning disability, or other special diagnosis)
No Yes – please explain _____

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? No Yes – please explain _____

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?
No Yes – **If your child has special dietary needs, as prescribed medically, and not able to have the snack provided by the school, parents will be responsible to send a nutritional snack for their child.**

I verify the above information listed above on this form is true, correct and complete. _____
 Parent Signature

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

Physician's Signature _____ **Date** _____

Sight and hearing screenings: For children age 4 years old

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
SIGNATURE _____			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
DATE _____			

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 FUMC School for Little People.

ENROLLMENT CHECKLIST

Detach and keep this form for your records.

Remember to enroll, a fully completed School for Little People Enrollment Form with all necessary signatures and paperwork in place, must be turned in with nonrefundable enrollment fee.

Pre-K Options

Rapid Tuition Agreement for ACH

Family Info

Photo Permission/Field Trip Consent & Emergency Information

Health Form

Sight & Hearing Screening 4 yr. Olds

Pick-Up Sheet

Shot Record (Please submit any updates throughout the year)

Birth Certificate

Enrollment Fee (Non-refundable. Enrollment fee not applied to tuition)

Recommendation Form (required for any child new to SLP. Form must be received in school office before enrollment is complete.)

Contract and Parent Handbook Signature Page (receive at Meet the Teacher)

School for Little People Recommendation Form

All information is confidential and will be used for admission purposes only.

To the parent/guardian: Please submit this form to a teacher or director of the preschool/daycare your child currently attends.
Form must be sent to SLP in order to continue with the enrollment process.

Child's Name: _____ Grade Level: _____

We give permission for my current preschool/daycare to release the information on this form to School for Little People where we are now enrolling. We understand that as parents we will not have access to this confidential information and that it will not become part of our child's permanent school record.

Date signed: _____ Parent Signature: _____

Teacher/Director, please complete this form and send the original or FAX a photocopy directly to the school. Your comments will be held in strict confidence, and will not be available for student or parent review.

Name of person completing this form: _____ Title: _____

Name of school/daycare: _____

Phone number: () _____

How many days a week does he/she attend your program? _____ Hours? _____

How long have you known the student: _____

Please Place a check (☐) in the box that best applies to the student:

	Exceeds Age Expectation	Age Appropriate	Possible area of Concern	Still developing	Comments
Engages with peers					
Relates to Adults					
Respect for others					
Shares well					
Demonstrates self-control/self-discipline					
Respect for authority					
Works independently					
Listens in a group					
Makes transitions easily					
Contributes appropriate remarks to discussions					
Speech Development					

MARK ALL THAT MOST CONSISTENTLY DESCRIBE THIS CHILD:

- | | | |
|--|---|--|
| <input type="checkbox"/> Enjoys large motor activities | <input type="checkbox"/> Patient | <input type="checkbox"/> Hits or bites |
| <input type="checkbox"/> Positive member of the classroom | <input type="checkbox"/> Positive interaction with peers | <input type="checkbox"/> Responsive to classroom limits |
| <input type="checkbox"/> Positive relationships with adults/teachers | <input type="checkbox"/> Responsive to teacher directions | <input type="checkbox"/> Aware of others' needs |
| <input type="checkbox"/> "Goes with the flow" | <input type="checkbox"/> Easily frustrated | <input type="checkbox"/> Resilient |
| <input type="checkbox"/> Physically hurtful when frustrated | <input type="checkbox"/> Enthusiastic about learning | <input type="checkbox"/> Short tempered |
| <input type="checkbox"/> Can't sit still | <input type="checkbox"/> Confident | <input type="checkbox"/> More of an observer than a participator |
| <input type="checkbox"/> Slow to warm up | <input type="checkbox"/> Defiant | |
| <input type="checkbox"/> Enjoys small motor activities | <input type="checkbox"/> Cheerful | |

Are the parents cooperative and involved in the school? _____

Please complete this form and return by fax to (940) 766-1411 or mail to SLP, 909 10th Street, Wichita Falls, TX 76301. Thank you!!

Tuition and Fees for School for Little People

Enrollment Fee (<i>nonrefundable</i>) per child due at time of enrollment. Not applied to tuition.	\$195.00		
Yearly Supply Fee (<i>nonrefundable</i>) one-time charge paid by first day of school	T-Th \$40.00	MWF \$55.00	5-day \$80.00

EARLY BIRD'S is an available addition for parents needing to **drop-off before 8:30.**

7:15 – 8:30	\$4.00 per day for each day scheduled
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AFTER SCHOOL is an available addition for parents needing to **pick up after 3:15.**

3:15 – 5:00	\$ 6.50 per day for each day scheduled
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Scheduled Early Birds and After School charges will be added to the amounts listed below. Tuition may be paid in full or over a 10-month ACH plan from August 5th-May 5th. Tuition is payable by cash, check, Visa, MasterCard or Discover. A convenience fee of \$1 will be assessed each time a credit card is used.

Pre-K Tuition Payment Options	<i>2 Day (T/Th) Ages 2 & 3</i>	<i>3 Day (MWF) Ages 2-4</i>	<i>5 Day (M-F) Ages 1,2,3,4,5</i>
FULL PAYMENT for Pre-K (does not include snack fee)			
Early Pick Up Option (8:30 a.m.-12:00 p.m.)	\$1140.00	\$1596.00	\$2527.00
Full Day Pre-K (8:30 a.m.-3:00 p.m.)	\$2090.00	\$2707.50	\$4322.50
10 MONTH (ACH) August 5th – May 5th *Snack fee added to August payment.			
Early Pick Up Option (8:30 a.m.-12:00 p.m.)	\$114.00	\$159.60	\$252.70
Full Day Pre-K (8:30 a.m.-3:00 p.m.)	\$209.00	\$270.75	\$432.25
MONTHLY PAYMENTS requires prepayment of last month's tuition			
Early Pick Up Option (8:30 a.m. -12:00 p.m.)	\$120.00	\$168.00	\$266.00
Full Day Pre-K (8:30 a.m.-3:00 p.m.)	\$220.00	\$285.00	\$455.00

DISCOUNTS: *Siblings:* If siblings attend, the older child pays full tuition, and the younger subsequent sibling(s) receives 3% off tuition.

Military: **3% off entire bill** available to dependent children of active members of the military. Military ID required to qualify.

****Discounts cannot be combined or used in conjunction with scholarship recipients.****