



FUMC School for Little People
2018-2019 RE-Enrollment Form

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

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 (M/W/F) 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)

Older Four/Five year old, 5 days (M-F only)

**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	\$5.00 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	\$7.00 per day for each day scheduled
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	Mon.	Tues.	Wed.	Thurs.	Fri.
3:15-5:00	___	___	___	___	___

SLP closes at 5:15.

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:

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.

Name _____ Home # _____ Cell # _____ Work # _____

Name _____ Home # _____ Cell # _____ Work # _____



FUMC School for Little

2018-2019 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 _____		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.

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	\$5.00 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	\$ 7.00 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	2 Day (T/Th) Ages 2 & 3	3 Day (MWF) Ages 2-4	5 Day (M-F) Ages 1,2,3,4,5
FULL PAYMENT for Pre-K (does not include supply fee) *Includes 5% Discount Early Pick Up Option (8:30 a.m.-12:00 p.m.) (not available for one or five year old class) Full Day Pre-K (8:30 a.m.-3:00 p.m.)	 \$1254.00 \$2299.00	 \$1751.50 \$2983.00	 \$2783.50 \$4759.50
10 MONTH (ACH) August 5th – May 5th *Supply fee added to August payment. *Includes 5% discount Early Pick Up Option (8:30 a.m.-12:00 p.m.) (not available for one or five year old class) Full Day Pre-K (8:30 a.m.-3:00 p.m.)	 \$125.40 \$229.90	 \$175.75 \$298.30	 \$278.35 \$475.95
MONTHLY PAYMENTS requires prepayment of last month's tuition Early Pick Up Option (8:30 a.m. -12:00 p.m.) (not available for one or five year old class) Full Day Pre-K (8:30 a.m.-3:00 p.m.)	 \$132.00 \$242.00	 \$185.00 \$314.00	 \$293.00 \$501.00

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.****