



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

2023-2024 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 1, 2023]

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)**

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

Early Bird care for 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 care for 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 5:00.



Smartcare is now the only method of payment processing for our Preschool tuition and fees. You must sign up for Smartcare to process payments and for touchless sign in and sign out. **Smartcare** lets you pay your tuition and fees automatically through Electronic Funds Transfer (ACH) from a Banking Account or Credit Card. 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. Autopay also 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 a banking account as there is no fee when using this method of payment. Credit card payments are subject to an additional 2.85% convenience fee for each transaction.

Tuition is billed monthly on the 1st and late after the 10th. A \$10.00 late fee will be assessed if payment is not received by the 10th. When using autopay through **Smartcare** all tuition costs (Preschool, Early Birds and/or After School) for the month will be drafted on the 5th of each month beginning August 5 and ending May 5. Late fees will incur on all returned payments. A \$30.00 fee will be assessed on all payments returned due to non-sufficient funds (NSF). Incidental charges incurred will be billed to the account, and are payable upon receipt of statement.

School for Little People will no longer be collecting or entering your payment information. It is your responsibility to set up bill pay on your **Smartcare** account. Billing information **MUST** be setup by **August 1st** to ensure that the first payment can be processed on August 5th. Children will **NOT** be allowed to attend SLP until payment information is setup.

☐ I have read, understand and agree to the above information.

Signature of parent or Guardian

Date



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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

Sunscreen and/or Insect Repellent Consent 5A.16

I (we) give permission for the staff at FUMC School for Little People to apply sunscreen and topical insect repellent to my child during program hours.

****You may bring sunscreen and/or insect repellent for your child. Some sunscreens have insect repellent included. Please put your child's name on the bottle and give it to the caregiver for safe keeping.****

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

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



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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.

1.) Name _____

Address _____ City _____ State _____ Zip _____

Home # _____ Cell # _____ Work # _____

1.) Name _____

Address _____ City _____ State _____ Zip _____

Home # _____ Cell # _____ Work # _____



FUMC School for Little People 2023-2024 Health Form

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4C.2, 10D.10

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 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.

Family Information:

List siblings and ages _____

What is the primary language used in the home? _____

What is the language most often spoken by the student? _____

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? _____

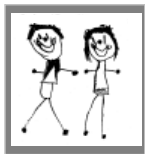
What do you hope for your child to gain from this experience? _____

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' religious preference _____



FUMC School for Little People

Pick-Up Sheet

2023-2024

Child's Name _____

The following list contains the names and driver's license numbers of all persons who have my permission to pick up my child at school. **Only persons with names on this list will be allowed to pick-up my child from SLP.** In the event a person not listed has to pick up my child, I understand that the school office must receive a phone call or email from one of the approved parents stating the person's name and driver's license number. Names may be added or removed from this list at any time. **Parent's names and driver's license number must be included.**

Parent signature _____ Date _____

Name & DL#

Email Address (must have)

Relation to Child

[illegible]

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

__Smartcare Tuition Agreement for automatic payment withdrawal

__Family Info

__Photo Permission

__Field Trip Consent

__Emergency Information

__Sunscreen and Insect Repellant Consent

__Health Form

__Sight & Hearing Screening (4 yr. Old)

__Pick-Up Sheet

__Shot Record (Required to attend SLP. Please submit any updates throughout the year)

__Birth Certificate

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

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

Tuition and Fees for School for Little People

Enrollment Fee (<i>nonrefundable</i>) per child due at time of enrollment	\$195.00		
Yearly Supply Fee (<i>nonrefundable</i>) one-time charge paid by August 5th	T/Th \$40.00	MWF \$55.00	M-F \$80.00

Early Birds (subject to availability)	1 Day	2 Day	3 Day	4 Day	5 Day
Yearly Payment (7:15am-8:30am)	\$200.00	\$400.00	\$600.00	\$800.00	\$1000.00
Monthly Payment (7:15am-8:30am)	\$20.00	\$40.00	\$60.00	\$80.00	\$100.00

After Care (subject to availability)	1 Day	2 Day	3 Day	4 Day	5 Day
Yearly Payment (3:15pm-5:00pm)	\$280.00	\$560.00	\$840.00	\$1120.00	\$1400.00
Monthly Payment (3:15pm-5:00pm)	\$28.00	\$56.00	\$84.00	\$112.00	\$140.00

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 period from August 5th-May 5th. Tuition is payable by cash, check, Visa, MasterCard or Discover. A convenience fee of 2.85% will be assessed each time a credit/debit card is used.

Pre-K Tuition	2 Day T/Th	3 Day MWF	5 Day M-F
Yearly Payment (8:30am-3:00pm)	\$2660.00	\$3450.00	\$5510.00
Yearly Payment (8:30am-12:00pm)	\$1450.00	\$2030.00	\$3220.00

Pre-K Tuition (8:30am-3:00pm)	2 Day T/Th	3 Day MWF	5 Day M-F
Monthly Payment	\$266.00	\$345.00	\$551.00

Pre-K Tuition (early dismissal 8:30am-12:00)	2 Day T/Th	3 Day MWF	5 Day M-F
Monthly Payment (8:30am-12:00pm)	\$145.00	\$203.00	\$322.00

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.*****