

**First United Methodist Church Preschool
1800 Third Avenue South
Jasper, Alabama 35501
205.387.2111**

Child's Name _____

Policies and Procedures Agreement

Operating Hours: 9:00 am - 2:00 pm, Monday through Friday

Extended Hours: 7:30 - 9:00 am, 2:00 - 3:30 pm

Tuition: 5 days - \$300 per month 4 days - \$250 per month (required of 4's)
3 days - \$200 per month 2 days - \$150 per month
Drop-in Fee - \$25 per day

Multi-child discount - \$50 off tuition per month for each additional child

Extended Hours: morning **AND** evening: (morning **OR** afternoon is ½ the cost)
5 days - \$180 per month 4 days - \$160 per month
3 days - \$140 per month 2 days - \$120 per month
Drop-ins will be \$10 per session.

Preregistration Fee: \$150 payable when registering your child.
\$75 if you register child by Friday, May 3, 2019.

Please agree to the following as the parent/guardian of above named child:

_____ I understand tuition is due on the 1st of the month and will pay the full amount of tuition each month by the 10th. Returned checks will be charged at the prevailing bank rate.

_____ I agree to have my child on time for school and be on time for pickup.

_____ I give permission for teachers/administrators to take pictures of my child.

_____ I give permission for the FUMC Preschool to post pictures of my child on the preschool and/or church Facebook page.

_____ I agree to keep my child home from school if he/she is sick, running a fever, or vomiting for at least 24 hours.

Parent/Guardian signature: _____

Date: _____

**First United Methodist Church
Preschool**

Registration Form 2019 -2020

**Registration Fee \$150
(\$75 - if paid by May 3, 2019)**

Today's Date _____

Child's Name: _____

Age on September 1, 2019: _____ Birthdate: _____ Gender: _____

Mailing Address:

Potty Trained: Yes ____ No ____

Parents' Information

Child lives with: Parents Mother Only Father Only Legal Guardian Other

MOTHER/GUARDIAN

FATHER/GUARDIAN

Parents' Name(s) _____

Employer _____

Work Number _____

Cell Number _____

Email address: _____

Days child will be attending: (please circle)

Monday Tuesday Wednesday Thursday Friday

(4 year olds are asked to attend Monday-Thursday, Friday optional)

Participating in extended hours (7:30 - 9:00 am, 2:00 -3:30 pm)?

Yes _____ No _____

If yes, days your child will be using extended care: (please circle)

Monday Tuesday Wednesday Thursday Friday

Please circle the extended care sessions you need:

Morning only Afternoon only Both morning and afternoon

Parent's Signature: _____

Date: _____

Child's Name _____

Emergency Medical Contacts

Physician's Name: _____ Physician's Phone Number: _____

If a child needs immediate hospital care, Walker Baptist Medical Center in Jasper will be used.

Dentist's Name: _____ Dentist's Phone Number: _____

Emergency Contacts (other than parents)

Name: _____ Relationship: _____

Home phone: _____ Cell phone: _____

Name: _____ Relationship: _____

Home phone: _____ Cell phone: _____

My child may be released to the following: (We will NOT release your child to anyone NOT on this list unless we hear from a parent.)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

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Consent for Medical Treatment

As the parent, agency, representation or legal guardian, I hereby give consent to the First United Methodist Church Preschool, Jasper, Alabama, to provide all emergency medical or dental care prescribed by a duly licensed physician (MD) or dentist (DDS) for the child named above.

This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my child/dependent.

Signed: _____

Date: _____

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Child's Name _____

Allergies and Sensitivities

Does your child have a history of skin or other reactions or sicknesses following injections or oral administration of:

		If yes, describe
Penicillin or other antibiotics:	Yes ____ No ____	_____
Morphine, Codeine, Demerol:	Yes ____ No ____	_____
Novocain or other anesthetics:	Yes ____ No ____	_____
Aspirin, Empiricin, etc.:	Yes ____ No ____	_____
Advil, Tylenol, etc.:	Yes ____ No ____	_____
Sulfa drugs:	Yes ____ No ____	_____
Tetanus antitoxin or serums:	Yes ____ No ____	_____
Latex:	Yes ____ No ____	_____
Iodine or medication:	Yes ____ No ____	_____
Other:	Yes ____ No ____	_____
Any food:	Yes ____ No ____	_____

List any known medical problem/health condition your child may have. Be as specific as possible (asthma, diabetes, seizures, allergies, etc.)

