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

Child's Name _____

Date Paperwork and Fee Submitted: _____

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:
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: $200 payable when registering your child.
$100 if paid by April 1st.

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: _____

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Registration Form 2021-2022

Registration Fee $200
($100 - if paid by April 1, 2021)

Child's Name: _____

Age on September 1, 2021: _____Birth date: _____ Gender: _____

Mailing Address:

_____

_____

Potty Trained: Yes ____ No____

Parents' Information

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

	PARENT	**PARENT**
Parents' Name(s)	_____	_____
Employer	_____	_____
Work Number	_____	_____
Cell Number	_____	_____
Email address:	_____	_____

Please circle the days your child will be attending preschool.

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

(Baby class (under one) must attend at least 3 days a week)

Monday Tuesday Wednesday Thursday Friday

Will your child(ren) be participating in Extended Hours

(7:30 – 9:00 am and/or 2:00 - 3:30 pm)?

Yes _____ No _____

How many days? _____

Morning only _____ Afternoon only _____ Both Morning and Afternoon _____

Which days? _____

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

Name: _____ Relationship: _____

Home phone: _____ Cell phone: _____

Name: _____ Relationship: _____

Home phone: _____ Cell phone: _____

Name: _____ Relationship: _____

Home phone: _____ Cell phone: _____

Please release my child ONLY to those listed under emergency contacts and those listed below:

_____

_____

_____

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: _____

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

_____

FOOD ALLERGY Plan

Complete this only if your child has a food allergy.

Child's Name: _____

Please list all (allergens) foods your child is allergic to:

_____

1.Date of your child's last allergic episode? ___ / ___ / ___

What happened? _____

_____

2.Has your child ever been hospitalized for an allergic episode?

Yes____ No____ Date ____ / ____ / ____

3. Does your child react when they **eat** the above allergen?

Yes_____ No_____

Type of reaction: ____Stomachache _____Itching _____Hives ____Itchy throat

____Cough/Wheezing ____Swollen lips/tongue

4. Does your child react when they **touch** the above allergen?

Yes_____ No_____

Type of reaction: ____Stomachache _____Itching _____Hives ____Itchy throat

____Cough/Wheezing ____Swollen lips/tongue

5. Does your child react when they **smell or inhale** the above allergen?

Yes_____ No_____

Type of reaction: ____Stomachache _____Itching _____Hives ____Itchy throat

____Cough/Wheezing ____Swollen lips/tongue

6. Can your child sit near someone eating the allergen?

_____Yes _____No

We will be providing food for school parties. Please list foods (cupcakes, chicken strips, etc.) we need to avoid/and or places you know who prepare food using the allergen listed:

_____

_____

_____