

FUMC PRESCHOOL  
ENROLLMENT AND CONTRACT

Full name of child \_\_\_\_\_ Date of birth \_\_\_\_\_

Name by which child is commonly called \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ Tel. \_\_\_\_\_

Father's name \_\_\_\_\_ Place of occupation \_\_\_\_\_

Business Tel. \_\_\_\_\_ Working hours \_\_\_\_\_ Cell phone \_\_\_\_\_

Father's address (if not child's address) \_\_\_\_\_

Mother's name \_\_\_\_\_ Place of occupation \_\_\_\_\_

Business Tel. \_\_\_\_\_ Working hours \_\_\_\_\_ Cell phone \_\_\_\_\_

Mother's address (if not child's address) \_\_\_\_\_

Child resides with both parents? \_\_\_\_\_ Father? \_\_\_\_\_ Mother? \_\_\_\_\_ Joint Custody? \_\_\_\_\_

Both parents work: Caregiver \_\_\_\_\_ Tel. \_\_\_\_\_

Address child will be cared for: \_\_\_\_\_

Emergency phone number \_\_\_\_\_ Name \_\_\_\_\_

Names of persons other than parents to whom child may be released:

\_\_\_\_\_

Physician's name \_\_\_\_\_ Tel. \_\_\_\_\_

Hospital preference if other than McLaren Central Michigan \_\_\_\_\_

Please list siblings in the household and their age:

\_\_\_\_\_

\_\_\_\_\_

Does your child have any pets? \_\_\_\_\_ Give the kind of pets and names \_\_\_\_\_

\_\_\_\_\_

What are your child's favorite toys and interests? \_\_\_\_\_

\_\_\_\_\_

Has your child had any previous school or daycare experiences? Describe. \_\_\_\_\_

\_\_\_\_\_

What is the usual size of your child's play group? \_\_\_\_\_

Are his/her playmates older? \_\_\_\_\_ Younger? \_\_\_\_\_ Same age? \_\_\_\_\_

Does your child have any particular habits or mannerisms such as thumb sucking, nail biting?

Describe. \_\_\_\_\_

Does your child have any particular fears? Describe. \_\_\_\_\_

Does your child accept new people easily? \_\_\_\_\_

What word does your child use for bowel movement? \_\_\_\_\_ Urination? \_\_\_\_\_

Does your child have allergies? Yes? \_\_\_\_\_ No? \_\_\_\_\_ Specify. \_\_\_\_\_

Do you have any particular concerns about your child's eating habits? \_\_\_\_\_

What is your child's usual bedtime? \_\_\_\_\_ Waking hour? \_\_\_\_\_

Does your child sleep well? \_\_\_\_\_ Does your child nap? \_\_\_\_\_

What is your accustomed mode of disciplining your child? \_\_\_\_\_

Do you have trouble with excessive temper outbursts, crying, sulking, destructiveness?

What communicable diseases or serious illnesses has your child had? \_\_\_\_\_

Write below further information about your child which you believe will be helpful to us in understanding your child's behavior (language problems, physical handicaps, etc.)

Preference will be given to (check all that apply) before open registration:

\_\_\_\_\_ Current Preschool Family, \_\_\_\_\_ Waiting List, \_\_\_\_\_ Past Preschool Family, \_\_\_\_\_ Church Member \_\_\_\_\_ Other

Class preference: MWF morning(4's & 5's) \_\_\_\_\_ MTWTh afternoon (4's & 5's) \_\_\_\_\_ TTH morning(3's) \_\_\_\_\_

The undersigned parent hereby enrolls his child, \_\_\_\_\_ for the \_\_\_\_\_ school year in the FUMC PRESCHOOL conducted under the auspices of the Board of Directors.

I agree to pay:

\_\_\_\_\_ \$100 Tuition each month for TTH class-\$900/year

\_\_\_\_\_ \$140 Tuition each month for MWF morning class-\$1260/year

\_\_\_\_\_ \$180 Tuition each month for M-Th afternoon class-\$1620/ year

I understand and agree that by reason of the necessary commitments of the school, refunds of the tuition will not be made. I give permission for my child to participate in any school sponsored trips. I give permission to the school to secure emergency medical or surgical treatment for the above named child while in the care of the school.

Health insurance ID # \_\_\_\_\_

It is understood that the school may reject any application for enrollment, and may also dismiss any student after enrollment, in which event the school will refund the prorated portion of the student's tuition fee.

I understand that there is a non-refundable enrollment fee:

\_\_\_\_\_ \$40-new enrollees

\_\_\_\_\_ \$20-when child is enrolled 2 or more consecutive years

\_\_\_\_\_ \$20-per child in a family enrolling more than one child a school year

I will fulfill the total tuition obligation unless we move from the city or some unusual situation arises, in this case, I will give 4 weeks notice, or the equivalent in tuition.

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_