

**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:  
5 days - \$180 per month      4 days - \$160 per month  
3 days - \$120 per month      2 days - \$80 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 4, 2018.

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

\_\_\_\_\_ I understand tuition is due on the 1<sup>st</sup> of the month and will pay the full amount of tuition each month by the 10<sup>th</sup>. 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 2017 -2018**

**Registration Fee \$150  
(\$75 - if paid by May 4, 2018)**

Today's Date \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age on September 1, 2018: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Potty Trained: Yes \_\_\_\_\_ No \_\_\_\_\_

**Parents' Information**

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

	<b>MOTHER</b>	<b>FATHER</b>
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 \_\_\_

**How many days?** \_\_\_      Morning \_\_\_ Afternoon \_\_\_

**Which days?** \_\_\_\_\_

**If the extended day lasted until 4:00pm would that be beneficial to you?** \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**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**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**DO NOT RELEASE OUR CHILD TO:**

\_\_\_\_\_

\_\_\_\_\_

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**Child's Name** \_\_\_\_\_

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

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