

**Children First Preschool @
Ellijay 1st United Methodist Church
75 McCutchen Street
706-635-3862
September 2008 – May 2009**

Date application received _____
Registration fee _____

_____ Old 4's & Young 5's (5 days)
_____ 4 year Preschool 3 day, 5 day (circle one)
_____ 3 year Preschool 2 day, 3 day, 5 day (circle one)
_____ 2 year Preschool 2 day, or 3 day (circle one)
_____ MMO 18 – 24 months 2 day

Child's Information

Child's name: _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Birthday _____ Circle one: Male Female

Parent Information

Father's name _____ Mother's name _____

Address _____

Father's Employer _____ Mother's Employer _____

Father's Work Phone _____ Mother's Work Phone _____

Father's Cell Phone _____ Mother's Cell Phone _____

Child's Living Arrangements () Both parents () Mother () Father () Other *

*Child's Legal Guardian _____

Family Information

List brothers and sisters and indicate whether they live with the child

Please list any other persons living with the child and their relationship (if any) to the child.

Please list any pets and their names _____

If your child has regular sitter care during the day please list their name _____

If your child goes to a daycare provider please list the name _____

Emergency Call List

Parents will always be notified by using the phone numbers listed above. The following are local people we could call should we be unable to reach you in an emergency. Please indicate their name and phone number.

1. _____
2. _____
3. _____

Personal History

Is your child right handed _____; left handed _____

Has your child had previous preschool or group experience? _____ yes _____ no

If yes, where and when? _____

List any **allergies** you child has _____

Any dietary restrictions, special food or eating instructions _____

Any medical problems which we should be aware of _____

What word does you child use for toileting? _____

Additional information about discipline, child's communication, comforting, etc. _____

Permission to Release Form

Your child will only be released to the care of those you have indicated below. A photo ID must be presented at the time of pick-up otherwise the child will not be released. This is required for the safety of your child.

	<u>Name</u>	<u>Address/Phone</u>	<u>Date of Birth</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Financial Policy:

- 1) The cost per month for a student enrolled in our preschool for two days will be **\$100**, three days will be **\$125**, 5 days will be **\$160** ; each additional child will receive a discount of 15% off their tuition. Tuition is due at the **beginning** of each month; payments received after the 7th of each month will be charged a late fee.
- 2) Tuition is required in advance (the first of each month) for each session whether the child attends or not. This secures your child's place in the program. If tuition is not paid during the first week of the month and special arrangements have not been made, then your child's place in the program will be forfeited to the next child on our waiting list. If your child loses their place in the program, then they will be placed on our waiting list.
- 3) A service charge of \$25 will be assessed for any returned checks.
- 4) Our **preschool program hours are 9:00 AM - 12 PM**. An early room opens at 8:30 AM. Your reservation will automatically be made with an additional \$5 added to your monthly tuition. In order to provide continuous supervision for those children who may be picked up late a fee will be charged. Beginning at 12:05 PM, a late fee of \$ 5 for each 5 minutes will be charged per child. Late fees must either be paid when the child is picked up or they will be billed to you at the end of each month.
- 5) A child may be removed from the program at any time. However, a one month notice is requested.

Agreement:

I understand it is my responsibility to keep my child's records current and in writing to reflect any significant changes as they occur (For example: Immunization Forms 3231, telephone

numbers, work locations, emergency contacts, others your child may be picked up by, child's physician, child's health status.)

EFUMC Children First agrees to keep me informed of any incidents including illnesses, injuries, adverse reactions to medications, etc. which include my child.

EFUMC Children First agrees to obtain written authorization from me before my child participates in field trips, special activities away from the facility and water-related activities occurring in water that is more than two feet deep.

I hereby agree that in case of illness or accident requiring a physician's immediate attention, and if EFUMC Children First cannot contact the emergency person or me, _____ (our local physician) may be called and is authorized to treat my child. If the above doctor cannot be reached, I give permission for the doctor on call at the local hospital to administer treatment at my expense. I understand and accept the policies and above permission given and agreement made with EFUMC Children First, and release the church from liability for injury or illness resulting under all circumstances save gross negligence.

I have read and understand/agree to the information above. By signing below, I am stating that I wish to enroll my child in the EFUMC Children First Program and will abide by the rules.

Mother's Signature: _____ Date: _____
Father's Signature: _____ Date: _____
Legal Guardian's Signature (if not parents): _____
Date: _____

*In cases of divorce, where legal custody is an issue, paperwork must be on file in the child's permanent records. *Children First will not discriminate on the basis of race, color, national and ethnic origin.