

Apex United Methodist Church Preschool Enrollment Form 2017-2018

Student's Name _____ Preferred Name _____
(First) (Last)

Birthdate _____ Boy _____ Girl _____ Home Phone _____
(Month/Day/Year)

Home Address _____
(Street) (City) (Zip)

Mother's Name _____ Father's Name _____
(First) (Last) (First) (Last)

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

Mother's Workplace _____ Father's Workplace _____

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

Mother's Email _____ Father's Email _____

Parents' Marital Status Married _____ Single _____ Divorced _____ Separated _____ Widowed _____

Siblings' Name(s) and Age(s) _____

Church or Religious Affiliation _____

Emergency Contact Information *(Please list local contacts other than parents. Parents will always be called first.)*

Name _____ Relationship to Child _____

Phone Number(s) _____

Name _____ Relationship to Child _____

Phone Number(s) _____

The following people have permission to pick up my child (in addition to parents and emergency contacts)

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

The following people are NOT allowed to pick up my child

Name(s) _____ Relationship to Child _____

For Office Use Only

Returning Student _____ Date _____ Age on Aug. 31, 2017 _____

AUMC Member _____ Amount Paid _____

Alumni _____ Check # _____ Enrolled _____

Community _____ Cash _____ Wait Listed _____

Payment with sibling _____ Office Initials _____

Please list any allergies or medical conditions that pertain to your child. *An action plan from your child's doctor, with a picture of your child, is required to store and administer any medication -- Epi pen, Benadryl, inhalers, etc.*

Child's Doctor _____ Phone _____

Please provide any information concerning developmental assistance or special needs that the preschool should be aware of. If your child has an IEP (Individualized Education Plan), please provide a copy. _____

Does your child understand and speak English at his/her age level? Yes ___ No ___

May we include your address and phone number on a class list distributed to parents? Yes ___ No ___

May we include your email on class group emails and list distributed to parents? Yes ___ No ___

May we take pictures of your child for classroom/preschool purposes? Yes ___ No ___

Please initial each item below:

_____ I understand that the registration fee of \$100 is non-refundable. (\$150 for two children)

_____ I understand that a month's tuition is due on May 1, 2017. This will be your tuition for May 2018. If payment is not received by May 10th, your child may be dropped from our roster and the spot will go to the next child on the waiting list.

_____ I understand that I must provide a copy of my child's immunization record by the first day of school. Children must be up-to-date on immunizations as required by the NC Immunization Branch of NC Department of Health and Human Services.

_____ I understand that my child must be independently toilet trained prior to starting preschool (for three, four and five year old classes).

_____ I understand that if I withdraw my child from the preschool, a 30 day notice in writing is required and that tuition paid in advance will be refunded only after the vacancy is filled.

_____ In the event of an emergency, I give permission for AUMC Preschool to secure immediate medical attention and treatment should I not be able to be reached. I agree to be financially responsible for any costs incurred.

Print Name _____

Signature _____ Date _____