



Office Use ONLY

Date: _____
Check #: _____
Amount: _____

Carmel United Methodist Church Preschool REGISTRATION FORM 2021-2022

Child's Last Name: _____ **First Name:** _____

Name to be used at school _____

Circle One: Male Female

Birth Month/Day/Year: ___/___/___

Primary Contact: _____ Relationship to Child: _____

Cell #: _____ **Cell phone provider:** _____

Primary EMail: _____

Additional Contact: _____ Relationship to Child: _____

Cell #: _____ **Cell phone provider:** _____

Additional EMail: _____

Address: _____

City: _____ State: ___ Zip: _____

Primary person responsible for payments: _____

Please indicate 1st and 2nd choices (if applicable)	(Office use only) 2021-2022 Class: _____
18 months	2's
Bunnies(M/W) _____	Ducks(M/W) _____
Bunnies(T/Th) _____	Ducks(T/Th) _____
	Ducks(T/W/Th) _____
3's	4's & 5's
M/W/F _____	M/T/W/Th _____
T/W/Th _____	Alt. K
T/Th _____	M/T/W/Th _____
	4's and Alt K. only:
	Would you like to enroll in the 5th Day Enrichment Class on Fridays?
	Yes _____ No _____
-All students must be the required age by September 1, 2021	

Financial and Enrollment Agreement for 2021-2022

Please initial each section listed below, then sign and date at the bottom.

_____ The Program fee is paid per child and is due at the time of registration. It is non-refundable (unless there is NOT an open spot for your child/children).

_____ In order to secure the child's placement, the May 2022 tuition is due by **April 28, 2021**. This tuition is non-refundable upon withdrawal.

_____ May 2022 tuition and future tuition(September-April) payments must be made through **Sandbox Software**. This will include two options:

1). Direct Debit/ACH(This method of payment is **FREE**) 2). Credit card(This method of payment will include a 2.9% +\$0.30 per transaction fee). More information will be provided after registration.

WE WILL NO LONGER EXCEPT PERSONAL OR ELECTRONIC CHECKS.

_____ Tuition is due the 1st of each month beginning with September and **will be automatically withdrawn each month**. If Payment is unable to be made please contact the Director or Admin. Coordinator before the 1st of the month. A \$10.00 late fee will be added if no communication has been received.

_____ Tuition will be paid whether or not the child is present for all sessions in the month. Tuition has been proportioned evenly over the school year, making each month's payment the same. If your child is out of school for illness, snow days, vacation, or other reasons, tuition payment will NOT change.

_____ **Past Due Payments:** I understand that if my account is delinquent for more than one month, I may be asked to withdraw my child until my account is current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition.

_____ **Late Pickup:** I understand that if I fail to pick up my child by the scheduled pickup time, I will be charge a fee of \$10.00.

_____ **Illness:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, I will follow the procedures outlined in the preschool communicators for bringing my child to school following the illness.

_____ **Withdrawal Notification:** You will not be billed for the next month's tuition if written notification of withdrawal is received in the Preschool Office by the 15th of the current month. If written notification is received after the 15th of the current month, you will be billed for the subsequent month's tuition. May 2022 is non-refundable.

_____ **Health Record 2021-2022:** I am aware that I need to have my child seen by a physician(within the last year of the child's birthday) and have the health record filled out with a copy of updated immunizations. If **NEW** to CUMC please turn in by the first day of school.

This agreement has been read, and it is understood that this agreement is not subject to cancellation except by mutual agreement and by consent of Carmel United Methodist Church Preschool. This agreement also ensures that no special terms or privileges other than those mentioned herein have been promised.

Parent/Guardian Signature

Date

Food Allergies/Health Concerns 2021-2022

Does your child have a food allergy or other health concern, which we need to be informed of ?

NO____ (No other information is needed on this form, please sign and date.)

Signature: _____ Date: _____

YES____ (Describe in detail and answer following questions) _____

1. What food allergy or health concern does your child have? _____

2. What does a reaction look like for your child if they have one? _____

3. If your child has a food allergy, do they require an EpiPen?

NO____ (Other children may have access to this food in the classroom.)

YES____ (This food item(s) will be restricted for all students in the classroom. **Please fill out the following form if your child may require an EpiPen or Benadryl during a reaction.**)

4. The following items are on our schools' approved snack list. Please sign below to indicate that this is a safe list for your child or make notes next to the items that need to be removed/substituted.

Approved Snack List

- | | |
|--|-------------------------------------|
| *Cheerios Cereal (regular or multigrain | *Rold Gold or Snyder Pretzels |
| *Annie's Snack Mix-Cheddar or Traditional | *Pepperidge Farms Goldfish Crackers |
| *Wheat Thins-Regular flavor | *Club Crackers |
| *Town House Crackers | *Chex Mix-Traditional Flavor |
| *Fruit | *Nabisco Honey Maid Graham Crackers |
| *Annie's-Graham Crackers | *Cheez-Its |
| *Pirate's Booty(Veggie or Aged White Cheddar) | |
| *Teddy Grahams(Cinnamon, Honey, Chocolate, and Chocolate Chip) | |

Birthday Party Snacks:

- *Oreos(Plain or double stuffed)
- *Rice Krispy Treats(Original only-Packaged)
- *Loft House Cookies

Signature Required for Approval: _____ Date: _____

Parent/Guardian

EpiPen/Benadryl Form 2021-2022

I/We give permission to the staff of the **Carmel United Methodist Church Preschool** program to administer an EpiPen or premeasured Benadryl to _____ due to an allergic reaction to _____.
(child's name)

I/We will provide a doctor-prescribed EpiPen/and/or premeasured Benadryl with prescription label attached to be kept in _____ classroom/backpack when he/she is in attendance.
(child's name)

I/We agree to come to the school after the EpiPen/Premeasured Benadryl has been administered, to check on _____.
(Child's name)

Symptom and Plan of Action

List the steps that need to be taken if your child has a reaction(ex: 1. Rash, Give Benadryl 2. Difficulty breathing give EpiPen / call guardian). 911 is always called when an EpiPen is given.

Symptom and Plan of Action

1. _____
2. _____
3. _____

Before your child's first day of school, we **MUST** have the following:

- A Doctor's signed care plan/plan of action
- All medication (EpiPen, Benadryl, etc...)
- Safe "backup" snack labeled with child's name.

This permission covers the school year August 2021 through May 2022

Parent/Guardian Signature: _____

Date: _____

Student Information 2021-2022

1. Is this your child's first experience at Preschool? Yes _____ No _____

2. What is the the primary language spoken in your home? _____

3. Is your child in any type of developmental program? (Examples: Speech, Occupational therapy, etc..) Yes _____ No _____

If yes, please explain _____

4. Please list any siblings and their ages: _____

5. What do you hope your child will learn at preschool this year? _____

6. How would you describe your child? _____

7. Is there anything else we should know about your child to make this the best year possible? _____

8. Name to be printed on all school materials: _____

9. May we share your email address with other classmates? Yes _____ No _____

10. I give permission for photos to be taken of my child and published on social media?

Yes _____ No _____ Please Sign: _____