



Office Use ONLY
Date: _____
Check #: _____
Amount: _____

Carmel United Methodist Church Preschool REGISTRATION FORM 2022-2023

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

Circle One: Male Female **Birth Month/Day/Year:** ___/___/_____

Address: _____
City: _____ Zip: _____

Primary Contact: _____

Relationship to Child: _____

Cell #: _____ Cell phone provider: _____

EMail: _____

Additional Contact: _____

Relationship to Child: _____

Cell #: _____ Cell phone provider: _____

EMail: _____

Please indicate 1st and 2nd choices (if applicable)	All Students must be the required age by September 1, 2022
18 months	2s
Bunnies(M/W) _____ \$155.00 Programming Fee \$210.00 Tuition	Ducks(M/W) _____ \$155.00 Programming Fee \$210.00 Tuition
Bunnies(T/Th) _____ \$155.00 Programming Fee \$210.00 Tuition	Ducks(T/Th) _____ \$155.00 Programming Fee \$210.00 Tuition
	Ducks(T/W/Th) _____ \$180.00 programming Fee \$260.00 Tuition
3s	Pre K-/4s
M/W/F _____ \$180.00 programming Fee \$260.00 Tuition	M/T/W/Th _____ \$205.00 Programming Fee \$335.00 Tuition
T/W/Th _____ \$180.00 programming Fee \$260.00 Tuition	Alt. K/5s
	M/T/W/Th _____ \$205.00 Programming Fee \$335.00 Tuition
	5th Day

	Option to go Friday for the PreK/4s and Alt K/5s students only
Programming Fee due at registration (non-refundable)	Yes _____ \$60.00 Tuition
All Classes are 9:00am to 1:00pm	

Financial and Enrollment Agreement for 2022-2023

Please initial each section listed, 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). This fee is paid using a check (made out to CUMC Preschool).

_____ In order to secure the child's placement, the **May 2023** tuition is due by **April 22, 2022**. This tuition is non-refundable upon withdrawal and will be paid through the **Sandbox Portal**(unless already paid with programming fee at registration).

_____ 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:** A \$10.00 late fee will be added if no communication has been received. 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.

_____ **Information on class teachers** will be given in August. If you have requested a teacher or friend for next year please know we will do our best to accommodate. Friend requests must be made by both families to even be considered. However, most request are not able to be made for the overall balance of the preschool. As each individual and class are different we want you to know that we always try and put students in the best class for them to succeed.

_____ **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 2023 is non-refundable.

_____ **Late Pickup:** I understand that if I fail to pick up my child by the scheduled pickup time, I will be charged 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.

_____ **Health Record 2022-2023:** 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(or physician's form) filled out with a copy of updated immunizations. If **NEW** to CUMC please turn in by the first day of school. If **Returning**, a copy must be provided within a month of the child's birthday. **Students must have the proper vaccinations unless otherwise specified by a doctor's consent for medical reasons. Exemptions due to religious beliefs will not be accepted.**

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 _____

Student Information 2022-2023

Date _____

Class: _____ (office use only)

Student's Name: _____

Name to be used in class: _____

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

2. If your child attended CUMC Preschool, who were/are their teachers?

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

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

If yes, please explain _____

5. Please list any siblings and their ages: _____

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

7. How would you describe your child? _____

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

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: _____



Parent Consent and Medical Authorization
Form 2022-2023 School Year

Last Name of Child: _____

First Name of Child: _____

Carmel United Methodist Church Preschool

EMERGENCY AUTHORIZATION AND RELEASE

Parent or Legal Guardian must complete the following & sign below

Emergency Contacts--Indicate who and what number should be called during school hours

1.Name: _____ Phone: _____ Relationship: _____
2.Name: _____ Phone: _____ Relationship: _____
3.Name: _____ Phone: _____ Relationship: _____

I hereby give my permission for my child to attend and participate in activities sponsored by Carmel United Methodist Church (CUMC) during the 2022-2023 school year.

I hereby agree that CUMC and it agents, employees, consultants, affiliates and successors shall have no liability whatsoever for any injury or damage to my child or loss or damage to his/her personal property sustained while he/she is participating in the activity stated above or in any way connected with or arising out of the activity stated above.

I hereby release CUMC and its agents, employees, consultants, affiliates and successors for any and all claims demands, causes of action, liabilities, losses, damages, expenses, and costs that may arise from any and all injuries and damages sustained by my child or to any property of my child while engaged or in any way involved in the activity stated above.

I hereby authorize the person(s) named immediately above to authorize or secure such medical care, consultation and treatment (including the execution of necessary required medical authorization forms documents and statements) as may be necessary in case of an emergency. If I or the persons named immediately above am/are not available during an emergency, I authorize such medical care, consultations and treatments for my child as may be necessary. I understand that it is my responsibility and not that of CUMC to pay all costs and expenses incurred in connection with such care, consultation and treatment and I hereby agree to pay all such costs and expenses.

I hereby represent and certify that I am the parent or guardian of the above named child, and I have read, understand and do hereby voluntarily execute this authorization and release of liability.

Parent/Guardian Signature

Date

Tuition **Authorization** 2022-2023 School Year

Payment on Behalf: **Child's/Children's First and Last Name**

_____ (please print name/names)

_____ (Please initial)

_____ **All Payments are paid through Sandbox Parent Portal/App**

_____ (Please initial)

_____ **Enable Automatic Withdrawal** for my child's/children's tuition payments for May 2023 Prepay (April 22, 2022) and September 1, 2022 through April 1, 2023. **Enabling automatic withdrawal permits your preschool provider to automatically process payment for invoices on your account using the default payment method that you have provided.**

_____ (Please mark **ONE** of the following and fill out information)

Payment Method

_____ **ACH (direct deposit from bank account-**No Fee**)-This is the method of payment we will utilize for tuition payments.**

Bank account routing number: _____

Bank account number: _____

In 3-5 days after this information is added to your Sandbox Portal you will receive two very small amounts deposited to your bank account. Please email NTodd@Carmelumc.org or go to your portal to verify these amounts.

OR

_____ **Credit Card (**Fee added** 2.9% plus \$.30 per transaction)-This is the method of payment we will utilize for tuition payments.**

Visa/Master Card: _____

Expiration date: _____ **CVS:** _____

_____ **Parent/Guardian Signature**

_____ **Date**



Class: _____ (office use)

Drivers Release

2022-2023 school Year

Child's Name: _____

Please list below everyone who will be allowed to pick up your child (include yourself, spouse, grandparents, aunts, friends, etc.)

Identification will be requested from any person on the list the first time they pick up as well as in last-minute situations.

Please call the office or make your teacher aware if a last minute situation arises.

NAME

RELATIONSHIP

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

List anyone NOT able to pick up:

Note any special circumstances here (i.e., non-custodial parent situations, etc.)

1. _____

2. _____

Parent Signature: _____ Date: _____

Food Allergies/Health Concerns 2022-2023

Child's Name _____

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 these pages, please sign and date.)

Parent Signature: _____ Date: _____

If No Allergies, Sign Above and Skip the following pages

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

Birthday Party Snacks

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

Signature Required for Approval: _____ Date: _____

Parent/Guardian

Continued on next page

EpiPen/Benadryl Form 2022-2023

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 2022 through May 2023

Parent/Guardian Signature: _____ Date: _____