

# St. John's United Methodist Church

## Preschool Enrollment Application

### 2019-2020

I am interested in enrolling my child in the \_\_\_\_\_ program (ex. 2 day Twos).  
In order to secure this spot, fill out this form and return it along with a check for the full amount of the fees or  $\frac{1}{2}$  of the amount (with the other half due in one month) made payable to St. John's U.M.C. A copy of your child's immunization record will be due by the first day of school.  
Classes fill quickly; check availability at enrollment time.

If you have any questions, please contact Katie Goodwin at 803-985-5656.

Please select a t-shirt size:  18m  2T  3T  4T  youth S  youth M  
Age or your child on 9/1/19: \_\_\_\_\_

#### Information

Child's Full Name \_\_\_\_\_ Name called by \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Parent(s)/Guardian: Mother/other \_\_\_\_\_ Father/other \_\_\_\_\_

Married

Divorced

(Please list last names if different from child)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ (This info must be current and updated when changed)

Work (Mom/other) \_\_\_\_\_ Cell (Mom/other) \_\_\_\_\_

Work (Dad/other) \_\_\_\_\_ Cell (Dad/other) \_\_\_\_\_

Emergency contact: Name: \_\_\_\_\_ ph # \_\_\_\_\_

Email Address \_\_\_\_\_ ; \_\_\_\_\_

- May we include your cell phone number, address, and email in our Preschool Family Directory?  
\_\_\_\_\_yes \_\_\_\_\_no
- The preschool mainly relies on parents to substitute when a teacher is absent. Are you interested in working as a substitute in case a teacher is absent?  
\_\_\_\_\_yes \_\_\_\_\_no
- How did you hear about our program? \_\_\_\_\_
- Religious affiliation  St. John's member  Attending \_\_\_\_\_  
 Not attending any church at this time

Any concerns or comments:

## Developmental History

Has your child ever participated in a preschool program (other than St. John's)? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, where and at what ages? \_\_\_\_\_

Is your child's skin highly sensitive? If yes, to what products? \_\_\_\_\_

Frequent diaper rash? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, how do you treat? \_\_\_\_\_

**Does your child have any food allergies?**  No  Yes, allergic to: \_\_\_\_\_  
 requires an EpiPen to be on campus

*\*If your child requires an EpiPen, you will be sent an allergy policy packet that will need to be completed by the doctor's office prior to the start of school.*

Are there any medications your child must be given on a daily basis or for allergies?

Please list them and their purposes: \_\_\_\_\_  
\_\_\_\_\_

Does your child eat unassisted?  yes  no

Does your child use a pacifier?  yes  no

Would your child need to have it available at school?  yes  no

Has toilet training been attempted?  
5 day Threes & Fours must be potty trained  yes  no

Any special terms/techniques used for potty training?  
\_\_\_\_\_

I understand the staff at St. John's Preschool will exercise all reasonable care in supervising the children. However, the staff and St. John's United Methodist Church cannot be held responsible for accidents which may occur. I hereby give my permission, should my child need emergency medical care and I can not be reached, for services to be rendered to my child by a licensed physician and/or hospital. I also authorize my child to be transported by car or emergency vehicle should an emergency situation occur. Students will leave the preschool for field trips over the school year. We hereby grant permission for our son/daughter to participate. We understand that adequate and appropriate supervision will be provided. We recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). We further agree to release and hold harmless St. John's United Methodist Church and Preschool, their agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services.

### **Please read and understand the follow:**

St. John's Preschool fees are **non-refundable**. You may pay the fee in two installments.  $\frac{1}{2}$  must accompany this enrollment application form. The second installment must be paid within thirty days. Timely payment of fees is necessary to secure your child's spot in the program. Tuition payments for the 2019-2020 school year will begin in August. Further information will be sent. Thirty days' notice is required should you remove your child from the program.

Please sign and date below to acknowledge acceptance of these terms.

\_\_\_\_\_  
Print name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date