

BARTLETT UNITED METHODIST PRE-SCHOOL REGISTRATION INFORMATION FOR THE 2019-2020 SCHOOL YEAR

PROCEDURE

The **entire** registration packet (enrollment form, information sheet, health history AND medical authorization) must be completed (with signatures) and turned into the director on registration day. The non-refundable **registration fee plus the advance tuition for the first month of attendance of the 2019-2020 school year is due on registration day.** [Advance tuition payment is refundable until August 1, 2019 upon receipt of written notice of withdrawal].

| Program | 9:00-12:00 only | 9:00-12:00 + 1 day until 2:30 | 9:00-12:00 + 2 days until 2:30 | 9:00-12:00 + 3 days until 2:30 |
|-------------|-----------------|----------------------------------|-----------------------------------|-----------------------------------|
| MWF | \$155 | \$200 | \$240 | \$280 |
| TTh | \$105 | \$150 | \$190 | |
| Pre-K 5 day | \$260 | \$305 | \$345 | \$385 |

FEES FOR 2019-2020

| | |
|------------------|--------------|
| Registration | \$ 100.00 |
| Advanced Tuition | \$ _____ |
| Total Due | \$ _____ |

ENTRANCE REQUIREMENTS

1. The child's age on August 15, will determine placement in our three or four year old classes.
2. The child must be totally toilet trained during the day. A copy of the complete policy is available upon request.
3. We are not qualified to serve all children with special needs. A copy of the complete policy is available upon request.
4. All students entering the pre-school will need a health form (Tennessee Child Care Immunization Certificate) SIGNED by the child's doctor. The health form is due no later than the first day of school.
5. Monthly tuition is due on the 1st of each month. A grace is period given until the 15th. If tuition is not paid by then your child may be dropped from the program.

BARTLETT UNITED METHODIST PRE-SCHOOL REGISTRATION

CHILD'S FULL NAME _____ CALLED BY _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____
(NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)

HOME PHONE _____ EMAIL ADDRESS _____

CHILD'S BIRTHDATE _____ CHILD'S AGE ON AUGUST 15 _____

CHILD'S SEX _____ CHURCH HOME _____

FATHER'S NAME _____ BUSINESS / CELL PHONE _____

MOTHER'S NAME _____ BUSINESS / CELL PHONE _____

LOCAL EMERGENCY CONTACT _____
(NAME) (RELATIONSHIP) (PHONE)

REQUESTED TEACHER: _____

CHOICE OF PROGRAM: _____ MWF _____ TTH _____ M-F (MUST BE 4 BY MARCH 31)

CHOICE OF PLAN: _____ 9:00-12:00 _____ 9:00-2:30

CHOICE OF AFTERNOON(S): _____ MONDAY _____ TUESDAY _____ WEDNESDAY
(NO MORE THAN 3) _____ THURSDAY _____ FRIDAY

REGISTRATION STATUS: _____ BUMC MEMBER _____ CURRENTLY ENROLLED _____ PUBLIC

T-SHIRT SIZE: _____ X-SMALL _____ SMALL _____ MEDIUM

HOW DID YOU HEAR ABOUT OUR PROGRAM? _____

I UNDERSTAND THAT MY CHILD MUST HAVE A MEDICAL EXAM AND AN UPDATED TENNESSEE HEALTH FORM ON FILE BEFORE BEGINNING THE PROGRAM. I UNDERSTAND THAT ALL REGISTRATION REQUIREMENTS MUST BE MET. I UNDERSTAND THAT ASSIGNMENT TO THE REQUESTED TEACHER'S CLASS CANNOT BE GUARANTEED.

SIGNATURE _____ DATE _____
RELATIONSHIP TO CHILD _____

| OFFICE USE ONLY |
| TYPE OF PAYMENT _____ |
| REGISTRATION _____ |
| TUITION _____ |
| TOTAL _____ |

PROGRAM CHANGES:

BARTLETT UNITED METHODIST PRE-SCHOOL CHILD ENROLLMENT SHEET
PLEASE PRINT

CHILD'S LEGAL NAME _____
FIRST MIDDLE LAST NAME CALLED BY _____

ADDRESS _____
NUMBER STREET CITY STATE ZIP

HOME PHONE _____ CHILD'S DATE OF BIRTH ____/____/____
MONTH DAY YEAR

PLEASE MARK ONE- ARE THE PARENTS: MARRIED?___ SEPARATED?___ DIVORCED?___ OTHER?___

FATHER'S LEGAL NAME _____
FIRST MIDDLE LAST NAME CALLED BY _____

WORK _____
NAME OF BUSINESS ADDRESS PHONE OCCUPATION

HOME (ONLY IF DIFFERENT FROM CHILD'S) _____
ADDRESS PHONE

MOTHER'S LEGAL NAME _____
FIRST MIDDLE LAST NAME CALLED BY _____

WORK _____
NAME OF BUSINESS ADDRESS PHONE OCCUPATION

HOME (ONLY IF DIFFERENT FROM CHILD'S) _____
ADDRESS PHONE

EMERGENCY CONTACTS AND ADDITIONAL PICK-UP
NAME RELATIONSHIP HOME PHONE WORK PHONE CELL PHONE

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

IF THERE IS ANYONE THAT IS NOT ALLOWED TO VISIT OR PICK UP YOUR CHILD, PLEASE SPECIFY

MEDICAL INFORMATION:
NAME OF PHYSICIAN _____ OFFICE PHONE _____

ADDRESS _____

DOES THIS CHILD HAVE ANY ALLERGIES? _____ IF SO, TO WHAT? WHAT IS THE REACTION? WHAT ACTION SHOULD BE TAKEN?

ARE THERE ANY PHYSICAL, MENTAL, EMOTIONAL, DEVELOPMENTAL, OR FAMILY PROBLEMS THAT WE NEED TO BE AWARE OF? _____ IF SO, WHAT ARE THEY AND ARE THERE ANY SPECIAL INSTRUCTIONS FOR US? _____

PARENT'S SIGNATURE

DATE

**BARTLETT UNITED METHODIST PRE-SCHOOL
CHILD'S HEALTH HISTORY**

Child's Name _____ Date of Birth ____/____/____
Month Day Year

When did your child last see a doctor? (Month/Year) _____

Please circle the corresponding answer the following questions:

Pregnancy and Birth

- | | | |
|--|-----|----|
| 1. Were there any problems with pregnancy or your child's birth? | Yes | No |
| 2. Was his/her birth weight under 5 ½ lbs.? | Yes | No |
| 3. Did your baby have any problems in the hospital? | Yes | No |

Medical

- | | | |
|---|-----|----|
| 4. Has your child ever been in the hospital overnight? | Yes | No |
| 5. Is your child taking any medicine on a regular basis? | Yes | No |
| 6. Has your child had any allergic reactions to immunizations or medicines? | Yes | No |
| 7. Has your child had any serious reactions to insect bites? | Yes | No |
| 8. Does your child have asthma or wheezing? | Yes | No |
| 9. Has your child had tonsillitis or strep throat? | Yes | No |
| 10. Has your child had more than two ear infections in a year? | Yes | No |
| 11. Does your child have tubes in his/her ears? | Yes | No |
| 12. Does your child have trouble with his/her eyes or vision? | Yes | No |
| 13. Does he/she have seizures or shaking spells? | Yes | No |
| 14. Have you ever been told that your child has a heart murmur? | Yes | No |
| 15. Has your child ever been on a heart monitor? | Yes | No |
| 16. Has your child ever had a bumpy, swollen reaction to the TB skin test? | Yes | No |
| 17. Has your child ever been with anyone having TB? | Yes | No |
| 18. Has your child had a bladder or kidney infection? | Yes | No |
| 19. Does he/she have burning when urinating? | Yes | No |
| 20. Does your child scratch his/her genital area? | Yes | No |
| 21. Has your child ever had worms? | Yes | No |
| 22. Is your child a hemophiliac (free bleeder)? | Yes | No |
| 23. Has your child ever had a transfusion? | Yes | No |
| 24. Does your child have any special problems not indicated above? | Yes | No |

If you answered yes to any questions above, please explain below.

| | |
|------------------------|--------------------|
| <u>Question Number</u> | <u>Explanation</u> |
|------------------------|--------------------|

Development

(Speech and hearing)

How well does your child hear? _____

How well does your child understand what is being said? _____

Does your child talk well, fairly well, or indistinctly? _____

If you have any concerns about your child's speech and/or hearing development, please list them here: _____

(Personal Habits)

Is your child right-handed, left-handed or not yet established? _____

Does your child have any behavior habits we need to be aware of (biting, pulling own hair, sucking or chewing fingers, etc.)? _____

Is your child's self-control good, fair or poor? _____

Please share with us how you discipline at home _____

How would you describe your child's eating habits? _____

At what age, years & months, was your child completely toilet trained during the day? _____ (***** if your child is NOT yet toilet trained, ask for and read our "Toilet Training" policy *****)

(Social Habits)

Does your child have much opportunity to play with other children? _____

How well does your child get along with other children? _____

How does your child like to be comforted? (sit in lap, hug, talk with, other) _____

If your child has a favorite play activity, please describe it here. _____

Has your child ever been separated from you and left in a group-care situation? _____

If yes, where? _____

Does your child attend Sunday school or church or other worship services? _____

If yes, what and where? _____

(Family)

| <u>Sibling Name</u> | <u>Date of Birth</u> <u>Month/Day/Year</u> | <u>School Name</u> <u>for next year</u> | <u>Does sibling live with</u> <u>child enrolled here?</u> |
|---------------------|---|--|--|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

MEDICAL AUTHORIZATION AND RELEASE

I, _____, parent or legal guardian of _____, hereby give permission to Bartlett United Methodist Church and its agents to take the above named child to a doctor, emergency medical facility or a hospital, if in the opinion of employees or agents of the Bartlett United Methodist Church, said child requires medical attention in the form of a visit to a doctor, emergency medical facility or hospital.

Furthermore, I hereby release Bartlett United Methodist Church and all employees, agents, heirs and assigns of Bartlett United Methodist Church from any and all liability, including but not limited to personal injury suffered by the above named child which may occur to my said child while said child is in the care of Bartlett United Methodist Church, whether such injury occurs on the property of the Bartlett United Methodist Church or at any other place. I understand that this release does not release the Bartlett United Methodist Church from liability resulting from neglect or malicious intent.

Signature of Parent or Legal Guardian

Date (month/day/year)

Signature of Witness

CHILD INFORMATION

Child's Full Name _____ Date of Birth _____

Address _____ Phone _____

Child's Doctor _____ Doctor's Address _____

Doctor's Phone _____ Allergies _____

Other Medical Concerns _____

Phone Numbers During Pre-School Hours:

Father's Name _____ Phone Numbers _____

Mother's Name _____ Phone Numbers _____

Emergency Contact _____ Phone Numbers _____

Bartlett United Methodist Pre-School

5676 Stage Road, Bartlett, TN 38134

Financial Agreement for Enrollment

| Program | 9:00-12:00 only | 9:00-12:00 + 1 day until 2:30 | 9:00-12:00 + 2 days until 2:30 | 9:00-12:00 + 3 days until 2:30 |
|-------------|-----------------|----------------------------------|-----------------------------------|-----------------------------------|
| MWF | \$155 | \$200 | \$240 | \$280 |
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| Pre-K 5 day | \$260 | \$305 | \$345 | \$385 |

- I. All outstanding balances must be satisfied *in full* prior to registration. _____ (initial)

- II. Tuition is paid monthly September through May. ____ (initial)

- III. Advance tuition paid at registration covers the month of August; therefore, no payment is due in August. If advance tuition and registration fees are not received by July 31, your child's placement will be eliminated. _____ (initial)

- IV. Payments are due between the 1st and 15th of each month. Envelopes are placed outside each classroom door during the first week of each month to collect payments. _____ (initial)

- V. Tuition is payable to BUMPS by personal check, cashier's check, money order or cash. Returned checks will incur a \$25 fee. When two checks are returned marked as insufficient funds, future payments will be required to be made by money order or cash only. _____ (initial)

- VI. The director should be notified of any special or unusual circumstances concerning payments being delinquent *prior to* the 15th. _____ (initial)

- VII. If tuition is not paid by the 15th, a late notice will be issued, and a \$10 late fee will be added. If payment is not received by month's end, a letter will be issued stating that the matter will be immediately and anonymously brought in front of the Pre-School Board. _____ (initial)

- VIII. Within a week of the letter, the Pre-School Board will meet and discuss the issue. A letter from the parent or guardian may be submitted to the board for consideration at that time, but the board's decision will be final. Past due payments should be paid within seven days of the board meeting or the child's placement is eliminated. _____ (initial)

- IX. If termination of the child's enrollment is decided, his/her placement in the pre-school program will no longer be held and will be offered to the next waiting student. If/when overdue payment(s) has/have been received and reinstatement into the program is desired, the child may be placed on the waiting list. _____ (initial)

I/we have read, initialed, fully understood, and agree to the financial policy above of Bartlett United Methodist Pre-School. The signature(s) below is/are the person(s) responsible for the tuition payments.

Parent/Guardian's Signature

Print Name

Date

Parent/Guardian's Signature

Print Name

Date

Child's full name

Teacher's Name