

CHILD'S APPLICATION 2018-2019

Full name of child _____ Name child prefers _____

Child's date of birth _____ Age as of August 15, 2018 _____

(Please note: Children entering the Bluebirds - Eagles classes must be potty trained. Pull-ups are not allowed in these classes.)

Parents

Mother's Name _____ Father's Name _____

Address (where child resides) _____

City/ZIP _____ E-mail _____

Mother's cell phone _____ Father's cell phone _____

Mother's place of employment/work phone _____

Father's place of employment/work phone _____

How did you hear about our school? _____

Are you a member of a church or faith community? _____ Please list _____

Transportation (Mandatory)

To ensure the safety of your child, please list other adults to whom your child may be released or who are authorized to provide transportation for your child. The person(s) designated as your emergency contact **must** be listed here also. At no time will a child be released to anyone, including a parent or other designated person, whose behavior may place the child in immediate risk.

Emergency Information (Mandatory)

Please list someone (other than a parent) authorized to make decisions should we not be able to reach you. This person must be local (within 30 minutes of the school).

Name _____ Home phone _____

Cell phone _____ Work phone _____

Address _____

Physician Information (Mandatory)

Name of physician _____ Office phone _____

Address _____ City/ZIP _____

Allergies (Mandatory)

Does your child have any allergies? If so, what? _____

Does your child use an Epipen? _____

I hereby authorize Forest Hills UMC Day School, to whose care the above-named minor has been entrusted, to consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act, or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

I further authorize Forest Hills UMC Day School to have the above-named minor released into the custody of its representative, should hospital care no longer be required. This form will be used only in an extreme emergency, when said parents or guardians cannot be, or are unable to be, contacted.

_____ (signature) _____ (date)

(PLEASE TURN OVER)

Class options are as follows. Please circle the day(s) that you would like for your child to attend:

Doves: 6 weeks – 11 months	M	T	W	Th	F
Chickadees: 12 – 23 months	M	T	W	Th	F
Toucans: 24 – 30 months	M	T	W	Th	F
Bluebirds/Cardinals/Robins: 31-47 months	MWF		T/Th		M-F
Falcons: 48-59 months	MWF				
Owls: 48-59 months					M-F
Fives: 60 months and up	MWF				M-F

Please note: Children’s class placements are taken very seriously and many factors such as age, gender, learning style and personality are taken into consideration.

2018-2019 Fees

Days Attending	1 day	2 day	3 day	4 day	5 day
Doves/Chickadees	\$146	\$269	\$392	\$500	\$607
Toucans	\$124	\$238	\$339	\$453	\$540
Bluebirds/Cardinals/Robins		\$238	\$332		\$505
Falcons			\$332		
Owls					\$505
Eagles			\$332		\$505
Supply Fee*	\$95	\$100	\$105	\$110	\$115
Registration Fee**	\$85	\$85	\$85	\$85	\$85

* The first installment and supply fee are due on or before May 15, 2018. These are both **NON-REFUNDABLE**. Additional installments are due by the first of each month beginning in September and continuing until May 2019.

** The registration fee is **NON-REFUNDABLE** and must be paid at the time of registration to guarantee your child a place in the program this fall. If you paid a \$25 waiting list fee, this will be applied to the registration fee and therefore, the remaining registration fee will be \$60.

***Forest Hills UMC Day School reserves the right to cancel or alter any classes that do not meet minimum ratios.

I have read and understand the above pricing and policies and I acknowledge that I have toured the facility:

(signature)

(date)

For office use only:

Class _____ Days _____ Tuition _____ Reg. Fee Pd. _____ Sup. Fee Pd. _____ Tuition Pd. _____