

## Tell Us About Your Child

Child's Name \_\_\_\_\_

Has your child been in preschool/daycare before? \_\_\_ Yes \_\_\_ No

Is your child comfortable in group situations? \_\_\_ Yes \_\_\_ No

Do you have any concerns about your child's development? \_\_\_ Yes \_\_\_ No

Hearing \_\_\_ Vision \_\_\_ Language \_\_\_ Gross Motor Skills \_\_\_ Fine Motor Skills \_\_\_ Social \_\_\_

Other \_\_\_\_\_

Is there anything we should know about your child's play with other children, by themselves, any concerns? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you describe your child's temperament and personality? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any siblings? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your family have any pets?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What soothes your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What frightens your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any favorite songs or games that comfort them? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything regarding your family, extended family or child that you would like to share with us?

\_\_\_\_\_

\_\_\_\_\_

Fairhope United Methodist Church Preschool  
ENROLLMENT FORM

Child's Full Name \_\_\_\_\_ Name Child is known by \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Mailing Address \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Mother \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Father \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

**NOTIFY IN CASE OF EMERGENCY: (If parents cannot be reached)**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

My child will be regularly picked up at dismissal by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(I understand that my child WILL NOT be allowed to leave with an unauthorized person)

Registration Fee is due at the time of enrollment. This is non-refundable.

Fee Paid \_\_\_\_\_ Check Number \_\_\_\_\_

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

**Fairhope United Methodist Church Preschool**  
**155 South Section Street, Fairhope, AL 36532**  
**Phone: 251-928-1280**

**Free Agreement Form**

Preschool Hours are from 9:00am until 12:00noon. I understand that my child is enrolled in the following program option:

- Five days a week (3's and 4's) \$210.00 month
- Three days a week (2's, 3's and 4's) \$180.00 month
- Two days a week (2's and 3's) \$150.00 month
- Two days a week (young 2's) \$160.00 month

I agree to pay a yearly Registration Fee of \$185.00, and understand that this fee is non-refundable.

I agree to pay a yearly Music Fee (3's and 4's) of \$55.00 to be paid at "Meet the Teacher."

T-Shirt fee \$15.00 to be paid at "Meet the Teacher." *(All four year olds are required to wear T-shirts on field trips.)*

I agree to pay my child's tuition of \_\_\_\_\_ monthly (tuition must be paid by the 10<sup>th</sup> of the month, if not, a late fee of \$10.00 will be added). This program operates primarily on tuition fees. Therefore, it is essential that your payments be paid promptly and regularly. Non-payment for preschool services and/or lack of adherence to our tuition policies may result in the dismissal of your child(ren) from the program. Payments can be mailed to Fairhope UMC Preschool (155 South Section Street, Fairhope, AL 36532) or brought to the director. Checks are to be made out to Fairhope UMC Preschool your child's name written on the memo line. If tuition is not paid by the last day of the month, your child may not return to preschool until tuition is brought up to date.

I understand that no tuition reductions can be made for absences or for school holidays.

Late Pick-Up Charge: The office will bill parents/guardians \$5.00 when children are picked up after 12:00 and \$5.00 for each additional 5 minutes late.

I agree to pay a \$20.00 fee for any returned check. After a second returned check we will accept cash only.

I give permission to use my child's picture in publications or on the website  yes  no

**PAYMENT IN THE EVENT THAT YOU WITHDRAW FROM THE PROGRAM**

Each child is enrolled for the entire school term. Two weeks prior notice and payment of two weeks tuition is due upon the child's withdrawing early from our program.

I (parent/guardian) clearly understand the policies of this program and agree to them.

Child's Name \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Preschool Director \_\_\_\_\_ Date \_\_\_\_\_

**Fairhope United Methodist Church Preschool  
Medical and Emergency Release Form**

Child's Name \_\_\_\_\_

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

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Are all immunizations up to date for the age of this child? \_\_\_ Yes \_\_\_ No

If no, indicate reason \_\_\_\_\_

**Updated Blue Form from doctor's office required.** This must be turned in by the first day of school. If we have an updated blue form on file from the previous year, let us know.

**Allergies**

Foods \_\_\_\_\_

Medications \_\_\_\_\_

Insects/Bites \_\_\_\_\_

Environmental \_\_\_\_\_

If there are any problems we need to know about, please list them below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Office Use
Class assignment _____ Child's Age (9/1) _____
___ Registration Fee    Check Number _____ Amount Paid _____
___ Fee Agreement
___ Medical/Emergency Release Form
___ Enrollment Form
___ Field Trip Permission Form
Medical Alert _____