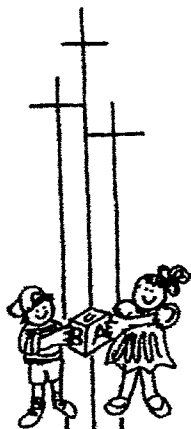


Edge Park United Methodist Church Preschool



Enrollment Agreement

Parent Responsibilities with enrollment of child(ren) in the Preschool program are as stated:

Tuition and other fees:

- Tuition is due by the 5th of each month. Payments made after the 5th must include a \$15.00 late fee.

Preschool only

M-F class..... \$215.00
MWF class \$165.00
T/TH class \$125.00

Preschool + Extended Day

M-F class.....\$295.00 (no ExD on Friday)
MWF class\$205.00 (no ExD on Friday)
T/Th class.....\$165.00

- A \$10.00 discount is given to siblings or Edge Park church members. One discount per family.
- Extended Day drop-in fee of \$10.00 per day provided there is space available.
- A Registration Fee of \$50.00 per child is due upon enrollment of child(ren) in the Preschool program. This fee is nonrefundable.
- A Supply Fee will be due in August and in January for each child enrolled.

M-F class\$75.00
MWF class\$50.00
T/Th classes\$30.00

- Late Fees on dismissal

- The preschool program ends at 12:30 p.m. A late fee of \$1.00 per minute after 12:30 p.m. will apply and is due upon late arrival.

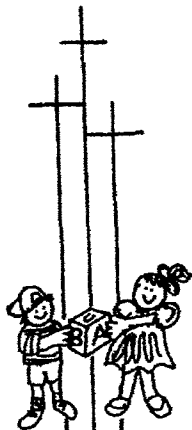
- Extended Day preschool ends at 2:30 p.m. A late fee of \$1.00 per minute after 2:30 p.m. will apply and is due upon late arrival.

Lunches

Parents are required to provide a lunch, including a beverage (no sodas), for their child daily. The preschool is not responsible for its nutritional value. Please do not send shredded cheese and red jello or juice.

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____



For Office use only	
Registration fee	_____
Admission date	_____

Edge Park United Methodist Church Preschool

Admission Application

Child (for whom placement is requested)

Full Name: _____ Nickname: _____
 Birthdate (Mo./Day/Year): _____ Age on or before Sept. 1, 2010: _____

Parent/Guardian Information

Full Name: Father: _____ Mother: _____
 Full Name: Guardian: _____ Guardian: _____

Mailing Address: _____

Street/No.: _____ City: _____ State: _____ Zip _____
 Home Telephone No.: _____
 Work Nos.: Father: _____ Mother: _____

I _____ (parent/guardian), wish to enroll _____ in the Preschool Program for the following:

- Days: 5-day (M-F) 3-day (MWF) 2-day (TTH)
 Age Group: Toddlers (18 mos.) 2-year 3-year 4-year

*Note: Child must be age of group on or before September 1. Toddlers may begin upon turning 18 mos.

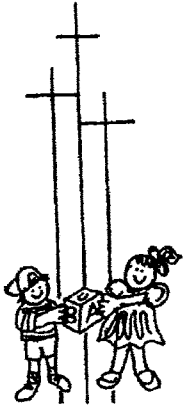
I _____ (parent/guardian), wish to register _____ for

Extended Day (12:30-2:30) for the following days _____

*Extended Day Fees: \$5.00 per day in advance
 \$10.00 per day drop-in

Parent/Guardian Signature: _____ Date: _____

Director's Signature: _____ Date: _____



Edge Park United Methodist Church Preschool

Enrollment Information

Child's Name (First, Middle, Last): _____

Date of Birth: _____ Nicknames: _____

Home Address: _____ Home Phone#: _____

Family Information

Father's Name: _____ Occupation: _____

Employer: _____ Work #: _____ Cell #: _____ D.L.#: _____

Mother's Name: _____ Occupation: _____

Employer: _____ Work #: _____ Cell #: _____ D.L.#: _____

Are parents: married separated divorced? If separated or divorced, are there special custody arrangements or restrictions concerning the child named above? _____

Child may be released to: mother father other? _____

Other members of child's immediate family (including any pets): _____

Church Affiliation: _____

Individual Profile

Describe child's general temperament (i.e. activity level, approach to new situations, how does he/she handle day to day routines.)

Please list particular interests, likes dislikes, and any other information about your child you would like us to know about.

Enrollment Information continued

Emergency Contact Information

List telephone numbers where parents may be reached during preschool hours:

Mother's Phone #: _____

Father's Phone #: _____

* List persons the school may contact if we cannot reach parents.

Name	Phone #	Relationship
1. _____		
2. _____		
3. _____		
4. _____		

Pick-Up Authorization

I hereby authorize (see names below) to pick-up my child from the center.

Name	Phone #	DL#	Relationship
1. _____			
2. _____			

Signature of parent/guardian _____ Date _____

Health Information

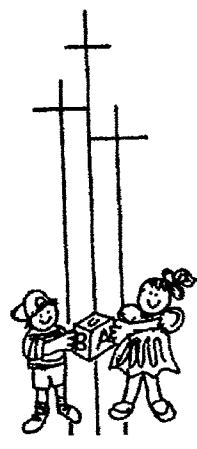
Child's Physician: _____ Phone #: _____

1. Is there any physical or emotional problem which might interfere with your child's adjustment to this program? If so, please describe: _____

2. Does child have any allergies? If yes, please list and inform the school of any diet restrictions or medications child is on due to particular allergies. _____

3. Please describe child's overall state of health: _____

Parent Initial _____
Director Initial _____



Edge Park United Methodist Church Preschool

Statement of Health

Statement of health and current immunization record must be on file before admission.

Child's Name: _____

Exam Date: _____ Age: _____

Physical Exam: normal abnormal

Comments: _____

Type of Screening: _____ Screener: _____ Date: _____

Vision Screening

Hearing Screening

R-Eye _____

R-Ear _____

L-Eye _____

L-Ear _____

(required for Pre-K)

Statement of Health

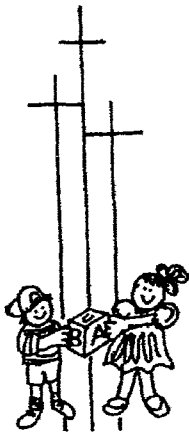
This patient is free of contagious diseases: yes no

Immunizations are up-to-date: yes no

This patient may participate in all school activities without limitations: yes no

Comments: _____

Physician signature: _____



Edge Park United Methodist Church Preschool

Medical Information

Child's Name: _____

Licensed Physician: _____ Phone #: _____

Address: _____

Emergency Medical Treatment Authorization

I authorize do not authorize the center staff to administer first aid treatment to my child.

In the event that I, (parent, legal guardian) cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to arrange emergency transportation to:

Hospital or Clinic: _____ Phone #: _____

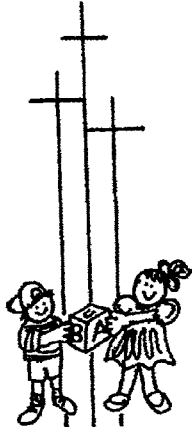
Address: _____

* I give consent for any and all necessary treatment when my child is in the care of this physician and/or hospital/clinic.

Parent signature: _____ Date: _____

* I accept the policies and regulations of the Edge Park United Methodist Preschool and release it from any and all liability for injuries or illness resulting from conditions or circumstances beyond its control. I will accept the school physician if my physician is not available at the time of an accident or illness.

Parent signature: _____ Date: _____



Edge Park United Methodist Church Preschool

Authorizations for Preschool Activities

Water Activities:

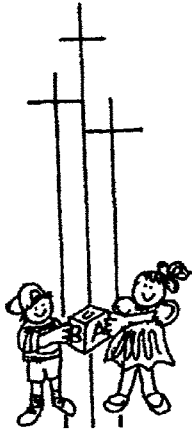
I hereby give do not give my consent for my child to participate in water activities:

water misters

water tables

Parent comments: _____

Parent signature: _____ Date: _____



Edge Park United Methodist Church Preschool
5616 Crowley Rd. ♦ Fort Worth, TX 76134 ♦ 817.924.4580

Photo Release Form

Please check one or both of the following:

- Permission to take and use child's photo for classroom use, including display on wall, projects, etc.
- Permission to take and use child's photo for promotional purposes, including fliers, website, newspaper, television. (No names will be used)

Child's Name: _____

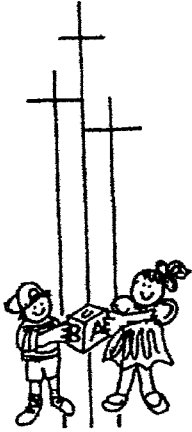
Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date Signed: _____

By signing this form, I agree without further notice to me:

- ❖ To hold harmless Edge Park United Methodist Church and Preschool from any claims or cause of action directly or indirectly related to the photography of my child for any lawful purpose; and
- ❖ To waive all monetary or other claims that might arise as a result of any lawful use of these materials.



Edge Park United Methodist Church Preschool

Field Trip Guidelines

The 3 year old class and Pre-K class will take various field trips around the community.

1. All fees **must** be paid by time specified. If fees have not been paid by deadline, your child may **not attend class** or **participate** in the field trip.
2. A parent or chaperone, appointed by the parent, must go with us on all field trips. If someone is not able to go with the child, then he/she will not be able to attend class or field trip on that day.
3. A departure time will be specified. Please arrange to be at the school on time. Your child may **not** remain at school if departure time is missed.
4. **Every** child **must** be buckled in a state-required booster seat.
5. All drivers must leave the preschool at the same time and attempt to keep a car pool line.
6. Remain in cars until the director or teacher in charge has arrived so that students can be counted.
7. Before leaving the event, we will gather the children for a head count. We will carpool back to the preschool.
8. If you do not plan to return to the school after the field trip, please notify your child's teacher and sign your child out for the day before leaving the group.
9. All drivers must have a current driver's license and insurance.

These guidelines are for the safety of your children.
Sign and return bottom portion.

I have read and fully understand the EPUMP Field Trip Guidelines.

Parent Signature _____ Date _____

Emergency Medical Treatment Authorization (Classroom Copy)

Name of Child: _____ DOB: _____ Class: _____

Name of Parents/Guardians: _____
(Mother's first & last name) (Father's first & last name)

Home Address: _____

Home #: _____ Mother's #: _____ Father's #: _____

If parents cannot be reached, please list authorized contacts:

Contact 1: _____ Phone #: _____ DL #: _____

Contact 2: _____ Phone #: _____ DL #: _____

In the event that I (parent/legal guardian) cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to arrange emergency transportation to:

Doctor's Name: _____ Phone #: _____

Hospital: _____ Phone #: _____

Hospital Address: _____

- I give consent for any and all necessary treatment when my child is in the care of this physician and/or hospital/clinic.
- I accept the policies and regulations of the Edge Park United Methodist Preschool and release it from any and all liability for injuries or illness resulting from conditions or circumstances beyond its control. I will accept the school physician if my physician is not available at the time of an accident or illness.

Parent Signature: _____ Date: _____

Emergency Medical Treatment Authorization (Office Copy)

Name of Child: _____ DOB: _____ Class: _____

Name of Parents/Guardians: _____
(Mother's first & last name) (Father's first & last name)

Home Address: _____

Home #: _____ Mother's #: _____ Father's #: _____

If parents cannot be reached, please list authorized contacts:

Contact 1: _____ Phone #: _____ DL #: _____

Contact 2: _____ Phone #: _____ DL #: _____

In the event that I (parent/legal guardian) cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to arrange emergency transportation to:

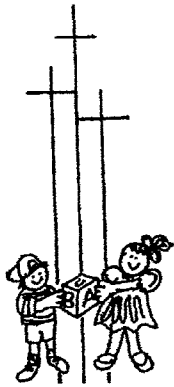
Doctor's Name: _____ Phone #: _____

Hospital: _____ Phone #: _____

Hospital Address: _____

- I give consent for any and all necessary treatment when my child is in the care of this physician and/or hospital/clinic.
- I accept the policies and regulations of the Edge Park United Methodist Preschool and release it from any and all liability for injuries or illness resulting from conditions or circumstances beyond its control. I will accept the school physician if my physician is not available at the time of an accident or illness.

Parent Signature: _____ Date: _____



Discipline and Guidance Policy For Edge Park United Methodist Preschool

- Discipline must be:
 - (1) Individualized and consistent for each child;
 - (2) Appropriate to the child's level of understanding; and
 - (3) Directed toward teaching the child acceptable behavior and self-control.

- A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
 - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
 - (3) Redirecting behavior using positive statements; and
 - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

- There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 - (1) Corporal punishment or threats of corporal punishment;
 - (2) Punishment associated with food, naps, or toilet training;
 - (3) Pinching, shaking, or biting a child;
 - (4) Hitting a child with a hand or instrument;
 - (5) Putting anything in or on a child's mouth;
 - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
 - (7) Subjecting a child to harsh, abusive, or profane language;
 - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
 - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature: _____ Date: _____

Check one please: parent/guardian preschool employee