

Application for Admission

Gary United Methodist Preschool
224 North Main Street
Wheaton, IL 60187
Phone (630) 668-3100
Email: preschool@garychurch.org

Date of Application _____

Date Admitted _____

Date Discharged _____

Please Complete All Information in Full

Child's Full Name _____ Date of Birth _____

Male _____ Female _____ Place of Birth _____

Parents or Guardians _____

Address _____ Home Phone _____

Email _____ Publication on Class List _____ Preschool Use Only _____

Member of Gary United Methodist Church: Yes _____ No _____

Marital Status of Parents: Married _____ Widowed _____ Divorced _____ Separated _____ Single _____

Fathers' Occupation _____ Place of Employment _____ Business Hours _____

Business Address _____ Business Phone _____

Mother's Occupation _____ Place of Employment _____ Business Hours _____

Business Address _____ Business Phone _____

Name of Person(s) to Whom Child is to be Released: (Carpool-child will **not** be released to anyone not listed below.)

1. _____
Name Address City State ZIP Phone

2. _____
Name Address City State ZIP Phone

Name of **Two** Persons Other Than the Parents to be Notified in Case of an Emergency:

1. Name/Address/Phone/Relationship _____

2. Name/Address/Phone/Relationship _____

Name of Child's Physician _____ Phone _____

Physician's Address _____

Please complete and sign the tuition agreement and authorization on the reverse side of this application.

Tuition Agreement

I (we) agree to pay \$ _____ for the entire 20_____/20_____ school year. An \$100 non-refundable registration fee is due with the application. Tuition is payable in nine monthly payments on the first week of each month beginning on August 1, _____. If a child is withdrawn from the preschool mid-year, the director must be notified a month in advance, otherwise, payment for the month in which the child is withdrawn is required.

A fee of \$15 will be charged for monthly payments received after the 15th of the month.

Preschool Program

M, W, F AM Class 9:00 - 11:30 _____ T, Th AM Class 9:00 - 11:30 _____

M, W, F Pre-K Class 12:30 - 3:00 _____ Enrichment Class Th 12:30 - 3:00 _____

Parents' Morning Out Program (9:00 to 11:30 AM)

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Authorizations

In case of accident or sudden illness occurring while my child is in school, I authorize the personnel of Gary United Methodist Preschool/Parents Morning Out Program to obtain appropriate emergency medical care or first aid for my child.

I grant permission for my child to leave Gary United Methodist Preschool for such occasions as field trips, walks to the park, shopping trips, etc.

I grant permission for my child to receive Christian instruction of a non-denominational nature at school.

I grant permission for my child to be photographed in the classroom and by a commercial school photographer. (We will not use any photograph of any child for public purposes without the written consent of parents or legal guardians. However, photos taken by teachers are displayed in the rooms for the enjoyment of children and parents.)

Because of the environment, the plan and structure of each day's activities are suited to interest young children. We anticipate few behavior problems. Most "behavior problems" fall in the category of learning good manners, and we deal with those situations by example, giving firm, positive statements of appropriate behavior. A serious breach of classroom rules (for example, deliberately injuring another child, destroying property) may result in a child being seated in a teacher-designated spot for two to five minutes (time out), then discussing the situation between teacher and child. If a child's behavior warrants further discipline beyond this, parents or guardians will be contacted. Verbal belittling or mocking, withholding food, corporal punishment or threats of corporal punishment will not be used. The DCFS requires that parents sign that they have read and understand the Discipline Policy of the preschool.

I agree to the terms set forth on both the front and back of this agreement and application.

Child's Name _____ Date _____

Parent's/Guardian's Signature