

**OXFORD-UNIVERSITY UNITED METHODIST CHURCH
PRESCHOOL PROGRAMS
ENROLLMENT APPLICATION
2011-2012**

Registration for Fall, 2011 begins Monday, January 31, 2011

___ Mother's Morning Out
(children born 9/2/08-3/1/10)

___ 3 Year Old Class (3 days/week)
___ 3 Year Old Class (5 days/week)
___ 4 Year Old Class (3 days/week)
___ 4 Year Old Class (5 days/week)
(children 3 or 4 years old by 9/1/11)

Child's Full Name _____ Male ___ Female ___

What name do you prefer your child to be called? _____

Birth date _____ School last attended _____

Parents' Names _____

Home Address _____

Home Telephone Number _____ E-mail address _____

Father's Employer / Occupation _____

Father's Work Phone _____ Cell Phone _____

Mother's Employer / Occupation _____

Mother's Work Phone _____ Cell Phone _____

Names and ages of siblings _____

Are any family members former students of Discovery Day School or OUUMC Mother's Morning Out? _____

Church preference/OUUMC member? _____

Local emergency contacts if we are unable to reach parents (at least two LOCAL names with addresses and phone numbers are required by licensing agency)

1) _____
(name) (street address) (phone)

2) _____
(name) (street address) (phone)

Names and phone numbers of people who have permission to pick up your child _____

Please describe any health issues including allergies, medical conditions and regular medications. _____

Child's Physician _____ Physician's Phone Number _____

What additional information will help us provide the best possible preschool experience for your individual child? (Please describe any special needs or concerns.)

Do you have any hobbies you would like to share with the class? _____

Your child's size for DDS field trip T- shirt? 2-4 6-8 10-12

Please sign and date each of the following statements signifying your understanding of OUUMC regulations.

I understand that once my child is offered MMO or DDS placement, the \$150.00 registration and supply fee is non-refundable if I decide for any reason not to send my child. Should I need to remove my child from this program, I will give 30 days notice or pay an additional month's tuition.

Signature _____ Date _____

I understand my child must be completely potty-trained to start Discovery Day School.

Signature _____ Date _____

I understand that once my child is offered placement in Discovery Day School's three- or four-year-old program, the August, 2011 tuition check will be deposited on May 1, 2011. September, 2011 tuition checks for Mother's Morning Out students will be deposited on May 1, 2011. DDS students whose August tuition is not paid by May 1 and MMO students whose September tuition is not paid by May 1 forfeit placement in the program as well as all fees previously paid.

Signature _____ Date _____

I understand that should my child not enter MMO or DDS in the fall of 2011 for any reason, all previously paid fees and tuitions are non-refundable.

Signature _____ Date _____

I understand only fully completed enrollment forms which include a current Immunization Form 121, and the full registration / supply fee will be considered. Currently enrolled families must be in good standing with regard to tuition, and all other fees before registration will be considered.

Signature _____ Date _____

FIELD TRIP PERMISSION

I give permission for my child, _____, to accompany the class on field trips planned by Discovery Day School. Outings may be neighborhood walks or trips in an authorized vehicle. All field trip procedures will be in accordance with the center's transportation policy. Notes will be sent home prior to individual field trips.

Signature _____ Date _____

PERMISSION TO BE PHOTOGRAPHED

I give permission for my child, _____, to be photographed and understand these pictures may be published in a newspaper or on the church website.

Signature _____ Date _____

MEDICAL RELEASE

I understand that in the event medical treatment is required, every reasonable effort will be made to contact me. If I cannot be reached, I give my permission for OUUMC Preschool Programs to obtain emergency medical treatment for my child.

Signature _____ Date _____