

**OXFORD-UNIVERSITY UNITED METHODIST CHURCH
PRESCHOOL PROGRAMS
ENROLLMENT APPLICATION
2012-2013**

Mother's Morning Out
(children born 9/2/09 – 3/1/11)

Discovery Day School
(children 3 or 4 years old by 9/1/12)
 3 Year Old (3 days/week)
 3 Year Old (5 days/week)
 4 Year Old (3 days/week)
 4 Year Old (5 days/week)

Child's Full Name _____ **Birth Date** _____

Male **Female** **Previous school(s) attended** _____

What name do you prefer your child be called? _____

Parents' Names _____

With whom does child reside? _____

Home Address _____

Primary Home Phone Number _____ **Primary E-mail address** _____

Father's Employer / Occupation _____ **Work Phone** _____

Mother's Employer / Occupation _____ **Work Phone** _____

Father's Cell Phone _____ **Mother's 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? _____

Do you have any talents or hobbies you could share with the class? _____

What size will your child need for a DDS field trip T- shirt? 2-4 6-8 10-12

HEALTH AND EMERGENCY INFO

This information may be updated at any time.

EMERGENCY CONTACTS

Please provide the parent's cell or other number at which school personnel are most likely to reach a parent or guardian if a child becomes ill at school.

Primary Contact's Name _____

Relationship to Student _____ **Phone** _____

List two emergency contacts who reside within Lafayette County other than your primary contact.

1. Name _____ **Relationship to Student** _____

Address _____ **Phone** _____

2. Name _____ **Relationship to Student** _____

Address _____ **Phone** _____

Child's Physician _____ **Phone** _____

Please describe any physical health issues including allergies, chronic medical conditions, recent or major surgeries, etc.

Please list all medications your child takes regularly _____

Please list any food restrictions _____

Please describe any physical or mental developmental delays or issues, speech delays, hearing or vision loss, autism, sensory or other conditions with which your child has been diagnosed _____

Please list any services your child is receiving (speech, occupational therapy etc.)

What additional information will help us provide the best possible preschool experience for your individual child?

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** _____

FEE CONTRACT

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

Signature_____ Date_____

I understand that if my child is offered MMO or DDS placement and the registration / supply fee deposited, no refund will be given should my child not attend MMO / DDS.

Signature_____ Date_____

I understand that by mid-March I will receive notification that my child is accepted into DDS / MMO or on the waiting list. If my child is accepted but will not attend, I must notify the director in writing prior to April 25, 2012 or forfeit my non-refundable tuition pre-payment.

Signature_____ Date_____

I understand that DDS and MMO students, including priority registrants, not providing a pre-payment tuition check prior to April 25 forfeit placement and all fees previously paid.

Signature_____ Date_____

Should I need to withdraw my child during the school year for any reason, I will give 30 days notice or pay an additional month's tuition.

Signature_____ Date_____

PERMISSION TO BE PHOTOGRAPHED

I give permission for my child, _____, to be photographed and / or videotaped. I understand these pictures / videos may be published in a newspaper, magazine, on the church website or part of a university student's class project.

Signature _____ Date _____

FIELD TRIP PERMISSION (DDS Only)

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 and state regulations. Notes will be sent home prior to individual fieldtrips.

Signature _____ Date _____

POTTY TRAINING (DDS Only)

I understand my child must be completely potty-trained to start Discovery Day School. (Potty training is not required for MMO students.)

Signature _____ Date _____