

**OXFORD-UNIVERSITY UNITED METHODIST CHURCH
PRESCHOOL PROGRAMS
ENROLLMENT APPLICATION
2013-2014**

Mother's Morning Out
(children born 9/2/10– 3/1/12)

Discovery Day School
(children 3 or 4 years old by 9/1/13)
 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 _____ Male Female

What name do you prefer your child be called? _____

Birth Date _____ Previous school(s) attended _____

Parents' Names _____

With whom does your child primarily reside? _____

Home Address _____

Primary Home Phone Number _____ Primary 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 immediate family members former students of Discovery Day School or OUUMC Mother's Morning Out? _____

Church preference / OUUMC member? _____

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

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 Number _____

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 check and the tuition prepayment check will be considered. Currently enrolled families must be current on all tuition and fees before registration or scholarship applications will be considered.

Signature _____ Date _____

I understand that by registering my child for MMO or DDS, my \$150.00 registration fee will be deposited unless my child is on the waiting list. Once deposited, the registration fee is not refundable for any reason.

Signature _____ Date _____

I understand that by mid-March I will receive notification that my child is either 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, 2013 or forfeit my non-refundable tuition pre-payment. Once deposited, neither the tuition pre-payment nor any portion thereof, is refundable for any reason.

Signature _____ Date _____

I understand that any DDS or MMO family who does not provide a pre-payment tuition check prior to April 25 forfeits 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 (optional)

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 as part of a university student's class project.

Signature _____ Date _____

SOCIAL MEDIA POLICY

I understand for that, for the safety of all students, neither photos nor names of students nor photos of field trips and classroom activities may be posted on Facebook, MySpace or any other social media website.

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 field trips.

Signature _____ Date _____

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

POTTY TRAINING (DDS Only)

I understand my child must be completely potty-trained to start Discovery Day School, and that neither diapers nor pull-ups are allowed. (Potty training is not required for MMO students.)

Signature _____ Date _____