

2017-2018
OUUMC PRESCHOOL PROGRAMS
ENROLLMENT APPLICATION

Office Use Only:
Date _____
R.C. # _____ \$ _____
T.C. # _____ \$ _____
121 complete / inc. / none
Notes _____
Registration Complete _____

___ Discovery Day School (age 3 or 4 by 9/1/17)
___ 3 Year old (3 days/week)
___ 3 Year Old (5 days/week)

___ 4 Year Old (5 days/week)

___ First Discoveries (previously “Mother’s
Morning Out”) born 9/2/14-12/1/15

PLEASE USE BLACK OR DARK BLUE INK

Child’s Full Name _____ Birthdate _____

Preferred Name / Nickname _____ Male _____ Female _____

Child’s Home Address _____

With whom does your child primarily reside? _____

Names / Ages of Siblings _____

Has a sibling attended Discovery Day School or OUUMC Mother’s Morning Out? _____

Did your child attend school last year? _____ If so, which school and how many days per week?

Father’s Name _____ Cell Phone _____

Employer/ Occupation _____ Work Phone _____

Mother’s Name _____ Cell Phone _____

Employer / Occupation _____ Work Phone _____

One primary email address and phone number (to be published on a student address list which
other parents may use to contact you for playdates, and for emails from the director and teacher)

Primary E-mail _____ Primary Phone _____

Church preference / Are you an OUUMC member? _____

Does a family member have a talent or hobby which he or she would like to share with the class?

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

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.

Primary Contact's Name _____

Relationship to Student _____ **Phone** _____

Two additional Lafayette County residents to contact in emergency: (*Please do NOT list friends or family who live more than 15 minutes from our school*)

Name _____ **Phone** _____

Relationship to Student _____

Name _____ **Phone** _____

Relationship to Student _____

MEDICAL INFORMATION

Attach additional sheet if necessary to adequately describe your child's health conditions.

Describe your child's general health including allergies, medical conditions, surgeries, etc.

List all regular or ongoing medications, including Epi-pen_____

List any food allergies or cultural diet restrictions_____

Please describe all physical / mental developmental differences, speech delays, hearing or vision loss, autism, sensory or other condition with which your child has been diagnosed.

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

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**_____

Child's Physician _____ **Phone** _____

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FEE CONTRACT

I understand only fully completed enrollment forms which include an Immunization Form 121, the \$175 registration check and the first month's tuition pre-payment check will be considered. Presently enrolled families must be current on all fees before registration or scholarship applications will be considered.

Signature_____ Date_____

I understand that by registering my child for FD or DDS, my \$175.00 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 early March I will receive notification that my child is either accepted into DDS / FD or on the waiting list. If my child is accepted but will not attend, I must notify the director in writing prior to noon on Monday, April 10, 2017 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 FD family who does not provide both required checks at registration or whose check(s) is returned by the bank forfeits placement and any 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 (do / do not) give permission for my child to be photographed and / or videotaped for publication in a local newspaper, magazine, or on the preschool page of the church website.

Signature_____ Date_____

I (do /do not) give permission for my child to be photographed and/ or videotaped during field trips and classroom activities, for the purpose of sharing these photos with parents in my child's class on a dedicated, password-protected website set up by my child's teacher.

Signature_____ Date_____

SOCIAL MEDIA POLICY

I understand that for the safety of all students, neither student names, nor photos of field trips, school parties nor class activities may be posted on Facebook, Instagram or other social media.

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. Additional permission slips will be sent home prior to individual field trips.

Signature_____ Date_____

POTTY TRAINING (DDS Only)

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

Signature_____ Date_____