

# FIRST PLACE MINISTRIES

FIRST UNITED METHODIST CHURCH OF CARROLLTON

2201 E. HEBRON PKWY. CARROLLTON, TX 75010

(469) 568-1250 OR 1251 FAX (972) 492-6236

2010-2011

# Preschool

Please check if FUMC Church Member \_\_\_\_\_ and/or CCA School Family \_\_\_\_\_

## Child Information

<b>Child's Name:</b>			<b>Address:</b>	
<b>Goes By:</b>				
<b>Male:</b>	Check One		<b>Home Phone:</b>	
<b>Female:</b>			<b>Allergies:</b>	
<b>DOB:</b>				
<b>Age by 9/1/10:</b>				

## Parent Information

<b>Email Address:</b>			
<b>Mom's Name:</b>		<b>Dad's Name:</b>	
<b>Mom's Cell Phone:</b>		<b>Dad's Cell Phone:</b>	
<b>Mom's Work Phone:</b>		<b>Dad's Work Phone:</b>	

## Siblings

<b>Name:</b>		<b>Age:</b>	<b>M or F</b>
<b>Name:</b>		<b>Age:</b>	<b>M or F</b>
<b>Name:</b>		<b>Age:</b>	<b>M or F</b>

## Previous Program Information

<b>Has your child been in a previous program?</b>	Circle One Yes or No	<b>If yes, when?</b>	
<b>Name of previous program:</b>		<b>How long attended?</b>	

## Church/Referral Information

<b>Do you have a church home?</b>	
<b>Referred to First Place by:</b>	

## Class Enrollment

Preschool 3's (Check One)

Preschool 4's (Check One)

Registration for Preschool 3's is \$200.00 (This includes the \$25 Activity Fee. Registration for Preschool 4's is \$235.00 (This includes the \$35 Activity Fee) All registration is due when forms are returned and is non-refundable.

2 Day \$220.00

3 Day \$330.00

4 Day \$440.00

3 Day \$345.00

4 Day \$460.00

3's-4's - Please check the box if you would be interested in a "Fun Friday" care option. (8:45-2:15)

## Extended Care

2:15 to 3:15 p.m. Must have CCA Sibling to enroll

Monday	Tuesday	Wednesday	Thursday
Additional Monthly Cost	1 Day \$20.00	2 Day \$40.00	3 Day \$60.00
		4 Day \$80.00	

## REGISTRATION PAYMENT - FOR OFFICE USE ONLY

Check:

Date:

Amount:

Initial:

## Emergency Contacts

The following contacts are authorized for said child to be released to or called in the event of an emergency when parents cannot be reached.

### Contact 1:

<b>Name:</b>		<b>Phone Number(s):</b>	
<b>Relationship:</b>			
<b>Address:</b>			

### Contact 2:

<b>Name:</b>		<b>Phone Number(s):</b>	
<b>Relationship:</b>			
<b>Address:</b>			

### Contact 3:

<b>Name:</b>		<b>Phone Number(s):</b>	
<b>Relationship:</b>			
<b>Address:</b>			

## Medical Release Statement

In the event of an emergency **I give consent to any licensed physician** to examine, treat and perform any essential, emergency medical and or surgical procedures, determined to be necessary on my child. I also give my consent to the First United Methodist Church of Carrollton, TX. (FUMC) to allow my child to participate in classroom and outdoor activities. I release **FUMC and it's staff members** from any legal or financial responsibility, which might result from any accidental harm or injury to my child, while under the care and supervision of the "First Place" staff. Listed below is information about my child's physician:

<b>Name of Physician:</b>		<b>Phone Number:</b>	
<b>Address:</b>			
<b>Name of Hospital:</b>		<b>Phone Number:</b>	
<b>Address:</b>			

## Financial Contract

I, \_\_\_\_\_ (Parent) hereby contract with First Place Ministries' MDO/Preschool to enroll my child \_\_\_\_\_ for the school year 10-11. Below I acknowledge and agree to abide by the following terms and conditions as indicated in the contract. (Please read and initial every area to indicate acknowledgement.)

<b>Registration Fees:</b>	Fees are due at the time of registration and are NON-REFUNDABLE. If registering after the start of the program and before December, a full registration fee is still required. If registering after mid-year, the registration fee will be prorated.
<b>Post Start Date Enrollement:</b>	Tuition will begin immediately and be prorated according to the start date. Unlike those families starting in August, a final payment will be required in May and be prorated according to the length of the month.
<b>Absenteeism:</b>	No credits will be issued or substitutes allowed in the event your child is absent.
<b>Monthly Payment Schedule:</b>	As a convenience to you, we offer the opportunity to pay equal tuition payments on a monthly basis beginning July 1st and ending April 1st. If the first payment has not been received by July 15th, your child's assignment may be issued to another. All other payments are considered late after the 15th of each month.
<b>Yearly Payment Discount:</b>	A 5% discount is extended for those who elect to pay the total yearly amount.
<b>Family Tuition Discount:</b>	The discount applies to those families with 3 or more children enrolled in the program. Full registration fees are due for each child. The first two children are enrolled at full tuition rates, whether monthly or yearly. The third child is enrolled at a 50% discount.
<b>Late Charges:</b>	A late charge in the amount of \$20 will be assessed for payments received after the 15th of the month.
<b>Withdrawal Policy:</b>	If the parent of guardian finds it necessary for the child to be withdrawn during any given session, written notice must be received and on file in the office. If notice is given before the 15th of the month and a tuition payment has been received prior to the 15th, the account is considered current and the child is eligible for withdrawal and the account closed. If notice is given after the 15th of the month, a tuition payment is required in order for the child to be eligible for withdrawal and the account closed. For those paying for the year in full, a refund will be issued calculated on the number of remaining months, including the above stipulations.
<b>Late Pick Up:</b>	Parent or Guardian agrees to abide by the schedule, recognizing that arriving for dismissal past 2:15 p.m will result in a late fee of \$1 per 5 minutes until 2:30 p.m and then \$1 per minute after that. Any late fees/charges will be assessed on the next payment due.
<b>Parent Handbook:</b>	Parent or Guardian agrees to carefully examine the Parent Handbook, and will abide by the rules and policies set forth for the First Place Ministies Programs.

**Signature of Parent or Legal Guardian:**

**Notary Signature:**

Notary Stamp:

**FACILITY NAME: First Place DIRECTOR: Ginny Lawler**

**Date of Admission:**

**Date of Withdrawal:**

**For Office Use Only**