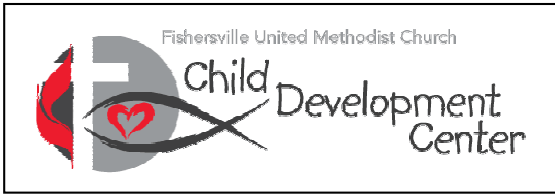


2018-2019 Registration Form

Ages 2 - 5

FUMC Child Development Center

A ministry of Fishersville United Methodist Church
 P.O.Box 1049/1600 Jefferson Highway
 Fishersville, Virginia 22939
 540-943-1140 Fax 540-943-5997
<http://fumchilddevcenter.org>



Child's Name: _____

Nickname: _____

Date of Birth: _____

Age at time of enrollment: ___ yrs. /mo. **Sex:** M or F

Mother

Father

Name: _____
 Address: _____

 Cell Phone: _____
 Email: _____
 Employer: _____
 Occupation: _____
 Work Phone: _____

Maternal Grandparents

Paternal Grandparents

Name: _____
 What your child calls them: _____
 Address: _____

 Phone: _____
 Email: _____

Sibling Names and Ages: _____

Names of Others Living with Child: _____

Relationship to Child _____

Household Pets and their names: _____

EMERGENCY CONTACTS

The following individuals are permitted to pick-up the child and should be contacted if the parent(s) are unavailable:

1. Name: _____	2. Name: _____
Relationship to child: _____	Relationship to child: _____
Address: _____	Address: _____
_____	_____
Phone 1: _____	Phone 1: _____
Phone 2: _____	Phone 2: _____

Persons *not* permitted to pick up your Child

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

Health Conditions the school needs to be aware of: _____

Known Allergies: _____

Life - threatening? Yes ___ No ___ Epipen prescribed by physician? Yes ___ No ___

Precautions: _____

Dietary Restrictions: _____

Special Needs: _____

Child's Physician: _____ Phone: _____ City/State: _____

Permissions:

Picture Publishing Consent Agreement

_____ Yes, I give permission for my child's, _____,
photo to be used on the FUMC Child Development Center and Fishersville United Methodist Church websites. I understand that the pictures
will not be identified with names.

_____ Yes, I give permission for my child's, _____,
photo to be used on the FUMC Child Development Center Facebook Page. I understand that the pictures will not be identified with names.

_____ No, I do not give permission for my child's, _____,
photo to be used on the FUMC Child Development Center and Fishersville United Methodist Church websites.

_____ No, I do not give permission for my child's, _____,
photo to be used on the FUMC Child Development Center Facebook Page.

Field Trip Consent Agreement

_____ Yes, my child has permission to participate in field trips away unless the school receives written notice from me to the contrary.

_____ No, my child does not have my permission to take field trips away from the school grounds.

_____ Yes, my child has permission to be transported in a car or bus by a licensed and insured driver. I will provide a car seat for my child on
these occasions.

_____ No, my child does not have my permission to be transported by car or bus driven by anyone other than me.

_____ Yes, I will be available to transport children on field trips. I will allow my current Driver's License and Insurance Information Card to
be kept on file at school

Social and Developmental Information

Is there any social or developmental information about your child that you need to share with the school?

Please put an X by one of the two statements below:

My Child is Potty Trained _____

My Child is NOT Potty Trained _____

Church

Church Home (Please let us know where or if you have a church home): _____

Enrollment Agreements**School Policies Agreements**

Please Initial	
	I have read the Parent Handbook. I understand the practices, policies, and procedures of the school and I agree to abide by them.
	I understand the FUMC Child Development Center drop-off and pick-up procedures and agree to follow them.

Financial Agreements

Please Initial	
	I agree to pay the tuition to FUMC Child Development Center to reserve a position for my child. All tuition and fees will be paid in accordance with the payment schedules and procedures established by the school.
	I understand that I have the obligation to pay all charges for the full academic year unless special mutually agreed upon arrangements are made with the school.

Virginia Regulation Agreements

Please Initial	
	FUMC Child Development Center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
	The parent(s)/guardian(s) authorize FUMC Child Development Center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
	The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
	I agree to complete and submit all necessary enrollment forms to FUMC Child Development Center. I understand that if these forms are not on record at least two weeks before my child's first day of school, his/her enrollment will be jeopardized. I will update all information as necessary.

Parent Signature(s)	Date
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*** If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.*

Payment and Program Information:

4 year old students must attend a 5 day program to prepare them for kindergarten (unless you are planning a bonus year for your child) – Please speak with the Director if you have any questions.

Non-refundable Registration Fee of \$75 (half day only) **Non-refundable Registration Fee of \$100 (full day care)**

2 Year Old Monthly Payment:

_____ 3 Half Days/M-W or W-F	8:45 a.m.—11:45 a.m.	\$200 per month
_____ 3 School Days/M-W or W-F	8:45a.m.—3 p.m.	\$335 per month
_____ 3 Full Days/M-W or W-F	7 a.m.—6 p.m.	\$450 per month
_____ 5 Half Days/M-F	8:45 a.m. - 11:45 a.m.	\$250 per month
_____ 5 School Days/M-F	8:45 a.m.—3 p.m.	\$475 per month
_____ 5 Full Day Class M-F	7:00a.m.—6:00 p.m.	\$600 per month
_____ A Custom Schedule – Please note on the line below:		

3-5 Year Old Monthly Payment:

_____ 3 Half Days/ M-W or W-F	8:45 a.m.—11:45 a.m.	\$195 per month
_____ 3 School Days/ M-W or W-F	8:45 a.m.—3 p.m.	\$325 per month
_____ 3 Full Days/ M-W or W-F	7 a.m.—6 p.m.	\$440 per month
_____ 5 Half Days/Mon. - Fri.	8:45 a.m. - 11:45 a.m.	\$235 per month
_____ 5 School Days/M-F Wed	8:45 a.m.—3 p.m.	\$435 per month
_____ 5 Full Day Class M-F	7:00a.m.—6:00 p.m.	\$575 per month
_____ A Custom Schedule – Please note on the line below:		

\$25 late fee after the 5th of the month

\$25 returned check fee

Please ensure the following items have been included with the registration form

- | | |
|--|------------------------------------|
| _____ Completed Registration/Enrollment form | _____ Childs immunizations records |
| _____ Registration Fee | _____ Child's Birth Certificate |
| _____ Discipline Policy | |

By signing below, I (we) are willing to meet the above requirements and will abide by the standing policies and handbook of Fishersville United Methodist Church Child Development Center.

Parent/Guardian Signature

Print Name

Date

Director

Date

START DATE: _____ END DATE: _____