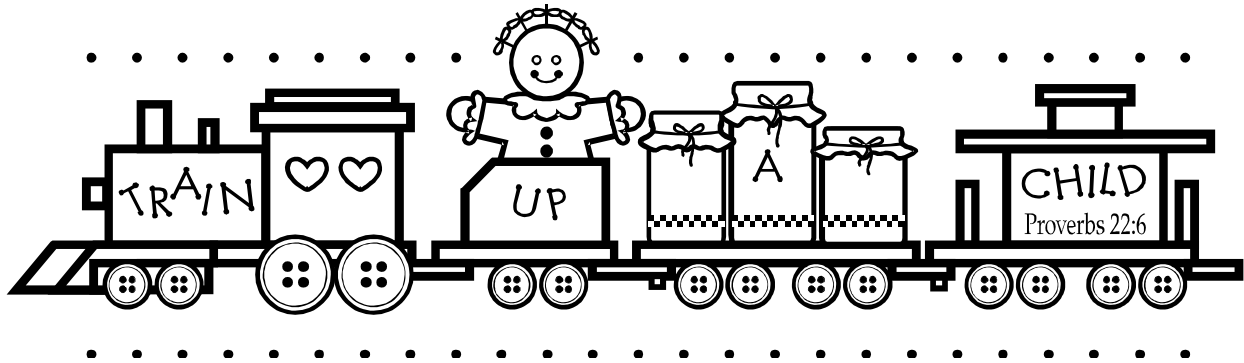


**FIRST UNITED METHODIST CHURCH PRESCHOOL  
624 S. Adams St. ~ Marion, IN 46953 ~ 664-5177**

Dear Parents,

Thank you for your interest in our preschool programs for your child! Our preschoolers enjoy class time that is filled with stories, songs, crafts, computer time, group time, and constructive play. We offer three-hour sessions and six-hour sessions for children ages 18 months through five. We hope you will choose to enroll your child. Attached are enrollment forms for you to complete and return along with a copy of your child's shot record. You may call Donna Wiley, preschool director, at 664-5177 if you have questions.

**Please return completed forms and registration fee to:  
First UMC Preschool - 624 S. Adams St. - Marion, IN 46953**



**FIRST UNITED METHODIST CHURCH PRESCHOOL**

*Our mission: to provide a high quality,  
flexible educational experience for preschool children;  
through a developmental approach stressing Christian principles,  
to enable children to practice those principles  
and to meet the challenges of the world around them.*

**FIRST UNITED METHODIST CHURCH PRESCHOOL  
664-5177**

**GENERAL INFORMATION**

Registration fee: **\$45.00** for the half day program and **\$60.00** for the full day program per family, non-refundable. Registration fee is due with enrollment forms at the time of enrollment.

Scholarships: A limited number of partial scholarships are available. Please contact the preschool at 664-5177 for information and an application form.

Tuition: Tuition fees are due on the first of each month. After the third of each month, late fees will apply. Tuition is payable to the First United Methodist Church Preschool.

Discounts: Discounts are offered to families with more than one child enrolled.

**Half Day**

**18 months to 5 years**

**Tuesdays and Thursdays ~ 8:30 A.M.-11:30A.M. or 12- 2:45 P.M.**

**Tuition Fee ~ \$75.00 per month**

**Monday, Wednesday, Friday ~ 8:30 A.M. to 11:30 A.M. or 12- 2:45 P.M.**

**Tuition Fee ~ \$105.00 per month**

**Five Day Option ~ 4 years & 5 years**

**Monday through Friday ~ 8:30 A.M. to 11:30 A.M. or 12- 2:45 P.M.**

**Tuition Fee ~ \$130.00 per month**

**Full Day**

**18 months to 5 years**

**8:30 A.M. to 2:45 P.M.**

**3 Days ~ \$210.00 per month**

**5 Days ~ \$330.00 per month**

**Parents will need to provide a bagged lunch**

**Which Class?** The director will gladly talk with you about your child's development to help you choose the class that will best suit your child's needs. Call Donna Wiley, preschool director, if you have questions about which class to select for your child. *Mail completed forms and registration fee to First UMC Preschool - 624 S. Adams St. - Marion, IN 46953*

# FIRST UNITED METHODIST CHURCH PRESCHOOL

624 S. Adams St. - Marion, IN 46953 - 664-5177

Help us plan for your child's needs by providing the following information. Information will remain confidential.  
**Please notify us when information changes.**

Name of child \_\_\_\_\_

Name child is to be called \_\_\_\_\_ Date of birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
First Middle Last Month Day Year

Child lives with \_\_\_\_\_

Child's address \_\_\_\_\_  
Name(s) relationship

\_\_\_\_\_ Street City zip code

Child's phone \_\_\_\_\_

Mom's name \_\_\_\_\_ Employer & phone \_\_\_\_\_

Mom's Cell phone \_\_\_\_\_ Can we text information to you? Yes No

Dad's name \_\_\_\_\_ Employer & phone \_\_\_\_\_

Dad's Cell Phone \_\_\_\_\_ Can we text information to you? Yes No

Parents' marital status: Married Separated Divorced Single

If divorced: Is Mom remarried? Yes No Is Dad remarried? Yes No

Custody/visiting arrangements \_\_\_\_\_

Name & relationship of person legally responsible for child \_\_\_\_\_

Brothers & sisters living in the home (name & age) \_\_\_\_\_

Brothers or sisters not living at home (name & age) \_\_\_\_\_

Others living in the home (name, relationship) \_\_\_\_\_

## CIRCLE THE CLASS YOU CHOOSE FOR YOUR CHILD TO ATTEND:

**Half Day Programs 8:30 A.M.-11:30 A.M. or 12-2:45 P.M.** Tuesday, Thursday Monday, Wednesday, Friday Monday-Friday

**Full Day Programs 8:30 A.M. - 2:45 P.M.** Three Days Circle Choices: Monday, Tuesday, Wednesday, Thursday, Friday

Parents need to provide a bag lunch Five Days Monday-Friday

Other than parent/guardian, whom may we contact in case of emergency?

1. \_\_\_\_\_  
Name phone relationship

2. \_\_\_\_\_  
Name phone relationship

Are you active in a church? Yes No

Name of your church \_\_\_\_\_

Circle opportunities your child has had to play with others: Sunday school, Bible school, neighborhood, baby-sitter, day care, others \_\_\_\_\_

List methods of discipline most effective with your child \_\_\_\_\_

List food allergies \_\_\_\_\_

List other allergies \_\_\_\_\_

Child's doctor \_\_\_\_\_ Phone \_\_\_\_\_

Child's dentist \_\_\_\_\_ Phone \_\_\_\_\_

Who is NOT GRANTED PERMISSION to see/pick up your child? \_\_\_\_\_

Please share with us any information which will help us better understand and serve your child (births, deaths, adoption, changes in family, new address, etc.) \_\_\_\_\_

**Return completed forms and registration fee to:  
First UMC Preschool - 624 S. Adams St. - Marion, IN 46953  
Please make checks payable to First United Methodist Church.**

**\* IMPORTANT: MEDICAL, EMERGENCY & FIELD TRIP FORMS MUST BE COMPLETED AND RETURNED TO PRESCHOOL WITHIN TWO WEEKS OF STARTING DATE. I ACCEPT RESPONSIBILITY FOR ACCURATE COMPLETION OF FORMS, THE REGULAR ATTENDANCE OF MY CHILD, AND TIMELY PAYMENT OF TUITION FEES.**

Signature of parent

Date

**EMERGENCY TREATMENT, FIELD TRIPS  
& PERMISSION TO BE PHOTOGRAPHED  
FIRST UMC PRESCHOOL**

Child's full name \_\_\_\_\_

Date of birth \_\_\_\_\_ Today's date \_\_\_\_\_

**EMERGENCY TREATMENT:** In the event of an illness or accident, which requires immediate medical treatment at a time when a parent cannot be located, I give permission for preschool staff to authorize such treatment. I will not hold First United Methodist Church, preschool staff or medical personnel responsible. I understand that every attempt will be made to contact the parents, the child's physician, or others listed as emergency contacts.

**FIELD TRIPS:** I give permission for my child to accompany his/her class & staff persons on field trips planned & authorized by First UMC Preschool. I understand classes walk to Marion Public Library for regularly scheduled visits and take neighborhood walks. I understand I will be notified in advance of any trips and that it is my responsibility to provide transportation to and from the field trip site and to remain with my child for the duration of the field trip. I am aware that the church has insurance coverage, which includes off-site field trips.

**PHOTOGRAPHS:** I give permission for my child to be included in evaluations and pictures connected with First UMC Preschool. (If you do not want your child's photo posed on the internet, please let us know.)

**PARENT/GUARDIAN:**

Print your name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Your relationship to child

## **TUITION FEES**

All parents registering a child or children to attend Preschool are to be informed of this policy upon registration.

1. Tuition due date is the first day of each month.
2. A three-day grace period shall be permitted at the discretion of the Director (without penalty fees for being late).
3. If tuition is not paid by the first of the month, a fee of \$10.00 will be applied.
4. If any monthly tuition is not fully paid within 60 days of the due date, the director has the authority to terminate the student from the preschool.
5. If payment cannot be made on the due date, please contact the director and make arrangements.
6. If the student is terminated and desires to be reinstated after all tuition and penalty fees are paid, the Preschool Advisory Board must approve such reinstatement.
7. If further action is necessary to collect fees, the parents will be held responsible for any cost incurred doing so.

## **DISMISSAL**

You may pick up your child at the door of the classroom. If an emergency should arise preventing you from picking up your child by 11:30 or 2:45, call the church office immediately. If you are able, please make arrangements for another adult to pick up your child and call the church to notify us of the name of that adult. **WE WILL NOT DISMISS YOUR CHILD TO ANYONE OTHER THAN A PERSON INDICATED ON THE RELEASE FORM.**

A late fee will be added to your monthly tuition if you are late picking up your child. The fee is \$5.00 per 10-minute interval that you are late. You are required to pay this amount in order to compensate the teachers for remaining past regular dismissal time.

I had read and understand the policy stated above. I agree to comply with the preschool's policy.

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Parent Signature

Date