

St. John's United Methodist Church

Preschool Enrollment Application

2024-2025

I am interested in enrolling my child in the _____ program (e.g. 2 day Twos). In order to secure this spot, fill out this form and return it along with payment for the full amount of the fees or $\frac{1}{2}$ of the amount (with the other half due in one month) made payable via check to St. John's U.M.C. or you may pay using the church app. A copy of your child's immunization record will be due by the first day of school. Exemptions will not be accepted.

If you have any questions, please contact Katie Goodwin at 803-985-5656.

Please select a t-shirt size: 18m 2T 3T 4T youth S youth M

Age or your child on 9/1/24: _____

Information

Child's Full Name _____ Name called by _____

Date of Birth _____ Sex _____

Parent(s)/Guardian: Mother/other _____ Father/other _____

Married

Divorced

(Please list last names if different from child)

Please list name of person responsible for tuition payments _____

Address _____ City _____ Zip code _____

Phone Numbers: (This info must be current and updated when changed)

Cell (Mom/other) _____ Work (Mom/other) _____

Cell (Dad/other) _____ Work (Dad/other) _____

Email Address _____

Email used for director and teacher communication

Emergency contact: Name: _____ ph # _____

- The preschool mainly relies on parents to substitute when a teacher is absent. Are you interested in working as a substitute in case a teacher is absent?

_____yes _____no

- How did you hear about our program? _____

- Religious affiliation St. John's member Attending _____

Not attending any church at this time

Any concerns or comments:

Developmental History

Has your child ever participated in a preschool program (other than St. John's)? _____ yes _____ no

If yes, where and at what ages? _____

Is your child receiving any services such as speech, OT, PT, Early Intervention? _____ yes _____ no

If so, please list services: _____

Provider: (e.g. Baby Net, All About Play, etc.) _____

Is your child's skin highly sensitive? If yes, to what products? _____

Frequent diaper rash? _____ yes _____ no If yes, how do you treat? _____

Does your child have any food allergies? No Yes, allergic to: _____
 requires an EpiPen to be on campus

**If your child requires an EpiPen, you will be sent an allergy policy packet that will need to be completed by the doctor office prior to the start of school.*

Are there any medications your child must be given on a daily basis or for allergies?

Please list them and their purposes: _____

Does your child eat unassisted? yes no

Does your child use a pacifier? yes no Would your child need to have it available at school? yes no

Has toilet training been attempted? yes no

(5d Threes & Fours must be fully potty-trained; 2d threes and 3d threes must be attempting potty-training.)

Any special terms/techniques used for potty training?

I understand the staff at St. John's Preschool will exercise all reasonable care in supervising the children. However, the staff and St. John's United Methodist Church cannot be held responsible for accidents that may occur. I hereby give my permission, should my child need emergency medical care and I can not be reached, for services to be rendered to my child by a licensed physician and/or hospital. I also authorize my child to be transported by car or emergency vehicle should an emergency situation occur. Students will leave the preschool for field trips over the school year. We hereby grant permission for our son/daughter to participate. We understand that adequate and appropriate supervision will be provided. We recognize, however, that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). We further agree to release and hold harmless St. John's United Methodist Church and Preschool, their agents, officers, employees, and volunteers from any and all liability, claims, suits, demands, judgments, costs, interest, and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services.

Please read and understand the following:

St. John's Preschool fees are **non-refundable**. You may pay the fee in two installments. $\frac{1}{2}$ must accompany this enrollment application form. The second installment must be paid within thirty days. Timely payment of fees is necessary to secure your child's spot in the program. Tuition payments for the 2024-2025 school year will begin in August. Further information will be sent. Thirty days' notice is required should you remove your child from the program.

Please sign and date below to acknowledge acceptance of these terms.

Print the name of the Parent or Guardian

Signature of Parent or Guardian

Date