



# Culpeper UMC Preschool

1233 Oaklawn Drive, Culpeper, VA 22701

540-825-0764

www.culpeperumc.org



## 2011—2012 Application for Admission

Please return this application with a non-refundable enrollment fee of \$75.00. (Pre Registration, \$60.00; Late Registration, \$80.00) Make your check payable to Culpeper United Methodist Church and attach it to this form. Culpeper UMC Preschool does not discriminate against any student on the basis of race, creed, or national origin.

### Child Enrollment / Information Record

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age Today \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Please check desired program (student must be age of desired class by September 30, 2009 and potty trained.)

\_\_\_\_\_ 2 Day Three Year Old Program (Tuesday and Thursday, 9:00am—12:00pm) \$200.00 per month

\_\_\_\_\_ 3 Day Four Year Old Program (Monday, Wednesday and Friday, 9:00am—12:00pm) \$260.00 per month

### Child's Home Address / Contact Information

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Parent / Guardian Information

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Person with legal custody \_\_\_\_\_ Child lives with \_\_\_\_\_

### Medical Information

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Please complete additional information on the back, Thank You

List all allergies, including food and medical

\_\_\_\_\_  
\_\_\_\_\_

Any chronic physical and/or emotional problems or conditions

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contacts (local contacts only, please) If parents/guardians can not be reached

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name and Phone Numbers of persons authorized to pick up your child (may be the same names as above)

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Other Preschools your child has attended \_\_\_\_\_

Has your child ever been asked to leave a preschool? \_\_\_\_\_ Any special behavior issues?

\_\_\_\_\_

Are you a member of CUMC? \_\_\_\_\_ How did you hear about CUMC Preschool? \_\_\_\_\_

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**Important Information for Parents**

**Enrollment Policy**

Children who are enrolled but not toilet trained at the start of school will not be accepted. ENROLLMENT FEES WILL NOT BE REFUNDED IF YOUR CHILD IS NOT TOILET TRAINED. At parents' request, we can place the child on a waiting list at no cost. The only time a refund of the enrollment fee can be given is if the class is full. Your check will be returned to you.

**Tuition Policy**

The school year's tuition is based on a yearly rate and is collected in nine equal payments. Each payment is due no later than the first of each month, beginning in September, unless other arrangements have been made with the director. A late fee of \$10.00 will be charged after the 5th of the month. A child will not be allowed to continue attending if payment has not been received by the 15th. There is a \$25 returned check fee. There is no deduction for absences, holidays or snow days. Checks should be made payable to Culpeper United Methodist Church. You must give the preschool 30 days written notice if you need to withdraw your child for any reason. CUMC Preschool reserves the right to withdraw a child from our program due to behavioral issues (after parent conferences) with two weeks' notice to the parents.

**Book & Supply Fee**

There will be a non-refundable book & supply fee of \$100.00, due at time of registration, no later than May 31,'11.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date