



800 Gravois Road, Fenton, MO 63026 ~ 636-343-5010 ~ admin@umcfenton.org

**2019-2020
Enrollment Form**

\$75 Enrollment Fee (\$45 if paid before April 30th, 2019)

Office Use

Enrollment Date: _____ Enrollment Fee: _____
 Total Paid: _____ Check # or cash: _____
 Monthly Tuition will be: _____
 (Due on the First of every month)

Child's Name: _____ Date of Birth: _____ Current Age: _____

Our Classes (the class availability is dependent on enrollment)

Pre-School *Must be 3 before 9/1/2019 *Must be potty trained	2 days ___ Mon & Wed ___ Tues & Thurs \$130 per month	3 days ___ Mon, Wed & Friday \$180 per month	
Pre-Kindergarten *Must be 4 before July 31 st , 2019		3 days ___ Mon, Wed & Friday \$180 per month	5 days ___ Monday- Friday \$275 per month
Parent's Day Out	___ Friday \$25 per Friday (\$65-105 per month depending on how many Fridays)		

Parent Information

How did you hear about us? _____

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Employer: _____ Employer: _____

Employer Address: _____ Employer Address: _____

City, State, Zip: _____ City, State, Zip: _____

Job Title: _____ Job Title: _____

Work Schedule: _____ Work Schedule: _____

Email: _____ Email: _____

Student Lives with: _____

***If a court-order parenting plan exists, please provide a copy to school!**

About Your Child

Male/Female

Activities your child enjoys: _____

Fears your child has: _____

Names of siblings and age: _____

Concerns or comments about your child: _____

Where will your child attend kindergarten? _____

Emergency Information

Allergies your child has: _____

Medical problems your child has and/or Medications: _____

Doctor's Name: _____ Phone #: _____

Preferred Hospital: _____ Phone #: _____

I understand that in case of an accident or injury to my child I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to be used are listed above. I further agree to pay all cost incurred by transport.

Parent Signature _____ Date: _____

Emergency Contracts:

Name: _____ Phone #: _____ Relationship: _____

Address: _____

Name: _____ Phone #: _____ Relationship: _____

Address: _____

Other people who are allowed to pick-up my child from school:

Agreements:

- a. I have been informed of the required health and safety inspections forms are available for review.
- b. When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care.
- c. **I DO or DO NOT** give permission for field trips/excursions. I understand I will be notified in advance when they are planned. I will be responsible for transporting my child.
- d. I have been notified that I may request notice at initial enrollment or any time thereafter whether there are children currently enrolled in or attending the facility for whom an immunization exemption had been filed.
- e. A late fee of \$25 will be added for tuition paid after five-day grace period each month.
- f. Hillside Preschool will take every precaution for your child's safety, but parents shall waive claim in event of an accident not within our providence to prevent.
- g. I understand that this form puts my child on the class list unless someone contacts me about full or low enrollment. Packets with Open House and Meet the Teacher information will be sent home by the end of July. Our First day of School will be September 3rd, 2019.

Signature of Parent/Guardian: _____ Date: _____