

Hilliard United Methodist Church Preschool
5445 Scioto Darby Road
Hilliard, Ohio 43026
614-876-7180
Fax: 614-876-2420

Office Use Only:

Date of Admission _____

Check# _____

Amt. Pd. _____

Date Pd. _____

Parent Form

Circle One:		Circle One: Child's Sex M or F		Child's Date of Birth - -	
Fives PM5 / M-T-W-Th-F (12:30-3:00) 5 Days		Child's Age as of Sept. 30 of year enrolling:			
Fours AM4 / M-T-W-Th (9:00-11:30) 4 Days PM4 / M-T-W-Th (12:30-3:00) 4 Days AM4 / M-W-F (9:00-11:30) 3 Days PM4 / M-W-F (12:30-3:00) 3 Days		E-mail Address			
Threes AM3 / T-Th (9:00-11:30) 2 Days PM3 / T-Th (12:30-3:00) 2 Days PM3 / M-W-F (12:30-3:00) 3 Days		Language spoken at home:			
Two & A Half Creative Playgroup / MW (9:00-11:30) 2 Days Creative Playgroup / TTh (9:00-11:30) 2 Days		Who does the child live with at the "home address" listed below: (Please circle)			
		Mother	Step-Mother	Foster Parent	
		Father	Step-Father	Legal Guardian	
Child's 1st Name		Child's Middle Name		Child's Last Name	
Child's Home Address		City/Zip Code		Child's Home Phone #	
Father's Name		Occupation/Employer		Cell Phn #	Business Phn #
Mother's Name		Occupation/Employer		Cell Phn #	Business Phn #
Step-Father's Name		Occupation/Employer		Cell Phn #	Business Phn #
Step-Mother's Name		Occupation/Employer		Cell Phn #	Business Phn #

Emergency Contacts: List someone other than a parent who can be contacted in the event of an emergency or illness if the parent can not be reached. Persons listed below should be able to assist us in locating a parent/guardian. In the event a parent can not be reached, this contact person(s) must be local and able to take responsibility for the child.

Name		Name	
City/Zip Code	Relationship to Child	City/Zip Code	Relationship to Child
Home Phn #	Cell Phn #	Home Phn #	Cell Phn #

Other members of the household (Siblings, Grandparents, etc...):

Name Age Relationship to Child

Is your child currently taking any regular medication? If yes, please describe:

Please circle any health conditions, physical limitations or concerns:

- Asthma Child requires Classroom Aide Allergies: Environmental or Food
- Tubes in Ears Delayed Large Motor Skills Delayed Speech Other: _____
- Diabetes Delayed Small Motor Skills Bone or Joint Issues

Please explain any item circled: _____

Please circle opportunities your child has to play with other children?

- Neighborhood Sunday School Cousins/Other Family
- Nursery School/Other Classroom Experience Other: _____

Favorite play activities of child:

Favorite books and stories:

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Is there any additional information we need to help your child's orientation to preschool? Please circle:

- Divorce Recent Death in Family New Sibling
- Custody Issues Other: _____

Please explain: _____

**Hilliard United Methodist Preschool
Financial Agreement
2012-2013**

We are proud to be an outreach program of the Hilliard United Methodist Church. As a non-profit school, we rely solely on tuition to pay salaries and purchase supplies for the children.

THE TUITION FOR THE 2012-2013 SCHOOL YEAR IS AS FOLLOWS:

- ✓ 2-Day Program - \$125.00 per month
- ✓ 3-Day Program - \$165.00 per month
- ✓ 4-Day Program - \$195.00 per month
- ✓ 5-Day Program - \$220.00 per month

PLEASE REVIEW THE FOLLOWING TUITION POLICIES:

1. A NONREFUNDABLE REGISTRATION FEE of \$125.00 must accompany this agreement to reserve your child's space. Open registration begins February 1, 2012.
2. Tuition is due the first of each month. A late fee of \$12.00 will be assessed to your account if payment is received after the 5th of each month.
3. There will be a charge of \$25.00 for returned checks.
4. If necessary, you are welcome to make payment arrangements with either the Administrator or the Financial Secretary.

CONCERNING THE WITHDRAWAL OF A STUDENT:

Written notice is required if it becomes necessary to withdraw your child from our program. We will assume that your child is attending until we receive such a notice, and therefore tuition will be expected.

Child's Name

Parent/Guardian Signature

Date