



# COLLIERVILLE

UNITED METHODIST CHURCH

## COLLIERVILLE UNITED METHODIST CHURCH PRESCHOOL 2017 – 2018 ENROLLMENT

It is that time of year when we begin preparing for the next school year. We have another exciting year planned and look forward to having the opportunity to share it with your child!

### **Enrollment Schedule Start Dates:**

Beginning Tuesday, January 3, 2017:	Enrollment forms are sent home with currently enrolled students. Extra forms are available at preschool office and website ( <a href="http://colliervilleumc.org/preschool">colliervilleumc.org/preschool</a> )
Monday, January 9, 2017:	Current students start
Tuesday, January 17, 2017:	Siblings of current students & Church Members
Monday, January 23, 2017:	General public

### **Key Information**

Our classes fill quickly so please come fully prepared with all information needed. You will need to have a completed enrollment form, a current Health Immunization form (if new to CUMC preschool) and payment.

**Teacher requests can not be guaranteed. All classes will be filled based on age and gender.**

The preschool will adhere to the Collierville school system's school day calendar.

### **Tuition Costs**

All fees are due at the time of registration. Monthly tuition for the 2017/2018 school year is as follows:

Two days a week	200.00	monthly
Three days a week	300.00	monthly
Five days a week	500.00	monthly
Junior Kindergarten(5 day)	515.00	monthly
Junior Kindergarten (3 day)	310.00	monthly

**Tuition is due on the 1<sup>st</sup> of each month and late after the 10<sup>th</sup>, starting in August 2017. A full tuition payment will be due during the first week of preschool orientation. Remember the prepaid tuition you pay at registration is for May 2018 and you will be expected to pay August tuition when school starts in the fall.**

**At the time of enrollment**, you will be expected to pay a non-refundable registration fee, May 2018 tuition, and any applicable classroom fees for activities and workbooks. To assist you in calculating the amount due at this time, please refer to the information provided below.

### **Ones**

	Two Days	Three Days	Five Days
Non-refundable Registration Fee	\$ 75.00	\$ 75.00	\$ 75.00
Activity Fee	15.00	15.00	30.00
May 2018 Tuition	<u>200.00</u>	<u>300.00</u>	<u>500.00</u>
<b>Total Registration Due – Ones</b>	<b><u>\$290.00</u></b>	<b><u>\$390.00</u></b>	<b><u>\$605.00</u></b>

**Two Year Olds**

	<u>Two Days</u>	<u>Three Days</u>	<u>Five Days</u>
Non-refundable Registration Fee	\$ 75.00	\$ 75.00	\$75.00
Activity Fee	30.00	30.00	60.00
Workbook Fee	10.00	10.00	10.00
May 2018 Tuition	<u>200.00</u>	<u>300.00</u>	<u>500.00</u>
Total Registration Due – Two Year Olds	<b><u>\$315.00</u></b>	<b><u>\$415.00</u></b>	<b><u>\$645.00</u></b>

**Three Year Olds**

	<u>Two Days</u>	<u>Three Days</u>	<u>Five Days</u>
Non-refundable Registration Fee	\$ 75.00	\$ 75.00	\$ 75.00
Activity Fee	35.00	35.00	50.00
Workbook Fee	30.00	30.00	30.00
May 2018 Tuition	<u>200.00</u>	<u>300.00</u>	<u>500.00</u>
Total Registration Due – Three Year Olds	<b><u>\$340.00</u></b>	<b><u>\$440.00</u></b>	<b><u>\$655.00</u></b>

**Pre-Kindergarten (Four Year Olds)**

	<u>Two Days</u>	<u>Three Days</u>	<u>Five Days</u>
Non-refundable Registration Fee	\$ 75.00	\$ 75.00	\$ 75.00
Activity Fee	50.00	50.00	50.00
Workbook Fee	40.00	40.00	40.00
May 2018 Tuition	<u>200.00</u>	<u>300.00</u>	<u>500.00</u>
Total Registration Due – Four Year Olds	<b><u>\$365.00</u></b>	<b><u>\$465.00</u></b>	<b><u>\$ 665.00</u></b>

**Junior Kindergarten (Five Year Olds)**

	<u>Three Days</u>	<u>Five Days</u>
Non-refundable Registration Fee	\$ 75.00	\$ 75.00
Activity Fee	50.00	50.00
Workbook Fee	40.00	40.00
May 2018 Tuition	<u>310.00</u>	<u>515.00</u>
Total Registration Due – Five Year Olds	<b><u>\$475.00</u></b>	<b><u>\$680.00</u></b>

**Information And Fees Required At Time Of Enrollment**

(Enrollment forms will not be accepted unless accompanied by all information and fees.)

- 1) Enrollment Form
- 2) Most recent Tennessee Child Health Record from doctor (Certificate of Immunization)
- 3) TB test required for all children born outside the United States
- 4) Check for Total Registration Due (see above)

**2017/2018 Enrollment Form**  
**COLLIERVILLE UNITED METHODIST PRESCHOOL**  
**454 W. POPLAR, COLLIERVILLE, TN 38017**  
**Office 853-8636 Fax 854-4584**  
**Director – Susan French Asst. Director – Jill Rawie**  
[www.colliervilleumc.org](http://www.colliervilleumc.org)

<b>FOR OFFICE STAFF ONLY:</b>				<b>Reg fee:</b> _____	<b>Activity fee:</b> _____
Date: _____	Time: _____	Check #: _____	Amt: _____	<b>Wkbk fee:</b> _____	<b>May 2018:</b> _____

**Child Information:**

Name of Child: \_\_\_\_\_ Child likes to be called: \_\_\_\_\_ Sex: M F Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

**Parent / Guardian & Family Information:**

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Names and ages of any siblings: \_\_\_\_\_ age \_\_\_\_\_ age \_\_\_\_\_  
 \_\_\_\_\_ age \_\_\_\_\_ age \_\_\_\_\_

If parents are separated or divorced, please provide custody arrangement information: \_\_\_\_\_

What language, if not English, is spoken in the home? \_\_\_\_\_

**Emergency / Release Information:**

Emergency contacts: (1) \_\_\_\_\_ Phone Numbers: \_\_\_\_\_  
 (2) \_\_\_\_\_ Phone Numbers: \_\_\_\_\_  
 Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
**Allergies:** \_\_\_\_\_ **Surgeries:** \_\_\_\_\_  
 Ongoing / recurrent medical condition(s): \_\_\_\_\_  
 Diagnosed disabilities: \_\_\_\_\_ Does your child have an IEP (Individualized Education Plan)? \_\_\_\_\_

**Enrollment Information:** (Complete the information below based on age as of 08/15/17).

**Ones** Birth date 08/16/15 to 08/15/16 \_\_\_ Mon \_\_\_ Wed \_\_\_ Fri **and/or** \_\_\_ Tues \_\_\_ Thurs

**Must be walking by 8/1/17**  
 (Choose two, three, or five days within M/W/F or T/TH program)

**Younger 2 Year olds** Birth date 02/15/15 to 08/15/15 \_\_\_ Mon \_\_\_ Wed \_\_\_ Fri **and/or** \_\_\_ Tues \_\_\_ Thurs

(Choose two, three, or five days within M/W/F or T/Th program)

**Older 2 Year olds** Birth date 08/16/14 to 02/15/15 \_\_\_ Mon \_\_\_ Wed \_\_\_ Fri **and/or** \_\_\_ Tues \_\_\_ Thurs

(Choose two, three, or five days within M/W/F or T/Th program)

**Three Year olds** Birth date 08/16/13 to 08/15/14 \_\_\_ Mon / Weds / Fri **and/or** \_\_\_ Tues / Thurs

**Must be potty trained by 8/1/17**

**Pre-Kindergarten (4 Year olds)** \_\_\_ Mon / Weds / Fri **and/or** \_\_\_ Tues / Thurs

Birth date 08/16/12 to 08/15/13

**Jr. Kindergarten** Must be 5 years old by 08/15/17 \_\_\_ Mon / Weds / Fri **or** \_\_\_ Mon thru Friday

**Required Signature:**

I have completed this form and all other required forms for enrollment. I understand that the school reserves the right to dismiss any student whose presence in the school is considered detrimental either to the student's or the school's best interest.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The following information will be beneficial to the preschool administration and teachers in working with your child. Please be assured that all information will be kept confidential.**

Please provide a brief description of your child's personality. \_\_\_\_\_

What positive disciplinary methods are used at home? \_\_\_\_\_

Does your child have any special fears or apprehensions? \_\_\_\_\_

Does your child take a nap at home? If so, please provide length of nap time and any special routines or toys used. \_\_\_\_\_

Please check the following:

	Yes	No
Potty- trained ( all children 3 and above <b>must be potty trained</b> )	_____	_____
Does he/she tell you when he/she needs to go?	_____	_____
Can he/she manage his/her clothes by him/herself?	_____	_____
What word does he/she use for urinating?	_____	_____
What word does he/she use for a bowel movement?	_____	_____

Child's Health History Checklist

The answers to these questions will help us to know if your child has any medical problems. We need this information in case of an emergency and we are unable to reach you right away. Please circle the right answer and list any relative information in the space provided.

Pregnancy and Birth

- Yes No Were there any problems during pregnancy or at your child's birth? Please explain: \_\_\_\_\_
- Yes No Was his/her birth weight under 5 ½ pounds?
- Yes No Were there any complications at the hospital? Please explain: \_\_\_\_\_

Medical Problems

- Yes No Has your child ever been in the hospital overnight?
- Yes No Is your child taking any medication on a regular basis?
- Yes No Any allergies or reactions to medicine, DTP or other shots, or insects?
- Yes No Does your child have asthma or wheezing?
- Yes No Does your child have speech or hearing problems?
- Yes No Does your child have trouble with his/her eyes or with vision?
- Yes No Has your child had tonsillitis?
- Yes No Does he/she have seizures, fits or shaking spells?
- Yes No Have you ever been told your child has a heart murmur?
- Yes No Is your child a hemophiliac (free bleeder)?
- Yes No Is your child on a heart monitor?
- Yes No Does your child have tubes in his/her ears?

I do hereby authorize emergency medical care.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_