

First Methodist Clinton Preschool and After-School Application for Child Care

Please check the program that you are enrolling for.

- 3 Day Preschool (Tuesday – Thursday)
- 5 Day Preschool (Monday – Friday)
- Preschool After Care
- Preschool Summer Play Days (Monday/Wednesday, or Tuesday/Thursday, or Monday – Thursday)
- 2 Day Mother’s Morning Out (Monday/Wednesday)
- 2 Day Mother’s Morning Out (Tuesday/Thursday)
- 4 Day Mother’s Morning Out (Monday – Thursday)
- After School Care (K5 – 5th grade)
- Summer Day Camp (completed K5 – 5th grade)



Today’s Date: _____

Proposed Start Date: _____

Child’s Name: _____ Child’s Birth Date: _____

Home Address: _____ City: _____ Zip: _____

Gender: Female _____ Male _____ School age only - School: _____ Grade: _____

Mother (or Legal Guardian)

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Email: _____

Employment:

Occupation: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Father (or Legal Guardian)

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Email: _____

Employment:

Occupation: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

*If parents are divorced, please provide document for custodial/visitation information (court documents).

Names/Ages of Siblings: _____

With Whom Does Child Live: _____

Preschool only: My child is completely toilet trained. THIS IS A PRESCHOOL REQUIREMENT.

Yes _____ No _____

Emergency Card

Child's Name: _____ Birthdate: _____
Mother's Name: _____ Cell Number: _____
Mother's Employer: _____ Work Number: _____
Father's Name: _____ Cell Number: _____
Father's Employer: _____ Work Number: _____

First Person to Contact: _____

2) _____ Relationship: _____ Phone: _____

3) _____ Relationship: _____ Phone: _____

4) _____ Relationship: _____ Phone: _____

Physician to be called in case of emergency. Name: _____ Phone: _____

THE FOLLOWING PEOPLE CAN/CANNOT PICK UP MY CHILD AT ANY TIME:

(Do not list parents or emergency contacts from above unless they cannot pick up child)

| Initial/Date | Can Pick Up: | Cannot Pick Up: | Initial/Date |
|--------------|--------------|-----------------|--------------|
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Allergies/Critical Information: _____

In case of emergency, I authorize First Methodist Clinton Preschool and After-School to obtain any and all medical treatment to be performed as deemed necessary by licensed medical personnel, including emergency medical personnel and hospital doctors and nurses.

Parent Signature: _____ **Date:** _____

Required Authorizations

Please initial

I agree to the payment policy of First Methodist Clinton Preschool and After-School and Agree to pay in accordance with it. (Full payment of tuition regardless of attendance / paid two-week notice)

I have received a copy of the Parent Handbook (**online and/or hard copy**) and a copy of the Mississippi State Department of Health Regulation Summary for Parents (**part of this packet**). I have read both and understand the contents of each.

I understand that the morning snack served at First Methodist Clinton Preschool and After-School is a snack and not considered a breakfast.

I authorize First Methodist Clinton Preschool and Afterschool staff to apply and/or use non-prescription lotion, diaper cream/ointment, sunscreen (if provided by parent) or any other first aid treatment to my child in case of minor injuries (wound cleanser, antibiotic ointment, band-aids, etc.)

I give my permission for the child listed on this application to be photographed or videotaped while in attendance at this center during center activities for church promotional use, web site, newsletter, etc. (**If no, please state on separate page what is allowed**)

I give permission for the child listed on this application to be photographed or videotaped while in attendance at this center during center activities for the Facebook page, Facebook groups, or to share on the ProCare app. (If no, please state on separate page what is allowed)

In the event of an emergency evacuation of the building, First UMC Preschool and After-School has permission to transport my child to the evacuation site/sites listed in the handbook. I understand that all safety precautions will be taken.

I understand that a current 121 immunization form must be on file in the First UMC Preschool and After-School office for each of my children.

I understand that I must fill out a potty-training form when I am ready to have my child start potty training at MMO. I understand that my children must be fully potty trained to start any First UMC Preschool and Afterschool program other than MMO 1's and MMO 2's.

I give my permission for the child listed on this application to participate in regularly scheduled activities, playground, and field trips sponsored by First UMC Preschool and Afterschool. I understand that due to car seat requirements I will need to arrange for transportation for my preschool child for all field trips. I understand that I will need to sign a permission slip for each field trip. If NO is marked my child will not be allowed to attend school during field trip time as class will not be onsite.

In consideration of my child being permitted to participate in regular activities and activities conducted by a third party (Soccer Shots, TOTS, Kids for Christ, field trip venues, etc.) while under the care and supervision of First UMC Preschool and After-School, I agree to indemnify and hold harmless First UMC Preschool and After-School and the respective staff of the center, from all claims in any way connected with the use of the facilities or participation in third party activities of my child.

I agree to the discipline policy of First UMC Preschool and After-School and understand that misbehavior may result in my child being removed from the program. _____

I understand and agree that First UMC Preschool and After-School is a PRIVATE CHILDCARE FACILITY and has the authority and right to deny this application for any reason other than race, sex, religion, or national origin. _____

I understand that First UMC Preschool and After-School staff will NOT administer medication to my child and that I will need to make accommodations for administering medication if needed. _____

I authorize First UMC Preschool and After-School staff to obtain all medical treatment to be performed as deemed necessary by licensed medical personnel, including emergency medical personnel, ambulance personnel, and hospital doctors and nurses. _____

I am aware that First UMC Preschool and Afterschool does not provide accident insurance for my child, as stated in the Parent Handbook. _____

I do hereby release, acquit, discharge, and covenant to hold blameless First UMC Preschool and After-School, First United Methodist Church, its' representatives, or any attending physician, from any and all actions, damages, and liabilities, arising out of treatment of any sickness or accidents incurred by my child while in attendance with First UMC Preschool and After-School. It is the intent of this release to hold blameless the First UMC Preschool and After-school and physician, of any medical need that may in their sole discretion, be needed by my child(ren) while with First UMC Preschool and Afterschool. _____

I authorize First UMC After-School to provide transportation for my school age child from school to the childcare facility. I also agree to a \$10 courtesy call fee if I fail to notify First UMC After-School that my child will not need to be picked up. _____

My signature indicates that I have read and initialed all the above authorizations and that I am a parent or legal guardian of the child listed on this enrollment form. I affirm that the answers given here are true to the best of my knowledge.

Signature: _____ Date: _____

Record to be updated and signed by parent if NO changes (once a year)

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Mother's Morning Out 1's: Must be 1 before starting

Mother's Morning Out 2's: Must be 2 prior to September 1st of that school year

Preschool 3's: Must be 3 prior to September 1st of that school year and fully toilet trained

Preschool 4's: Must be 4 prior to September 1st of that school year and fully toilet trained

After-School: Must be in K5 – 5th grade (summer camp must have completed K5 – 5th grade)

Times

Mother's Morning Out: drop off from 8:30 – 8:40 and pick up from 1:45 – 2:00

Preschool: drop off from 8:15 – 8:25 and pick up 11:30 – 11:40

Preschool After Care: 11:30 to pick up from 1:45 – 2:00

After-School: drop off beginning at 7:30 (on days schools are closed) and pick up by 6:00

Tuition and Fees

Registration Fee: \$75 paid at time of registration (turning in application)

Activity Fee: \$50 paid each year in September

Late Pick Up Fee: mornings at 11:45, afternoons at 2:00, After-School at 6:00 - \$10 for each 10 minutes

Mother's Morning Out (MMO):

2 Day Mother's Morning Out (Monday/Wednesday or Tuesday/Thursday): \$180 per month

4 Day Mother's Morning Out (Monday – Thursday): \$310 per month

Preschool:

3 Day Preschool (Tuesday – Thursday): \$185 per month from September – May

5 Day Preschool (Monday – Friday): \$210 per month from September – May

3 Day Preschool + 3 Day Preschool After Care: \$270 per month from September – May

5 Day Preschool + 5 Day Preschool After Care: \$350 per month from September – May

Preschool After Care Drop In: \$12 per day

2 Day Preschool Summer Play Days (Monday/Wednesday or Tuesday/ Thursday): \$180 per month

4 Day Preschool Summer Play Days (Monday – Thursday): \$310 per month

After-School:

During the school year: \$80 per week

Summer Day Camp: \$150 per week

(Multi child discount of \$5 per additional child)

***TIMES, TUITION, AND FEES MAY BE
SUBJECT TO CHANGE**

2021- 2022 School Year Calendar

| | | |
|------------|-------|---|
| August: | 11 | After-School Care Begins |
| | 24 | 3's Orientation |
| | 25 | 4's Orientation |
| | 26 | Preschool Begins |
| | 30 | Preschool After Care begins |
| September: | 6 | LABOR DAY Preschool closed, and After-School closed |
| | 7 | Mother's Morning Out Open House |
| | 8 | Mother's Morning Out Begins |
| | 8 | 4's Field trip to Train Depot 9:00 |
| | 29 | 3's and 4's field trip to McClain 9:15 |
| October: | 11-12 | Mother's Morning Out and Preschool closed, After-School open |
| | 13 | 3's and 4's field trip to Back 40 Pumpkin Patch 10:00 |
| November: | 22-24 | Mother's Morning Out and Preschool closed, After-School open |
| | 25 | THANKSGIVING DAY – CLOSED |
| | 26 | CLOSED |
| December: | 17 | Preschool Closed, Clinton Schools half day |
| | 20-23 | Mother's Morning Out and Preschool closed, After-School open |
| | 24 | CHRISTMAS EVE – CLOSED |
| | 27-30 | Mother's Morning Out and Preschool closed, After-School open |
| | 31 | NEW YEARS EVE – CLOSED |
| January: | 3 | Mother's Morning Out and Preschool closed, After-School open |
| | 6 | 4's field trip to Science Museum |
| | 17 | MARTIN LUTHER KING JR. DAY – CLOSED |
| February: | 21 | PRESIDENTS DAY Mother's Morning Out and Preschool closed, After-School open |
| March: | 14-18 | Mother's Morning Out and Preschool closed, After-School open |
| April: | 6 | 3's field trip to Science Museum |
| | 15 | GOOD FRIDAY – CLOSED |
| | 18 | Mother's Morning Out and Preschool closed, After-School open |
| May: | 19 | Last Day Preschool |
| | 26 | Last Day Mother's Morning Out |
| | 27 | Last Day Clinton Schools – half day Clinton schools |
| | 30 | MEMORIAL DAY – CLOSED |

*DATES MAY BE SUBJECT TO CHANGE