

PHUMC PRESCHOOL
4700 Paradise Blvd., NW
Albuquerque, NM 87114
505-899-0956
website: phumcpreschool.net
email: phumcps@cybermesa.com
Theresa Sanchez, Director
Angie Rippie, Assistant Director

2018-2019 REGISTRATION CHECKLIST

Thank you so much for your interest in our school. We believe that each child is an individual created by God. Our purpose is to provide an environment where children will thrive and develop a strong feeling of self-confidence. We believe that children grow developmentally at their own individual pace. Our program combines social interaction and free play with planned learning time that encourages these ideals. We are committed to providing a physical environment that is clean, safe, and oriented to children. Classrooms are arranged to offer challenging learning choices at a range of developmental levels. Activity (learning) centers allow children the opportunity to explore, experience, and most importantly....to succeed.

The following must be complete in order for your registration to be complete:

- Operations Fee - \$60 increments per days selected (non-refundable) *If your child attends one day per week \$60, 2 days per week \$120, 3 days per week \$180, 4 days per week \$240, 5 days per week \$300*
- Registration Fee - \$40 per child (non-refundable)
- Tuition: due upon registration only if you register during the current school year. This does not apply to fall registration conducted in the spring of the previous school year. Please review the tuition payment schedule.
- Cash or Check made payable to PHUMC Preschool *please include your child's name and days they attend on the memo line of the check
- Completed registration forms
- Shot Record: Parents must submit a current, up to date, immunization record, which documents evidence that the child has completed all required immunizations he/she is eligible to receive according to the NM Department of Health. Children must have all age appropriate immunizations required by the NM Department of Health; or an approved Exempt from Immunizations form; or a current signed note by a physician explaining the missing shots and the dates that the shots are scheduled. Children must be immunized once they become eligible for the dose according to the NM Department of Health. We are unable to make any exceptions to this rule. (Please refer to the handbook for clarification on the immunization policy.)

Would you like more information about Paradise Hills United Methodist Church? Please fill out the form below and someone from the Church staff will contact you.

Name _____ Address _____

Phone _____ Email _____

Thank you for your interest in Paradise Hills United Methodist Church. May God bless you.

PARADISE HILLS UNITED METHODIST CHURCH

Preschool/Friday Fun Day Admission Form

Please make your class choice wisely. A \$25 per child admin. fee will be charged if a class change request is approved.

PLEASE PRINT CLEARLY	<input type="checkbox"/> FFD _____	<input type="checkbox"/> TT2/3	<input type="checkbox"/> TT3/4	<input type="checkbox"/> TT4/5	<input type="checkbox"/> MW2/3	<input type="checkbox"/> MW3/4	<input type="checkbox"/> MW4/5
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Student Information	Name: Last _____ First _____		Age on _____		<input type="checkbox"/> Male		
			Aug. 31, 2018: _____		<input type="checkbox"/> Female		
	Address: _____			City: _____		Zip: _____	
	Date of Birth: _____		School Last Attended _____		Home Church _____		Home/Primary Phone: _____
Allergies and/or Medical Conditions: _____ Indicators of Reaction Please list: Emergency Medication Needed? Y/N If none please indicate by "none" or "N/A" INITIAL: _____				Is your FAMILY Re-enrolling? <input type="checkbox"/> Yes <input type="checkbox"/> No		Names of Siblings Enrolled at PHUMC Preschool?	

Parent/Guardian Information	Mother's Name: _____		Father's Name: _____	
	Address (if different from above) _____			
	E-mail Address Mother: _____		Father: _____	
	Additional Information			
	Father's Employer _____		Occupation _____	
		Bus. Phone _____		
		Cell # and Cell Provider _____		
Mother's Employer _____		Occupation _____		
		Bus. Phone _____		
		Cell# and Cell Provider _____		

Medical Treatment	Doctor's Name: _____		Doctor's Phone: _____	
	WE WILL CALL 911 AND SEEK EMERGENCY CARE FOR YOUR CHILD IN THE EVENT OF A SERIOUS INJURY!			
	I _____ hereby authorize PHUMC Preschool to provide emergency medical treatment and transportation in the event of a medical emergency involving my child.			

Signature: _____	Date: _____
Office Use Only:	
Enrollment Date: _____	First Day Attended: _____
Discharge Date: _____	

OFFICE USE ONLY	Immunization Record _____
Check # _____	
Cash _____	
Amount _____	Forms _____
Received By _____	

ENROLLMENT AGREEMENT PHUMC PRESCHOOL AND FRIDAY FUN DAY

Tuition Rates	Preschool M/W or T/TH	Friday Fun Day
	\$200 per month – per child \$190 per month for each additional sibling	\$100.00 per month - per child \$95.00 per month for each additional sibling
	Diaper Service Charge additional \$5 per month	Tuition Rates are subject to change
Registration & Operations fees:	There is an annual registration fee of \$40 per child (Preschool & FFD) and an annual operations fee charged in \$60 increments dependant upon days selected per child. These fees are non-refundable .	
*Parent initials		
Program Hours:	We open our doors at 9:30 am and will not be responsible for your child before that time. Do not enter the classroom before 9:25 am. We close at 1:30 PM. Late fee explanation: 1:35pm – 1:45pm \$5.00. After 1:45pm you will be charged the initial \$5 late fee and an additional \$1.00 per minute until you get here. If we are unable to contact you by 2:00 pm Child Protective Services will be called. Late fees are PER CHILD. If your schedule will not allow you to pick up your child by 1:30, have a friend or family member here at 1:30. A person who picks up your child MUST be listed as an emergency/ authorized pick up person on your registration forms. Your child will not be released to anyone without picture identification.	
*Parent initials		
Tuition:	Tuition is due one month in advance with a five day grace period. After the 5 th day of the grace period, a \$20 late fee will be charged to your account. If no payment is made by the 10 th day, your child will be withdrawn, your tuition forfeited, and his/her slot will be filled. If there are extenuating circumstances, please see the Director. (The late fee is due at the time the late tuition is paid.)	
*Parent initials		
Withdrawal:	We require thirty (30) days advanced notice in writing if you are no longer going to attend preschool. Our school reserves the right to withdraw a child on a case-by-case basis. Tuition must be paid by the parent through the 30 day withdrawal period.	
*Parent initials		
Attendance:	You must sign your child “in” at the beginning and “out” at the end of each session.	
*Parent initial		
Illness:	Do not bring your child if they have a fever or have had a fever, vomiting or diarrhea in the last 24 hours , or if they have the signs of a serious illness or communicable disease. If your child becomes ill during the day, you will be called to come and pick them up. Please do not bring your child to school if they did not get enough rest the night before. They are not able to function without ample sleep. Unfortunately we are unable to accommodate children who cannot go outside during recess. If you feel your child should not go outside on any given school day it may be in your child's best interest to stay home.	
*Parent initials		
Medication:	Your child's teacher cannot dispense medication to your child. Medication will only be administered in an emergency situation. If your child requires medication at school, authorization forms must be filled out by your child's physician and kept on file in the preschool office. Office personnel will administer medication to your child as directed in emergency situations.	
*Parent initials		
Lunch:	You must provide a lunch for your child for each session. Bring the lunch in an insulated bag that will keep the contents cold. We do not have facilities for refrigeration. NO NUTS, NUT PRODUCTS, OR ANYTHING RESEMBLING NUTS OR NUT BUTTERS!	
*Parent initials		
Dress:	We go outside every day except when it's extremely cold or extremely wet. You must dress your child for outdoor play. Also, all these fun activities can get messy. Dress for active play. Shoes with squeekers or clothing that makes sounds or causes distratction are not allowed. Visibly label your child's belongings. Many items look similar. We are not responsible for lost items.	
*Parent initials		
Child's Records:	You must update your child's records if a phone number, email address or home address changes. If custody changes you must notify the school immediately and provide legal documentation. You are required to have an updated copy of your child's shot record on file. Your child must have all immunizations required by NM Dept. of Health. www.health.state.nm.us/immunize or an approved exempt from immunizations form or a signed note by a physician explaining the missing shots and the dates that the shots are scheduled. Children must be immunized once they become eligible for the dose according to the State Licensing Authority.	
*Parent initials		
Guidance:	Hitting, spitting, biting or any other behavior that puts other children or staff members in danger will not be tolerated and is grounds for immediate expulsion. Your tuition will not be refunded. If your child is sent to the Director's office for guidance 3 documented times, we will expel your child and your remaining tuition will be forfeited.	
*Parent initials		
Payment Options:	Our school accepts cash or checks. We will assess a \$20 charge for any returned checks. If your check is returned more than 2 times in a school year, we will only accept cash from you in the future or your child will be withdrawn. Tuition is non-refundable.	
*Parent initials		

NUT FREE: Our school is a nut free zone. Nut products may not be consumed in the building. Please do not bring nut products in to the school. Please DO NOT send nuts, nut products, or anything resembling nuts or nut butters in your child's snack or lunch.

I have read and understand the policies of Paradise Hills United Methodist Church Preschool / Friday Fun Day, and agree to follow them.

Please print **YOUR** name

Please print your **CHILD'S** Name

Parent or Guardian Signature

Date

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PHUMC PRESCHOOL

SIGNATURE PAGE

- I have read and understand the PHUMC Preschool Parent Handbook. The Handbook is available online at www.phumcpreschool.net

Parent Signature

Date

- It is my responsibility to inform the school administration immediately upon any changes to my child's information contained in this registration packet which includes but is not limited to: custody, name change, email, phone number, address, and authorized emergency contact people, etc.

Parent Signature

Date

- PHUMC Preschool has my permission to photograph and use photos of my child as needed for class projects, cubbies, injury documentation. etc.

Parent Signature

Date

- My child _____ has my permission to participate in excursions, walks, or other planned trips away from Paradise Hills United Methodist Church Preschool. I/We understand that every possible precaution will be taken to ensure the health and safety of my/our child. This is not intended as a waiver or release of any legal responsibility.

Parent Signature

Date

- I understand that the primary source of communication is via email. It is my responsibility to check my email frequently for important preschool information. If I do not have an email address it is my responsibility to ask the teachers and preschool administration regularly for printed correspondence.

Parent Signature

Date

PHUMC PRESCHOOL
PARENT'S CODE OF CONDUCT

As my child's most important educator, I understand that I teach my child best by my own example of reverence, responsibility, and respect. I understand that PHUMC Preschool is dedicated to serving my family. In order to show my cooperation, support, and thankfulness...

- **I will set a good example in my own speech and behavior.**
- **I will show respect for the teacher and any other adult in authority in front of my child at all times regardless of what I may think of their actions or say to them in private.**
- **I will stop rumors. I will go through the proper channels when I have a problem.**
- **I will speak respectfully, with kindness and courtesy to other parents in front of students, especially when there is any disagreement.**
- **I will follow the school's rules, calendars, and deadlines even when I may disagree.**
- **I will supervise my child at drop off and pick up time.**
- **I will supervise my child even when I am socializing outside after pick up time.**

I will abide by this code of conduct while my child is enrolled in Paradise Hills United Methodist Church Preschool.

The PHUMC Preschool Code of Conduct was developed to promote a Christian learning environment based on respect for the rights of students, teachers and parents. Students learn best when they are free of interference by others and know what is expected of them. Teachers are most effective when they use a consistent approach to student behavior and know that the administration and parents support their handling of students. Therefore, parents and students both need to be aware of these rules and their relationship to the rights of other persons in the school.

Parent or Guardian Name Printed

Parent or Guardian Name Signed

Date

NAME OF CHILD _____

**PHUMC PRESCHOOL
TUITION AND WITHDRAWAL AGREEMENT**

\$100.00 per month (1 day per week)

\$200.00 per month (2 days per week)

\$300.00 per month (3 days per week)

\$400.00 per month (4 days per week)

\$500.00 per month (5 days per week)

THERE IS AN ADDITIONAL \$5 PER MONTH SURCHARGE FOR CHILDREN WHO ARE NOT POTTY TRAINED.

Sibling Discount: \$10 per month if both siblings attend preschool 2 day a week program.

Sibling Discount: \$5 per month if both siblings attend FFD one day a week program.

Tuition is due a month in advance with a five day grace period (regardless of school closures, holidays, and weekends). In the event school is not in session during the time period in which tuition is due, it is the parent's responsibility to mail tuition to: PHUMC Preschool, 4700 Paradise Blvd., NW, Albuquerque, NM 87114, Attention: Theresa or Angie. Tuition postmarked after the 5th will be considered late. After the 5th day of the grace period, a \$20 late fee will be charged to your account. If no payment has been made by the 10th day, your child will be withdrawn, your tuition will be forfeited, and his/her slot will be filled. If there are extenuating circumstances, please see the Director.

Month	Date Due	Late After (\$20 late fee)
September	By August 1, 2018	August 5, 2018
October	By September 1, 2018	September 5, 2018
November	By October 1, 2018	October 5, 2018
December	By November 1, 2018	November 5, 2018
January	By December 1, 2018	December 5, 2018
February	By January 1, 2019	January 5, 2019
March	By February 1, 2019	February 5, 2019
April	By March 1, 2019	March 5, 2019
May	By April 1, 2019	April 5, 2019

Tuition is collected one month in advance. The tuition schedule is as follows:

We require (30) days advance notice in writing if your child is no longer going to attend preschool. Tuition must be paid through the 30 day withdrawal period. This means that if you chose to withdraw your child without 30 days notice your advance monthly tuition will be forfeited. By signing below you agree to the terms of our tuition/withdrawal agreement. Our school reserves the right to withdraw a child on a case by case basis.

I agree to the above tuition/withdrawal agreement.

Parent/Guardian Signature

Date

NAME OF CHILD _____

**PHUMC PRESCHOOL
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Parent/Guardian Signature _____

Date _____

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copy for your records

**PHUMC PRESCHOOL EMERGENCY CONTACT FORM
MUST BE LOCAL PEOPLE ONLY**

NAME OF CHILD _____ **DATE** _____

PLEASE LIST A MINIMUM OF TWO (2) LOCAL PEOPLE OTHER THAN THE PARENTS/GUARDIANS THAT HAVE YOUR PERMISSION TO BE CONTACTED BY THE PRESCHOOL WHEN YOU CANNOT BE REACHED.

Name	Street Address City, State, Zip	Cell Phone	Home Phone	Work Phone	Relationship	Emergency Contact Only Parent Initial	Emergency Con- tact and Author- ized to Pick Up Parent Initial	Parent Signature
1.	MUST BE LOCAL					initial one or ther other noth both	initial one or ther other noth both	
2.	MUST BE LOCAL					initial one or ther other noth both	initial one or ther other noth both	
3.	MUST BE LOCAL					initial one or ther other noth both	initial one or ther other noth both	
4.	MUST BE LOCAL					initial one or ther other noth both	initial one or ther other noth both	
5.	MUST BE LOCAL					initial one or ther other noth both	initial one or ther other noth both	

This form is valid for the 2018–2019 preschool year. Any additions or revisions must be made through the Preschool office by the parent/guardian and dated and initialed. **Child Protective Services or 911 will be called if there are no emergency contacts listed and parents cannot be reached.**

Parent Signature _____ **Date** _____

Don't forget to include an updated shot record.....

Did you know that Doctors can fax us your child's record?

Our fax # is 505-898-2097

They can also email us at phumcps@cybermesa.com

Complete shot records include:

Immunizations	ages 2-3	ages 4+
DTaP (DPT)	3	4
Polio (IPV)	3	4
Hep B (HBV)	3	3
Hep A (HAV)	1	1
MMR	1	2
HIB	3	3
Varicella (VZV)	1	2
PVC	4	4

PVC also known as Prevnar

Hep A also known as HEP A

Pentacel is a combo vaccination = DTap/IPV/Hib