

PHUMC PRESCHOOL

4700 Paradise Blvd., NW

Albuquerque, NM 87114

505-899-0956

phumcpreschool.net

Michelle Anderson, Director

Theresa Sanchez, Assistant Director

2012-2013 Registration Checklist

Your registration packet must be completed upon registration and all fees paid in order to guarantee your child's spot. In addition, all outstanding balances must be paid before registration/registering. Please review and check off the items below prior to turning in your registration packet.

ALL PAPERWORK MUST BE COMPLETE BEFORE PACKETS ARE ACCEPTED. WE ARE NO LONGER ABLE TO MAKE EXCEPTIONS TO THIS RULE.

Your child's class spot may be jeopardized if paperwork is not complete.

- Operations Fee (\$100 2 days per week Preschool/ \$50 Friday Fun Day) (additional days add \$50 per day)non- refundable
- Registration Fee \$30 non-refundable
- Cash or Check made payable to PHUMC Preschool *note child's name and days they attend on the memo of the check
- Registration Form COMPLETE
- Shot Record UP TO DATE or a Dr's note explaining the missing shots.(We cannot register a child if they are not up to date on immunizations.) [Required shots: DTaP 4, Polio 3, MMR 1 (2nd dose recommended after 4th bday), HIB 3, Hep B 3, Varicella 1, Hep A 1st dose)
If you are unsure if your child is up to date please call the Nurse Immunization Advise Hotline at 1-866-681-5872 or visit www.immunizenm.org
- Medical forms attached if your child has a medical condition or allergies that requires medications be kept at school
- Enrollment Agreement Signed, Dated, and Initialed
- Tuition and Withdrawal Agreement
- Signature Page
- Authorized Pick Up Form

Would you like more information on 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.

Cover Page 2012-2013

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. (Handbook Pg 7)

PLEASE PRINT CLEARLY

FFD__
 TT2
 TT3
 TT4+
 MW2
 MW3
 MW4+

Student Information	Name: Last _____ First _____		Age on _____	<input type="checkbox"/> Male
			Aug. 31, 2012: _____	<input type="checkbox"/> Female
	Address: _____		City: _____	Zip: _____
	Date of Birth: _____	School Last Attended _____	Home Church _____	Home Phone: _____
Allergies and/or Medical Conditions: INITIAL: _____		Indicators of Reaction Please list: Emergency Medication Needed? Y/N If none please indicate by "none" or "N/A"		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 _____	Address _____	Bus. Phone _____
		Mother's Employer _____	Address _____	Bus. Phone _____
				Cell _____

Emergency Contacts	Please list names and numbers of people OTHER THAN the parents or guardians.			
	Name: _____	Home # _____		
	Address: _____	Cell # _____	Bus. # _____	Relationship: _____
	Name: _____	Home # _____		
	Address _____	Cell # _____	Bus. # _____	Relationship: _____

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	
Check # _____	
Amount _____	
Received By _____	

ENROLLMENT AGREEMENT
Paradise Hills United Methodist Church
Preschool/Friday Fun Day

Tuition Rates	Preschool	Friday Fun Day
	\$160 per month – per child \$150 per month for each additional sibling	\$80.00 per month - per child \$75.00 per month for each additional sibling
Tuition Rates are subject to change.		
Registration & Operations fees:	There is an annual registration fee of \$30 per child (Preschool & FFD) and annual \$100.00 (preschool) \$50 (FFD) operations fee 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 contact or on the authorized pick up form. Your child will not be released to anyone without picture identification.	
Parent initials		
Tuition:	The full amount of 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.	
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.	
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. 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 or address changes. 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 exempt from immunizations form signed by a physician.	
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. 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

PHUMC PRESCHOOL
SIGNATURE PAGE

- I have read and understand the PHUMC Preschool Parent Handbook.

Parent Signature

Date

- I have read and understand the PHUMC Preschool Playground Agreement.

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. Permission forms will be sent home for trips taken off PHUMC property.

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 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 and 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

Preschool \$160.00 per month (2 days per week)
FFD \$80.00 per month (1 day per week)

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.

The entire month's tuition is due a month in advance with a five day grace period (regardless of school closures, holidays, and weekends). 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.

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

Month	Date Due	Late After (\$20 late fee)
September	By August 1, 2012	August 5, 2012
October	By September 1, 2012	September 5, 2012
November	By October 1, 2012	October 5, 2012
December	By November 1, 2012	November 5, 2012
January	By December 1, 2012	December 5, 2012
February	By January 1, 2013	January 5, 2013
March	By February 1, 2013	February 5, 2013
April	By March 1, 2013	March 5, 2013
May	By April 1, 2013	April 5, 2013

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 _____

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January	By December 1, 2012	December 5, 2012
February	By January 1, 2013	January 5, 2013
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I agree to the above tuition/withdrawal agreement.

Parent/Guardian Signature _____

Date _____

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copy for your records

PHUMC PRESCHOOL AUTHORIZED PICK UP FORM

NAME OF CHILD _____ **DATE** _____

PLEASE LIST A MINIMUM OF THREE (3) PEOPLE OTHER THAN THE PARENTS/GUARDIANS OR EMERGENCY CONTACTS THAT HAVE YOUR PERMISSION TO PICK UP YOUR CHILD FROM PRESCHOOL.

Name	Street Address	City	State	Zip	Cell Phone	Home Phone	Work Phone	Relationship
1.								
2.								
3.								
4.								
5.								

I the parent/guardian of child named above authorize the people listed above to pick up my child from PHUMC Preschool.

Parent Signature _____ **Date** _____

This form is valid for the 2012 –2013 preschool year. Any additions or revisions must be made by the parent/guardian and dated and initialed.