



PHUMC will be having a summer program this year! The dates will be July 15, 2019 – Aug 8, 2019. Hours will be 9am-1pm. The summer program will be offered to all children aged 2yrs old by July 15th – children who have completed fourth grade. We MUST have at least 24 students enrolled in the younger program to make the younger program possible. There will be a \$25 nonrefundable supply fee to help cover the summer costs.

Age	Days	4 wk session	Weekly	Daily
2 year olds	Mon & Wed	\$150	\$50	\$30
3yr old -PreK	Mon-Thurs	\$300	\$100	\$30
Kindergarten- In coming 5th graders	Mon-Thurs	\$300	\$100	\$30

Two year olds do not have to be potty trained. Three year old children must be potty trained in order to participate in the older program. Three year old children that are NOT potty trained will be welcomed in our 2 year old program, based on availability (This program is only available on Mon/Wed.)

Registration packets are available here or in the PHUMC office. If you have any questions or concerns regarding the summer program or Fall Preschool Registration, please do not hesitate to contact us.

505-899-0956 or 505-898-1327

SCHOOL AGE

PARADISE HILLS UNITED METHODIST CHURCH

Summer Program Registration Form

Student Information	Name: Last _____ First _____		Grade Completed as of July 15, 2019: _____		<input type="checkbox"/> Male <input type="checkbox"/> Female	
	Address: _____			City: _____		Zip: _____
	Date of Birth: _____	School Last Attended: _____	Home Church: _____	Home/Primary Phone: _____		
Parent/Guardian Information	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? _____
	Mother's Name: _____		Father's Name: _____			
	Address (if different from above) _____					
Medical Treatment	E-mail Address		Mother: _____		Father: _____	
	Additional Information					
	Father's Employer		Occupation		Bus. Phone	
	_____		_____		_____	
Mother's Employer		Occupation		Bus. Phone		
_____		_____		_____		
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 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: _____						

ENROLLMENT AGREEMENT PHUMC SUMMER PROGRAM 2yrs – Pre Kindergarten

Summer Rates	Monday-Thursday 3yr olds – Pre-K	Monday/Wednesday 2 yr olds
	\$300 - per child	\$150.00 per month - per child
	\$280 - per month for each additional sibling	\$140.00 per month for each additional sibling
	<i>Weekly rate \$100 Daily Rate \$30 Based on Availability</i>	
	Diaper Service Charge additional \$10 per session	Rates are subject to change

Supplies There is a supply fee of \$25 per child for the session. This fee is **non-refundable**.

***Parent initials** _____

Program Hours: We open our doors at 8:55 am and **will not** be responsible for your child before that time. Do not enter the classroom before 8:55 am. We close at 1:00 PM. **Late fee explanation: 1:05pm – 1:20pm \$5.00. After 1:20 pm 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 1:30 pm Child Protective Services will be called.**

***Parent initials** _____

Late fees are PER CHILD. If your schedule will not allow you to pick up your child by 1:00, have a friend or family member here at 1:00. 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.

Rates: Rates are the same regardless of the number of days your child is in attendance and regardless of the number of days in the session. Money is due prior to attending. If no payment is made your child will be withdrawn, any money paid will be forfeited, and his/her slot will be filled. If there are extenuating circumstances, please see the Director.

***Parent initials** _____

Withdrawal: We require **thirty (30) days** advanced notice in writing if you are no longer going to attend the summer session. Our program reserves the right to withdraw a child on a case-by-case basis. There are no refunds.

***Parent initials** _____

Attendance: You must sign your child "in" at the beginning and "out" at the end of each day.

***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 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 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 during program hours authorization forms must be filled out by your child's physician and kept on file in the 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 each day. 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 hot/ 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 squeakers or clothing that makes sounds or causes distraction 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 program directors 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 money 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 money will be forfeited.

***Parent initials** _____

Payment Options: Our program accepts credit cards, cash or checks. We will assess a \$20 charge for any returned checks. If your check is returned more than 2 times, we will only accept cash from you in the future or your child will be withdrawn. **Money paid is non-refundable.**

***Parent initials** _____

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

I have read and understand the policies of Paradise Hills United Methodist Church 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 SUMMER PROGRAM

SIGNATURE PAGE

- I have read and understand the PHUMC Parent Handbook. The Handbook is available online at www.phumcnm.com

Parent Signature

Date

- PHUMC 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. 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

**PHUMC 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 PHUMC 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 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 2019 summer program. Any additions or revisions must be made through the 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** _____