

ADMISSION INFORMATION

**GLEN ROSE FIRST UNITED METHODIST PRESCHOOL
PRE-REGISTRATION FORM
411 NE Barnard St Glen Rose, TX 76043
(254) 897-2572
Fall 2021-2022**

Child's Name _____ Birth date _____ Present Age _____

Child lives with _____ Mother&Father ___ Mother ___ Father ___ Other _____

Mother's Name _____

Home Address _____ Phone _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ Cell Phone _____ Email _____

Father's Name _____

Home Address _____ Phone _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ E-mail _____ Cell Phone _____

Family religious preference _____ Church You Attend _____

How did you find out about our program? _____

Please check which days your child will attend:

M-F 9-2:30 \$425 a month	M-W-F 9-2:30 \$285 a month	T-Th 9-2:30 \$225 a month
Extended Care	Extended Care	Extended Care
M-F more than 3hrs \$15 a day	M-W-F more than 3hrs \$15 a day	T-Th more than 3hrs \$15 a day
M-F less than 3hrs \$10 a day	M-W-F less than 3hrs \$10 a day	T-Th less than 3hrs \$10 a day

Three-Year-Old Class: Must be 3 years old by Sept. 1st

Four-Year-Old Class: Must be 4 years old by Sept. 1st

Policies	Initials
We DO NOT pro-rate tuition for the month August. There are no deductions for holidays or partial week attendance.	
I agree to pay current monthly tuition by the 10 th of each month. If tuition is late there is a \$10 fee.	
I will not bring my child to school if they have run fever, diarrhea, or vomiting in the last 24 hours.	

\$125.00 Non-refundable registration / supply fee beginning of year and \$50 mid-year

First United Methodist Preschool			
Child's Name		Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal	Hours and days child will be in care	
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers where parents/guardian may be reached while child will be in care:	Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees.	
1. <input type="checkbox"/> TRANSPORTATION:	<input type="checkbox"/> for emergency care	<input type="checkbox"/> on field trips	<input type="checkbox"/> to and from home <input type="checkbox"/> to and from school
2. <input type="checkbox"/> FIELD TRIPS:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:		
Parent's Comments:			
3. <input type="checkbox"/> WATER ACTIVITIES:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:		
<input type="checkbox"/> sprinkler play	<input type="checkbox"/> <input type="checkbox"/> splashing/wading pools	<input type="checkbox"/> swimming pools	<input type="checkbox"/> water table play
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:	I acknowledge receipt of the facility's operational policies including those for discipline and guidance.		

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
<div style="border-top: 1px solid black; width: 100%;"></div> <b style="color: red;">Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

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HEALTH REQUIREMENTS					
Name of Child:				Date of Birth:	
IMMUNIZATIONS	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date / booster
Hepatitis B					
DTP / DTaP / DT					
Hib					
POLIO IPV or OPV					
MEASLES					
MUMPS					
RUBELLA Varicella (see below)					
Pneumococcal Conjugate Vaccine					
Hepatitis A					
TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date: _____		
Signature or stamp of a physician or public health personnel verifying immunization information above. _____ Signature _____ Date _____					
Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine. _____ Parent's signature _____ Date _____					
<input type="checkbox"/> I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.					
For additional information regarding immunizations contact the Department of State Health Services at http://www.dshs.state.tx.us/immunize/school_info.htm					

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.
Please check only one option:

- HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is physically able to take part in the day care program.

Health Care Professional's Signature _____ Date _____
- A signed and dated copy of a health care professional's statement is attached.
- Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

Name and address of health care professional:

Signature - Parent or Legal Guardian _____ **Date** _____

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
SIGNATURE _____		DATE _____		
HEARING	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
R				
L				
Doctor or medical personnel SIGNATURE _____			DATE _____	

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I agree to follow the rules and protocols required for admission in the Glen Rose United Methodist Preschool for the school year 2021-22.

Parent Signature _____ Date _____

New for 2021-2022 Extended Care Late Fees		
Regular Preschool Hours 9:00-2:30	Registered Extended Care 7:00-5:30	Drop-in Extended Care
After 2:30-\$5.00 automatically	Before 7:00 and after 5:30 \$5.00 per minute	\$15.00 flat for any drop in extended care
After 2:35-\$5.00 per minute	In case of emergency, if you are going to be late, please contact the school or your child's teacher so arrangements can be made and fees can be waived.	