

# First United Methodist Church of Gilbert Preschool



331 South Cooper Road  
 Gilbert, AZ 85233  
 480-892-9166

www.gilbertpreschool.com

## Registration Packet 2020-2021 School Year

The First United Methodist Church of Gilbert Preschool is committed to providing an academic preschool program that teaches children about Jesus Christ and how they can develop a life-long relationship with Him.

*This Preschool admits students of any race, color, national or ethnic origin.*

### Classes and Tuition

Class	Days and Time		Tuition	Age Requirement
Two Day 3's	T/Th	9:00am-11:30am	\$2580.00 Annually \$258.00 Monthly	Must be 3 years old by August 31st.
Three Day 3's	M/W/F	9:00am-11:30am	\$2970.00 Annually \$297.00 Monthly	Must be 3 years old by August 31st.
PreKindergarten	M/T/W/TH	9:00am-12:00pm	\$3520.00 Annually \$352.00 Monthly	Must be 4 years old by August 31st.
Lunch Bunch	Tuesday or Thursday	12:00pm-1:30pm	\$165.00 Per Semester	Current PreK Students

All Children must be toilet trained by the first day of school.

**Registration Fee: \$150.00 Non-Refundable**

5% Discount given on annual tuition rate if paid in full by July 15, 2020.

10% Discount given on annual tuition rate for additional children from immediate family.

Monthly tuition rates are based on 10 months.

During registration you will need the following:

- \_\_\_\_\_ Completed registration packet.
- \_\_\_\_\_ Copy of immunization records.
- \_\_\_\_\_ Copy of birth certificate.
- \_\_\_\_\_ Name and phone number of your child's Health Care Provider.
- \_\_\_\_\_ Name and phone number of any individuals other than yourself who are authorized to pick up your child from our facility.
- \_\_\_\_\_ Names of individuals who are not permitted by a parent to remove your child from our facility.
- \_\_\_\_\_ \$150.00 Non-Refundable Registration Fee. Due at time of Registration.

The Registration Packet must be completed in full and all enrollment qualifications must be met in order to be considered for enrollment. Obtaining and completing a registration packet does not guarantee your child's enrollment.

*You shall put these words of mine in your heart and soul... Teach them to your children, talking about them when you are at home and when you are away, when you lie down and when you rise.*

*Deuteronomy 11:18-19*

# First United Methodist Church of Gilbert Preschool

331 South Cooper Road

Gilbert, AZ 85233

480-892-9166

Date \_\_\_\_\_



## 2020-2021 Enrollment Classes and Tuition

Class	Days and Time	Tuition	Age Requirement
Two Day 3's	T/Th 9:00am-11:30am	\$2580.00 Annually \$258.00 Monthly	Must be 3 years old by August 31st.
Three Day 3's	M/W/F 9:00am-11:30am	\$2970.00 Annually \$297.00 Monthly	Must be 3 years old by August 31st.
PreKindergarten	M/T/W/TH 9:00am-12:00pm	\$3520.00 Annually \$352.00 Monthly	Must be 4 years old by August 31st.

All Children must be toilet trained by the first day of school.

**3 Year Old Preschool**

\_\_\_ Tuesday and Thursday

\_\_\_ Monday, Wednesday and Friday

**PreKindergarten**

\_\_\_ Monday, Tuesday, Wednesday & Thursday

I am an official member of the First United Methodist Church of Gilbert. \_\_\_\_\_

Child's Name _____	Date of Birth _____	Age _____	Sex _____
Address _____			

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**Child Lives With:** Father \_\_\_\_\_

Mother \_\_\_\_\_

Both Parents \_\_\_\_\_

Step Father \_\_\_\_\_

Step Mother \_\_\_\_\_

If one parent is sole legal guardian, or court orders are imposed, we are required to have a copy of documentation on file.

**Tuition**

Tuition fees may be paid annually or monthly. For your convenience, the annual fee is divided into 10 equal payments. Tuition is due on the 15th of each month, starting July 15, 2020. Tuition payments received after the 20th of each month will be assessed a late fee of \$20.00.

**Return Check Policy**

There will be a \$25.00 charge on all returned checks.

**Student Withdrawal Policy**

A two week written notice is required for the withdrawal of any student. All accounts must be paid in full.

**Absentee and Vacation Policy**

No credit or refunds will be given for absences or vacations.

**Late Pick Up Policy**

Classes will end promptly. A late fee of \$15.00 will be assessed for any child picked up 15 minutes after the end of class.

*This Preschool admits students of any race, color, national or ethnic origin.*

*I have completed the above application to the best of my knowledge. I understand and agree to all the policies as specified on this form and agree to read and abide by the policies in the F.U.M.C.G. Preschool Handbook.*

**Signature** \_\_\_\_\_

**Relationship to Child** \_\_\_\_\_

Date received \_\_\_\_\_ Reg. Paid \_\_\_\_\_ Tuition Paid \_\_\_\_\_

Check # \_\_\_\_\_ Amount \_\_\_\_\_ Received by \_\_\_\_\_

..... Spreading God's Love .....



## Emergency Card Procedure

Please fully complete the attached Emergency Card. This record is vital for your child's health and safety. By law, we are required to have this card on file for each child enrolled. Your child will not be admitted without this Emergency Card on file.

### Immunization Information

Please attach a photocopy of your child's immunization records.

### Telephone Authorization Code

We shall verify any telephone authorization by using the Telephone Authorization Code listed on the students Blue Card.

### General/Emergency Information

Please include full name and current phone number.

It is important that we have on file a least **Two** emergency contacts (other than the Parents). We will ask for a picture I.D. if we are not familiar with the individual picking up your child.

Please list any other persons authorized to pick your child up (car pools, baby-sitter, etc.).

### Medical Information

Please sign at each request for parent signatures.

Special attention must be given to the emergency instruction on page one.

In case of emergency in which medical attention is required, we will immediately call the first person identified on the Blue Emergency Card. If unable to reach that person, we will contact the second person, etc..

### Health Care Provider

Your child's Health Care Provider information, name and address and phone must be listed in full.

### Parent Signature

Parent Signature is required.





CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

<b>Child's Name:</b>	<b>Date Enrolled:</b>	<b>Updated:</b>
<b>Home Address (#, Street, City, State, Zip Code):</b>		<b>Date Disenrolled:</b>
<b>Home Phone:</b>	<b>Date of Birth:</b>	<b>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
<b>Cell Phone (optional):</b>	<b>Contact Telephone Number:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
<b>Cell Phone (optional):</b>	<b>Contact Telephone Number:</b>

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:  
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>

**If Medical care is necessary, call:**

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Contact Telephone Number:</b>
------------------------------	--------------	----------------------------------

**\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.**

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
---	--

**The following individual(s) may NOT remove my child from the facility:**

<b>Name(s):</b>
-----------------

Custody papers have been provided and are on file at the facility.  yes  no

Telephone Authorization Code (optional): \_\_\_\_\_

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

**Medical Information**

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:

Permission for Use of Email Address

Please list the Email address(es) you would like to use for Preschool communications.

Students Name: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I give permission for this email address to be used for the purpose of Preschool sponsored events, class social opportunities, and all Preschool related information.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Communicate in a manner that honors Christ and demonstrates His love for others. Our responsibility to lead the church by example, as followers of Jesus, includes online social media.*

Follow Us on Facebook: FUMC of Gilbert Preschool

And Instagram: gilbertpreschool

.....Spreading God's Love.....



## STUDENT PHOTO USE POLICY AND AGREEMENT

The First United Methodist Church of Gilbert Preschool adopts the following guidelines when using the photography of children in school, including the use of images on classroom projects, school displays, on the school website, and on social media.

1. Teachers may take photos of students during the school day and during school events to be used on class or individual projects, including but not limited to newsletters, portfolios and gifts. These photos may include students' faces and names.
2. Photos, including faces, may be displayed at school or church events. Student names will not be used.
3. Photos of the students may be taken during the school day and during school events to be used on Social Media and/or the website. No faces of the students will be displayed and students will not be identified by name.

---

Student's Name

I understand and agree to the policies listed above.

---

Parent Signature

---

Date

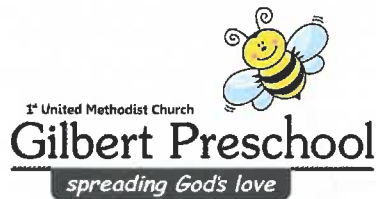
I agree to the above policy and give additional permission for my child's face to be used on Social Media and the Website. Names will not be used. All social media policies listed in the handbook will be followed.

---

Parent Signature

---

Date



## Student Drop off and Pick up Policy

The classroom doors will open each day at 8:55am. Preschool classes will end promptly. A late fee of \$15.00 will be charged for any child picked up 15 minutes after the class has ended.

Only the names listed on your blue emergency card will be permitted to pick up your child. Before releasing a child to an individual other than a parent, we will require the individual picking up the child to present picture identification.

In accordance with ADHS Office of Child Care Licensing Code Rp-5-303. 3, we will not release a child to an individual other than a child's parent or other individual designated in writing by a parent except when the parent is unable to collect the child and authorizes the licensee by telephone to release the child to an individual not so designated. We shall verify the telephone authorization by using the *Telephone Authorization Code* listed on the students Blue Card. The parent must return to us in writing the reason they were not able to pick up the child and the name of the individual who was authorized to pick up the child.

State regulations require that each child be signed in and out daily, with the full first and last name of the authorized person picking up and dropping off the child.



First United Methodist Church of Gilbert  
Preschool

**Parent Agreement**



Please read and sign that you agree to these terms.

**I agree to the following:**

1. Payment of the tuition, either yearly or monthly. It is due on the 15<sup>th</sup> of each month, starting July 15, 2020. Tuition payments received after the 20<sup>th</sup> of each month will be charged a late fee of \$20.00.
2. There is a \$25.00 charge on all returned checks.
3. A two week written notice is required for the withdrawal of any student. All accounts must be paid in full.
4. No credit or refunds will be given for absences, vacations or holidays.
5. To keep my child home if he or she has any signs of sickness- see the Health Policy in the Parent Handbook.
6. To obtain required immunizations for my child before bringing them to preschool.
7. To volunteer at First United Methodist Church of Gilbert Preschool or with Children's Ministry at least 5 hours during this school year.
8. To notify the teacher in writing or by phone if my child is to be picked up by someone other than myself.
9. To pick up my child promptly at the end of class. A late fee of \$15.00 will be assessed for any child picked up 15 minutes after the class has ended.
10. To keep the Blue Emergency Card current and up-to-date.

I have read and understand the First United Methodist Church of Gilbert Preschool - Parent Agreement Form.

Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# First United Methodist Church of Gilbert Preschool

## Tuition Payment Schedule 2020-2021



### **2020 - 2021 Tuition Rates**

#### **Tuesday and Thursday - 3 year old Class**

\$2580.00 Annually

\$258.00 Monthly

#### **Monday, Wednesday, & Friday - 3 year old Class**

\$2970.00 Annually

\$297.00 Monthly

#### **Monday, Tuesday, Wednesday & Thursday - PreK Class**

\$3520.00 Annually

\$352.00 Monthly

#### **Registration Fee**

\$150.00 Non-Refundable

#### **Payment Options**

Tuition fees may be paid annually or monthly. For your convenience, the annual fee is divided into 10 equal monthly payments. Monthly tuition is due on the 15th of each month, starting July 15, 2020.

Tuition payments received after the 20th of each month will be charged a late fee of \$20.00

#### **Electronic Funds Transferred**

This payment option is available from our website at [www.gilbertpreschool.com](http://www.gilbertpreschool.com).

There will be a \$25.00 Charge for all NSF and returned items.

#### **Discounts**

5% Discount given on annual tuition rate if paid in full by July 15, 2020.

10% Discount given on annual tuition rate for additional children from immediate family.

#### **Monthly Tuition Due Dates:**

July 15, 2020

August 15, 2020

September 15, 2020

October 15, 2020

November 15, 2020

December 15, 2021

January 15, 2021

February 15, 2021

March 15, 2021

April 15, 2021

#### **Return Check Policy**

There will be a \$25.00 charge on all returned checks.

#### **Student Withdrawal Policy**

A two week written notice is required for the withdrawal of any student. All accounts must be paid in full.

#### **Absentee, Vacation and Holiday Policy**

No credit or refunds will be given for absences, vacations or holidays.

#### **Late Pick up Policy**

Preschool classes will end promptly. A late fee of \$15.00 will be assessed for any child picked up 15 minutes after the class has ended.