First United Methodist Church of Gilbert Preschool

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

www.gilbertpreschool.com

Registration Packet

2022-2023 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-12:00pm	$2900.00 Annually $290.00 Monthly	Must be 3 years old by August 31st.
Three Day 3's	T/W/TH	9:00am-12:00pm	$3290.00 Annually $329.00 Monthly	Must be 3 years old by August 31st.
Three Day 3's	M/W/TH	9:00am-12:00pm	$3290.00 Annually $329.00 Monthly	Must be 3 years old by August 31st.
PreKindergarten	M/T/W/TH	9:00am-12:00pm	$3640.00 Annually $364.00 Monthly	Must be 4 years old by August 31st.
Lunch Bunch	Tuesday and Wednesday	12:00pm-1:30pm	*$170.00 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, 2022.
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
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Date_____

2022-2023 Enrollment

Classes and Tuition

Class	Days and Time		Tuition		Age Requirement
Two Day 3's	T/Th	9:00am-12:00pm	$2,900.00	$290.00 Monthly	Must be 3 years old by August 31st.
Three Day 3's	T/W/Th	9:00am-12:00pm	$3,290.00	$329.00 Monthly	Must be 3 years old by August 31st.
Three Day 3's	M/W/TH	9:00am-12:00pm	$3,290.00	$329.00 Monthly	Must be 3 years old by August 31st.
PreKindergarten	M/T/W/TH	9:00am-12:00pm	$3,640.00	$364.00 Monthly	Must be 4 years old by August 31st.

Registration Fee - $150.00 per child Non-Refundable. Due at time of registration.
5% Discount given on annual tuition rate if paid in full by July 15, 2022.
10% Discount given on annual tuition rate for additional children from immediate family.
Monthly tuition rates are based on 10 months.

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

3 Year Old Preschool

____ Tuesday and Thursday
____ Tuesday, Wednesday and Thursday
____ Monday, Wednesday and Thursday

PreKindergarten

___ Monday, Tuesday, Wednesday & Thursday

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

Address _____

Father's Name _____

Address _____

_____

Cell Phone _____

Email Address _____

Place of Employment _____

Address _____

_____

Work Phone _____

Mother's Name _____

Address _____

_____

Cell Phone _____

Email Address _____

Place of Employment _____

Address _____

_____

Work Phone _____

Child Lives With: Guardian _____ Father _____ Mother _____ Both Parents _____

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, 2022. 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 _____

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Tuition 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, 2022 through April 15, 2023. Please see the attached Tuition Payment Schedule 2022-2023.

CHECK - Make your check payable to FUMCG Preschool. Please note your child's name on the check memo line. Checks may be dropped off at the Church Office or Mailed to First United Methodist Church of Gilbert Preschool –
331 South Cooper Road, Gilbert, AZ 85233.

CASH – Place cash payments in an envelope, label it with your child's name, and give directly to a Preschool Director. You will receive a receipt for all cash payments. Please do not mail cash payments.

Online Payments - Paying Tuition on-line is easy and fast! Students must already be registered and enrolled for the current school year to use this site. Payments online can be made with a credit/debit or bank account using Vanco Services a secure payment service. The link to the online payment service can be found on our web page at www.gilbertpreschool.com.

Please contact the Preschool Office 480-892-9166 with any questions.

First United Methodist Church of Gilbert Preschool

Tuition Payment Schedule
2022-2023

2022-2023 Tuition Rates

Tuesday and Thursday - 3 year old Class
$2900.00 Annually
$290.00 Monthly

Monday, Wednesday & Thursday - 3 year old Class
$3290.00 Annually
$329.00 Monthly

Tuesday, Wednesday & Thursday - 3 year old Class
$3290.00 Annually
$329.00 Monthly

Monday, Tuesday, Wednesday & Thursday - PreK Class
$3640.00 Annually
$364.00 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, 2022. 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.
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, 2022.
10% Discount given on annual tuition rate for additional children from immediate family.

Monthly Tuition Due Dates:
July 15, 2022
August 15, 2022
September 15, 2022
October 15, 2022
November 15, 2022
December 15, 2022
January 15, 2023
February 15, 2023
March 15, 2023
April 15, 2023

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.

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 15th of each month, starting July 15, 2022. Tuition payments received after the 20th 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 notify the teacher by email or by phone if my child is to be picked up by someone other than myself.
8. 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: _____

STUDENT PHOTO USE POLICY AND AGREEMENT

The First United Methodist Church of Gilbert Preschool adopts the following guidelines when using 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

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First United Methodist Church of Gilbert Preschool

Permission for use of email address

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

Students' Name:_____

Parents' Name:_____

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 the online social media.

JOIN US ON FACEBOOK: @ FUMC of Gilbert Preschool
And Instagram:@gilbertpreschool

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

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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

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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, address and phone must be listed in full.

Parent Signature

Parent signature is required.

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 or contact the Arizona Immunization Program Office at (602)364-3630.

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

☐	Copy of current official documented immunization record attached
☐	Religious Beliefs exemption form signed by parent/guardian attached
☐	Medical Exemption form signed by physician and parent/guardian attached
☐	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

Is child allergic to food or other substances? ☐ **No** ☐ **Yes** **If yes**, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? ☐ **No** ☐ **Yes** **If yes**, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? ☐ **No** ☐ **Yes** **If yes**, specify procedure:
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.)? ☐ **No** ☐ **Yes** **If yes**, list precautions:
Additional comments:
Other special instructions:

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:**

ADHS
LICENSING

CDC/SGH# or name: CDC #12012

Arizona Department of Health Services
Bureau of Child Care Licensing

Emergency, Information and Immunization Record Card

Child's Name:	**Date Enrolled:**	Updated:
Home Address (#, Street, City, State, Zip Code):		**Date Disenrolled:**
Home Phone:	**Date of Birth:**	**Sex:** ☐ **male** ☐ **female**

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

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

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.)

Name:	**Contact Telephone Number:**
Name:	**Contact Telephone Number:**
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	**Name:**	**Contact Telephone Number:**

*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.

In case of injury or sudden illness, I request that this individual be called first:	

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

Name(s):

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

Telephone Authorization Code (optional):_____