



**First United Methodist Church Preschool**

501 W. Main  
 Ardmore, OK 73401  
 (580) 223-3672

For Office use only:	
Date received	_____
Class	_____
ASE#	_____
Allergy Alert	_____

**AFTER SCHOOL ENROLLMENT FORM 2018-2019**

**Student's Information**

Student's Name: \_\_\_\_\_

Last    First    Middle    Preferred

Date of Birth: \_\_\_\_\_ Gender: M    F    Grade: \_\_\_ 3's    \_\_\_ Pre-K    \_\_\_ Kindergarten

**BEFORE SCHOOL CARE POLICIES**

A **Before School Room (BSC)** is available at 7:45 am for 3's, Pre-K and Kindergarten **only**. Parents will be responsible to bring their child to the Before School Room. The staff will make sure each child is taken to his/her classroom. There is **no extra charge** for the Before School Room.

Any child arriving between 7:45 and 8:20 will need to go to the Before School Room or wait with parents in the hallway for the classrooms to open at 8:20.

**AFTER SCHOOL CARE POLICIES**

The **After School Care (ASC)** program begins immediately following the end of your child's school day and is **limited** in size. Our desire is to create an extended day to your child's learning by offering creative art, play, music and additional learning opportunities in a safe nurturing environment. Please read the following information and check the appropriate number of days you will be using ASC to secure your child's participation in the ASC program.

- After School Care is available for 3's, Pre-K and Kindergarten **only**. Tuition and Fees Schedules are listed below.
- **Children must be picked up no later than 5:15 pm**. A **late fee** will be assessed at the rate of **\$1 per minute**, except in the case of an emergency.
- **Your statement will reflect the number of days that you have committed to, divided into 10 monthly payments and automatically billed each month with your preschool tuition. Parents will be responsible for the committed days, whether the child stays or not.**

**\*A LAST MONTH'S AFTER SCHOOL CARE TUITION DEPOSIT IS DUE MAY 1<sup>ST</sup> TO KEEP YOUR CHILD'S PLACE IN AFTER SCHOOL. This fee is applied as May 2019 tuition but is non-refundable should you withdraw from the afterschool program and/or school.**

**3's After School Care  
11:30 a.m. - 5:15 p.m.**

Check ALL days <b>After School Enrichment</b> is needed:				
Monday	Tuesday	Wednesday	Thursday	Friday

  

3's AFTER SCHOOL CARE MONTHLY FEE SCHEDULE				
1 day/wk	2 days/wk	3 days/wk	4 days/wk	5 days/wk
\$50	\$95	\$135	\$170	\$200

**Pre-K and Kindergarten After School Care  
2:30 p.m. - 5:15 p.m.**

Check ALL days <b>After School Enrichment</b> is needed:				
Monday	Tuesday	Wednesday	Thursday	Friday

  

PRE-K & KINDERGARTEN AFTER SCHOOL CARE MONTHLY FEE SCHEDULE				
1 day/wk	2 days/wk	3 days/wk	4 days/wk	5 days/wk
\$30	\$55	\$75	\$95	\$115

**AFTER SCHOOL CARE EMERGENCY CONTACT INFORMATION**

**Student's Information**

Student's Name: \_\_\_\_\_  
 Last First Middle Preferred  
 Date of Birth: \_\_\_\_\_ Gender: M F Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Street City State Zip  
 Known Allergies: \_\_\_\_\_  
 \_\_\_\_\_  
 Does child require EMERGENCY medication (such as inhaler or EpiPen)? Yes No  
 If yes, please list (note: **Medication other than Tylenol cannot be given at school unless a signed formal release is on file.**)  
 \_\_\_\_\_

**Emergency Contact Information**

Mother: \_\_\_\_\_ wk: \_\_\_\_\_ cell: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Father: \_\_\_\_\_ wk: \_\_\_\_\_ cell: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Medical Contacts**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contacts (Emergency Contacts other than Parents)**

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**Pickup Information (People Authorized to pickup children from school)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Notes: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Notes: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Notes: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Notes: \_\_\_\_\_