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 2017-2018

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 1ST TO KEEP YOUR CHILD'S PLACE IN AFTER SCHOOL. This fee is applied as May 2018 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 **After School Enrichment** 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 **After School Enrichment** 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

Student's Name: _____ **Class:** _____ **2017-2018**

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: _____ DL#: _____

Notes: _____

Name: _____ Phone: _____ DL#: _____

Notes: _____

Name: _____ Phone: _____ DL#: _____

Notes: _____

Name: _____ Phone: _____ DL#: _____

Notes: _____