

Thank you for your interest in Oak Park Methodist's
"My School" preschool program!

"My School" offers the following classes for the 2017-2018 school year:

Tuesdays and Thursdays from 9-12noon:

18 months old

2 year olds

Tuesdays, Wednesdays, and Thursdays from 9-12noon:

18 months old

2 year olds

3 year olds

4 year olds

We will also provide extended care for ages 2 years and above for an
additional fee.

The following are fee amounts for our program:

| | |
|--|---|
| Registration/Supply fee: | \$250. (per child) |
| Tuesday-Thursday program: 9:00-12:00 noon | \$170. (monthly) |
| Tuesday-Wednesday-Thursday program: 9:00-12:00 noon | \$220. (monthly) |
| "Stay-n-Play" extended care fee: (2 years old and older) 12 noon-2:00 p.m. | \$10. (per day permanent) \$12. (per day occasional) |
| Early Bird drop off 8:15 a.m.-8:50 a.m. | \$6. (per day) |

Please note that all forms and registration fee have to be turned in
to ensure your child's spot in the program.

If you have any questions you may contact **My School:**

Amanda Ferrell, Director or Beth Lueckemeyer, Assistant Director
773.7067 myschoolOPUMC@gmail.com



Please initial each statement listed and select a payment schedule below.

- _____ I understand that tuition is charged yearly and I am given several options to pay to fit my family's budget. Tuition will not be reduced for holidays and/or bad weather days.
- _____ I understand that tuition is due on the 12th of every month. It will be considered late after the 13th and will result in a late fee of \$15 dollars.
- _____ I understand that a registration fee is required to hold my child's spot in the program and that this fee is NON-REFUNDABLE.
- _____ I understand that if the bank returns my check due to insufficient funds I will be charged a \$25 fee.
- _____ I understand that for any reason my child's tuition or extended care fees become more than 30 days late he/she will not be able to attend school until the balance is brought current.
- _____ I understand that if for any reason I need to withdraw my child from the program I must give a 2 week notice in writing. I understand that I will be responsible for tuition for the 2 weeks even though the child may not be attending school.

Please choose and initial one of the following payment options:

| | T-TH | T-W-TH |
|--|-------------|---------------|
| _____ 1 payment (due Sept 12) | \$1530. | \$1980. |
| _____ 2 payments (due Sept 12 and Jan 12) | \$765. | \$990. |
| _____ 9 payments (due monthly starting Sept 12 th) | \$170. | \$220. |

A discount of \$10 will be given to siblings (2+ children).
 A discount of \$10 will be given to active Oak Park United Methodist members.

I understand all the fees as listed on this page.

Signature: _____ Date: _____

My School

Oak Park United Methodist Church
5505 South 31st Street
Temple, Texas 76502
254-773-7067

Registration Form

Admission's Date: _____

Today's Date: _____

Student and Parent Information:

Child's Name: _____

Birthdate: _____ Sex: _____ Age: _____

Home Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Name of Mother: _____ Name of Father: _____

Mother's Employer: _____ Father's Employer: _____

Business Phone: _____ Business Phone: _____

PERSON(S) WITH LEGAL CUSTODY OF CHILD: _____

Others authorized to pick up my child:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Authorization for Emergency Medical Attention:

In the event that I can not be reached to make arrangements for medical attention, I authorize the director or person in charge to take my child to:

Name of Physician: _____ Phone: _____

Name of Hospital Preferred: _____

Hospital Address: _____

I give my consent for this facility to secure any and all necessary emergency medical care when my child is in the care of the physician and/or hospital.

Parent Signature: _____

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries, any medication prescribed for long-term continuous use and/or other information the staff should be aware of (Please put N/A if not-applicable):

Is there any other information you would like to share with us concerning your child (Please put N/A if not-applicable):?

I certify that the information above contains no willful misrepresentations or falsification and that it is true and complete to the best of my knowledge and belief.

Signature: _____ Date: _____

Photo Release:

I give my child, _____, to have their picture taken at My School. I understand that these photos may be used on our website or used in school brochures or other publications.

Signature: _____ Date: _____

Permission Slip:

My child, _____, has my permission to participate in any of the following: Pumpkin Patch, walking field trip, bike day, or any other outside activity that may occur during school hours. I understand that I will be notified in advance of the above activities.

Signature: _____ Date: _____

A copy of your child's current shot record and a doctor's statement is also required.