

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

## "My School" offers the following classes for the 2018-2019 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 must 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 at 254.773.7067  
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 12<sup>th</sup> of every month. It will be considered late after the 13<sup>th</sup> 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:

	<b>T-TH</b>	<b>T-W-TH</b>
_____ 1 payment (due Sept 12)	\$1530.	\$1980.
_____ 2 payments (due Sept 12 and Jan 12)	\$765.	\$990.
_____ 9 payments (due monthly starting Sept 12 <sup>th</sup> )	\$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 31<sup>st</sup> 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 cannot 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.**