

# GROWING GOD'S CHILDREN PRESCHOOL

## 2022-2023 Enrollment Form

Please check the program you are enrolling your child in.  
All classes will be 9:00 a.m. - 3:00 p.m.

\_\_\_\_ 3 years old; Must be 3 years old by September 1, 2022  
Two Full Days per week @ \$190/mo  
(circle one) Mon/Wed or Tues/Thurs

\_\_\_\_ 4 years old; Must be 4 years old by September 1, 2022  
Three Full Days (Mon., Tues. & Thurs.) per week  
@ \$250/mo

***\*In order to accept this enrollment form we must have:  
Your child's Birth Certificate, Current Immunization Record  
and a \$100.00 non-refundable enrollment fee***

**Please make checks payable to:  
MUMC or Mustang United Methodist Church**

**Child's Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_  
**Birthdate:** \_\_\_ / \_\_\_ / \_\_\_ **Age on 9-1-22** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Email address** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Place of Employment:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Place of Employment:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

Please list any allergies to foods, medications, etc: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALL CHILDREN MUST BE COMPLETELY POTTY TRAINED**

## ADDITIONAL EMERGENCY CONTACTS

**NAME:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**NAME:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

## OTHERS AUTHORIZED TO TAKE CHILD FROM FACILITY

(In addition to above contacts)

**NAME:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**NAME:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

## AUTHORIZATION FOR EMERGENCY MEDICAL CARE:

Physician and Preferred Hospital to be used in an emergency.

I understand that in case of an accident or injury to my child, I will be notified immediately. If my child requires emergency care, the physician and preferred hospital to be used are:

Doctor/Clinic:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**GROWING GOD'S CHILDREN**

# Personal Information Release Form

Child's Name: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

## **ADDRESS INFORMATION**

From time to time, Parents wish to have the addresses of their child's classmates to mail out invitations for parties. This information will not be given out without your permission.

\_\_\_\_\_ I give my permission to have the information listed above given out to the parent of my child's classmates.

\_\_\_\_\_ I DO NOT want to have the information listed above given out.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Date)

## **PHOTOGRAPHS**

From time to time, Growing God's Children will photograph your child for use in classroom activities, parent events, or for use on our church website. Your child's name will never be published along with these photographs on the website.

\_\_\_\_\_ I give permission for Growing God's Children staff to photograph my child for the uses outline in the paragraph above.

**OR**

\_\_\_\_\_ I give permission for my child's teacher to take photographs of my child for use in Art Activities that may arise during the school year.

\_\_\_\_\_ I DO NOT wish to have my child photographed while attending Growing God's Children Preschool.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Date)

**2022-2023 Preschool Tuition Agreement**

This agreement is made between Growing God's Children Preschool and

Parent/Guardian(Print Name): \_\_\_\_\_

On Behalf of Child (Print Name): \_\_\_\_\_

- A one-time, *non-refundable* enrollment fee in the amount of \$100.00 is due at the time of enrollment/registration.
- Tuition is based on a yearly tuition amount (August-May), and is payable monthly in the following amounts;

⇒ **August** Tuition {ONLY month that will be pro-rated)

- 3 yr olds - \$143.00
- 4 yr olds - \$188.00

⇒ **September - May** Tuition

- 3 yr olds - \$190.00 per month
- 4 yr olds - \$250.00 per month

\*Tuition is due for each month, on the first school day of each month, regardless of actual attendance. There is no discount, refund or other financial allowance for absence, illness, vacations, holidays, school closures or delays. These instances have already been factored into your child's tuition.

\*Parents/Guardians will be required to give one month's notice to terminate enrollment, submitted to the director in writing with a withdrawal date. The full tuition for the one month's notice period must be paid, even if the child does not attend school during that month.

All tuition/fees should be made payable to MUMC or Mustang United Methodist Church.

Signature of Parent/Guardian who is financially responsible:

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)