

Fellowship Friends Preschool

2024-2025 Registration Packet

Current students and siblings may turn in registration packets

January 25th - February 15th

Church members & families of former students may register beginning on

Tuesday, February 20th at 9am

New families may register beginning on **Wednesday, February 21st at 7:30am**

Classes

- Two year old classes are Monday/Wednesday OR Tuesday/Thursday only.
(Must be 2 by September 1, 2024)
 - Three year old classes are Monday/Wednesday, Tuesday/Thursday, OR Monday-Thursday.
 - Four year old classes are Monday/Wednesday, Tuesday/Thursday, OR Monday-Thursday.
 - Transitional Kindergarten is Monday-Thursday only.
- *We have an every other Friday option (usually two Fridays per month) called Discovery Days. Discovery Days are available to children enrolled in our three year old programs and up.

Tuition

Tuition is invoiced on the first day of the month and late if not paid by the 10th of that month.. *Tuition is payable in nine equal monthly payments, regardless of the number of class days per month.* Tuition may be paid by check, cash, or through Procure. Checks can be put in your child's take-home folder. The tuition check should be made out to Fellowship United Methodist Church (FUMC). We do not accept credit cards at the school, only through Procure. The first payment is due September 1 and the last payment is due in May.

- Two Day Program: \$2,745.00/year payable at \$305.00/monthly
- Four Day Program: \$5,152.50/year payable at \$572.50/monthly
- Transitional Kindergarten Program: \$5,220.00/year payable at \$580.00/month
- Discovery Day option: \$74.00/month

A \$15 late fee will be charged if tuition is not received by the 10th of the month. There is no deduction in tuition or make-up days for absences, weather related closings, or scheduled holidays.

Annual Registration & Supply Fees

These fees encompass supplies & educational entertainment. The fees are for all the supplies that your child will need for arts & crafts, curriculum materials, & any additional supplies needed throughout the school year. In addition it is used to pay for groups & events to come to our

preschool & provide entertainment that relates to our learning themes such as a theater group, pony rides, character visits, or special animal exhibits, etc.

- Two days per week: \$280.00/year; w/Discovery Day \$357.00
- Four days per week: \$510.00/ year; w/Discovery Day \$587.00
- Discovery Day option: \$77.00/year
- Transitional Kindergarten program: \$525.00/year; w/Discovery Day \$602

***This fee is 50% refundable if enrollment is withdrawn by April 1st. After April 1st, it is non-refundable.**

To reserve your child's spot, the following items must be turned in to the preschool office.

- _____ Fellowship Friends Preschool Enrollment form
- _____ Student/Family Information
- _____ Authorized Student Pick Up list
- _____ Completed Student Health Information
- _____ Completed Release and Permissions form (The Parent Handbook will be sent via e-mail and is available at functc.com)

You will receive confirmation from the office that your child's spot is reserved after the above items are received.

If your child's registration packet is received and the class you prefer is full, you will be notified and given the opportunity to have your child's name placed on the waiting list or to have your child added to another class if space is available.

To be admitted on the first day of classes, the following items must be turned in to the preschool office.

- _____ Physician's Medical Form *due by the first day of preschool
(It is the last page of this packet. Please keep until filled out by a doctor.)
- _____ An updated copy of the student's Immunization Record
(Immunization Exemptions are accepted with proper paperwork)
- _____ Allergy Action Plan (if your child has an allergy we must have this on file)

Specific classes & teachers will be assigned in early August & communication will be sent out to families.

Office Use
Class _____
Enrollment Date _____ Fee _____

Fellowship Friends Preschool Enrollment

I would like to enroll my child in:

- | | | |
|---|--|---|
| <input type="checkbox"/> 2 year old Mon/Wed | <input type="checkbox"/> 2 year old Tues/Thurs | <input type="checkbox"/> 3 year old Mon-Thurs |
| <input type="checkbox"/> 3 year old Mon/Wed | <input type="checkbox"/> 3 year old Tues/Thurs | <input type="checkbox"/> 4 year old Mon-Thurs |
| <input type="checkbox"/> 4 year old Mon/Wed | <input type="checkbox"/> 4 year old Tues/Thurs | <input type="checkbox"/> Discovery Days |

Child's Name _____ **Nickname** _____

Date of Birth ____/____/____ **Age as of September 1, 2024** _____ **Gender** M F

____ Father ____ Stepfather

____ Mother ____ Stepmother

Name: _____

Name: _____

Address: _____

Address: _____

Employer: _____

Employer: _____

Occupation: _____

Occupation: _____

Work phone: _____

Work phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Responsible for: ____ school related decisions

____ school related decisions

____ school communications

____ school communications

____ financial bills

____ financial bills

May pick up without special note ____yes__no

May pick up without special note ____yes__no

Student Primarily Lives With (Please check all that apply):

____ Father

____ Mother

____ Grandmother

____ Guardian

____ Stepfather

____ Stepmother

____ Grandfather

____ Other

Please check all that apply:

____ Parents are married

____ Parents are separated

____ Parents are divorced

____ Father has custody

____ Mother has custody

____ Parents have joint custody

____ Guardian has custody

____ Father is remarried

____ Mother is remarried

Please provide a copy of any court-ordered custody documents, when applicable

If parents are divorced/separated/not living together, please provide the name and address of the other parent:

NAME: _____

ADDRESS: _____

Does this person have permission to pick up the child at Fellowship Friends Preschool?* YES ____ NO ____

*If not, we will need the necessary court document(s) on file.

Duplicate communication (i.e. newsletters, etc.) should be sent to:

Name: _____ Email: _____

Relationship to child: _____

Student and Family Information Sheet

Student Name: _____ **Student Birthdate:** _____

Is he/she potty-trained? Yes ____ No ____

What is your child's terminology for the bathroom? _____

Has your child had any previous preschool experience? _____

If so, where? _____

What age? _____

Please let us know anything else you feel we should know about your child including any services they may receive, etc: _____

Does your child have any siblings? Yes ____ No ____

Names & ages of siblings:

Church Affiliation: _____

Are you interested in receiving information about Fellowship United Methodist Church?

Yes ____ No ____

Authorized Student Pick Up 2024-2025 Please print clearly.

Child's Full Name: _____ Birthdate: _____

Street: _____ City: _____ Zip Code: _____

Emergency Contact (not parent): _____ Phone #: _____

Relationship to child: _____

Street: _____

- This person may pick up my child in the case of an emergency if I cannot be reached.
- This person may NOT pick up my child in the case of an emergency if I can't be reached.

Authorized Student Pick-Up Release: (Other than parents) I hereby authorize FFP to allow my child to leave FFP with only the persons listed below. In the event that a person not listed has to pick up my child, I understand that FFP must receive a phone call from one of the listed parents/guardians stating who that person will be. That person will need to present a valid ID/Drivers License to FFP in order for us to confirm their identity.

Addresses below should include city and zip.

1) Name: _____ Address: _____

Relationship to Child: _____ Cell Phone #: _____

Driver's License # _____

2) Name: _____ Address: _____

Relationship to Child: _____ Cell Phone #: _____

Driver's License # _____

3) Name: _____ Address: _____

Relationship to Child: _____ Cell Phone #: _____

Driver's License # _____

4) Name: _____ Address: _____

Relationship to Child: _____ Cell Phone #: _____

Driver's License # _____

Parent Signature: _____ Date: _____

Student Health Information

Student Name: _____ Student Birthdate: _____

Does your child have any allergies or dietary restrictions? ___ Yes ___ No

(If yes, please explain) _____

Child's known allergic reaction(s):

Does your child have any Physical Limitations? (glasses, hearing aids, scoliosis, asthma, etc.)

Does your student take any medication regularly? ___ No ___ Yes (If yes, please explain)

First Aid Permissions:

I give permission for Fellowship Friends Preschool to administer First Aid to my child to include: ice, Benadryl topical, Neosporin antiseptic ointment, Band-aids and/or gauze and tape. ___ No ___ Yes

In the event that I cannot be reached to make arrangements for medical treatment, I authorize any staff member of Fellowship Friends Preschool to administer First Aid and/or call 911 to transport _____ (child's name) to the nearest hospital or emergency treatment clinic. I authorize and hereby give my consent for any necessary medical treatment, emergency or otherwise, furnished by any licensed physician, hospital, or emergency treatment clinic (health care provider), and I agree to pay all medical fees incurred in connection with the treatment of my child under the authority granted herein. I hereby release Fellowship Friends Preschool and any healthcare provider, and any of their respective agents, employees, officers or representatives, from any and all liability for any action taken on behalf of my child pursuant to the terms of this medical authorization.

Signature of Parent or Legal Guardian

Date

Release and Permissions

Publication Release: During the year, photos will be taken of students, activities, programs, etc. These may be posted on our Facebook page. **If you do not wish for your child's photo and name to appear**, please indicate below.

_____ *Yes my child can be included* _____ *No, my child can not be included*

Preschool Photos: FFP may include my child in preschool photo collections to include: classroom wall photos, slide shows, special occasion crafts, and/or classroom collections (i.e. Cluster, Procure), etc. To be used within the school and class groups.

___ Yes ___ No

Student Directory Release: I give my permission to have my email/text communication included in group messages between my child's teacher and classmates' parents.

___ Yes ___ No

Water Activities Release: My child may participate in water activities to include water table, water slides or sprinkler play. _____ Yes _____ No

Field Trips: Fellowship Friends Preschool will not participate in any field trips where transportation will be necessary. All of our field trips come to us.

Acceptance of Parent Handbook Policies

I/We understand that by completing the Fellowship Friends Preschool registration form and paying the non-refundable registration fee, I/we are agreeing for ourselves and our student/s to accept and abide by all of the policies, rules and regulations set forth in the Fellowship Friends Preschool Parent Handbook. The Parent Handbook is emailed at the time of registration and are also available to view online at FUMCTC.com

Child's Name: _____ **Date:** _____

Parent Signature: _____

Contractual Agreement

This must be signed by individuals responsible for school related decisions and financial bills. I (We) the undersigned agree to fulfill all financial obligations. I (We) agree that tuition and fees will be paid in a timely manner. *Students with tuition in arrears may be withheld from class until payments are current.* In the event of withdrawal or dismissal, all tuition and fees paid to date are non-refundable and tuition will be charged through the end of the month.

Parent Signature

Date

Parent Signature

Date

PHYSICIAN'S MEDICAL FORM

Due by the first day of preschool

Fellowship Friends Preschool

101 Trophy Club Drive

Trophy Club, TX 76262

fax #: 817-490-9562

Health Care Professional Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I have examined (Student Name) _____

Date of last exam: _____

1. Is this child physically and mentally able to participate in group activities? ____ Yes ____ No
2. Can this child participate in the program without special care relating to allergies, special diet, restriction of activities or any other chronic condition? ____ Yes ____ No
3. Is this child free of infectious or contagious disease? ____ Yes ____ No
4. Other Concerns: _____
5. Does this child have any diagnosed allergies? If yes, explain _____

Diagnosed allergies that require medication must have an emergency action plan on file.

Additional Notes:

Healthcare Professional Signature

_____ Date

Immunization Records

Please attach a current copy of the child's immunization record to this form.