

**TRINITY UNITED METHODIST CHURCH
CHRISTIAN SCHOOL & PRESCHOOL
(TUMCS)**

Welcome to Trinity United Methodist Church Christian School & Preschool (TUMCS). We are a fully licensed preschool and an accredited elementary school. Our program is designed to meet a variety of needs, including spiritual, emotional and social growth in a friendly, nurturing Christian environment. It is our commitment to make the year a rewarding experience to both child and parents.

Our staff is highly qualified. In addition to being required to complete 15 hours of continuing education annually, a health and sheriff card is required, as well as a CPR certification.

Please complete the enclosed forms and return to our office along with the following documents:

- _____ Birth Certificate (certified copy w/seal)
- _____ Immunization Record (recent)
- _____ Well Child Statement (physical w/doctor signature)
- _____ Child Social Security Number
- _____ Registration, Tuition and Book Fee (if required)
- _____ Handbook Acknowledgement

Birth certificate and immunization record will be copied and returned.

Where did you hear about our school?

- Newspaper Phonebook Website Street Sign Family/Friend
- Other _____

Date:

TRINITY UNITED METHODIST CHURCH

ID CODE

CHRISTIAN SCHOOL & PRESCHOOL

*****Please print clearly*****

ENROLLMENT FORM

Name: Date of Birth Sex Address: City State Zip

Parent's Information:

Mother Name Home Phone Cell Address: City State Zip Employer Position Work Phone Father Name Home Phone Cell Address: City State Zip Employer Position Work Phone

Emergency Contact

Mother Father Other: (Please mark in order of preference)

Authorized Pick-up and/or Emergency Contact must be filled in completely (other than parent)

1) 2) 3) Name: Address Home Phone Cell Relationship Name: Address Home Phone Cell Relationship Name: Address Home Phone Cell Relationship

Physicians Name: Office/Emergency Number

Hospital Preference Phone

I give my permission for emergency transportation and/or treatment. Yes No

Please list any medical problems or disabilities:

DAYS: M T W TH F (CIRCLE) Approx Drop off time: Approx pick up time: TIME: [Half Day (9:00am -12:00pm)] or [Full Day (OPEN 6:00am 6:00pm ANY 10 HOUR PERIOD)] (CHECK)

Financial Agreement

-----REGISTRATION FEE: \$100 (1st child) \$75 (2nd child) \$50 (3rd child)

(This fee is non-refundable) Absences extending longer than 30 days will be considered as a withdrawal and upon re-enrollment, a registration fee will be required. Special circumstances must be pre-approved by the director.

-----TUITION PAYMENT: Payment will be expected by 6:30pm on the first of each month.

-----LATE CHARGES: A late fee of \$25 will be charged to your account if payment is not received by the 5th of the month. An additional 10% late fee will be charged to your account each Friday for any past due balances.

-----CLOSING HOURS: 6:00pm is closing time. There will be a \$5.00 charge for the first 5 minutes and a \$5.00 per minute charge after that for each minute late.

-----NOTIFICATION OF WITHDRAWAL: A 30 day written notice is required if you wish to withdraw your child. The director must approve special circumstances. The form is available in the office.

CHILD'S NAME -----STARTING DATE-----

DAYS PER WEEK-----1/2 OR FULL TIME-----

WEEKLY SCHEDULE M T W TH F

EST. TIME OF ARRIVAL----- EST TIME OF PICK UP-----

MONTHLY TUITION RATE \$-----

ALL PAYMENTS ARE TO BE PAID IN ADVANCE

I HAVE RECEIVED A COPY OF THE PARENT HANDBOOK. I UNDERSTAND AND AGREE TO ALL POLICIES AS STATED.

PARENT OR GUARDIAN ----- DATE -----

TRINITY REPRESENTATIVE----- DATE -----

Trinity United Methodist School

702-870-4749

Tuition and Fee Schedule 2009-2010

(Prices effective August 2009)

Hours of Operation: 6:30 AM-6:00 PM

Parrots (2's)

	Monthly	Weekly		Monthly	Weekly
5 Full Days	\$600	\$150	3 Full Days	\$350	\$90
5 Half Days	\$375	\$94	3 Half Days	\$250	\$65
4 Full Days	\$475	\$120	2 Full Days	\$175	\$45
4 Half Days	\$325	\$80	2 Half Days	\$150	\$40

Buccaneers & Skippers (3's & 4's)

	Monthly	Weekly		Monthly	Weekly
5 Full Days	\$560	\$145	3 Full Days	\$325	\$80
5 Half Days	\$335	\$90	3 Half Days	\$225	\$60
4 Full Days	\$435	\$115	2 Full Days	N/A	N/A
4 Half Days	\$300	\$75	2 Half Days	N/A	N/A

Admirals (K)

	Monthly	Weekly		Monthly	Weekly
5 Full Days	\$550	\$140	3 Full Days	\$300	\$75
5 Half Days	\$325	\$85	3 Half Days	\$200	\$50
4 Full Days	\$425	\$110	2 Full Days	N/A	N/A
4 Half Days	\$275	\$70	2 Half Days	N/A	N/A





First Mates & Pirates (1st & 2nd Grades)

	Monthly	Weekly	Extended care	Monthly	Weekly
5 Full Days	\$450	\$115	5 Days AM	\$85	\$25
5 Half Days	\$275	\$70	5 Days PM	\$100	\$30
4 Full Days	\$300	\$80	4 Days AM	\$65	\$20
4 Half Days	\$250	\$65	4 Days PM	\$85	\$25

Track Break & Bus Run

Track Break	5 Full Days	\$100	Bus Run	\$2.00	each way

TUITION POLICY

-  Tuition is due the 1st day of each month.
-  Check or money orders only, no cash.
-  Late charge fee \$25.00 (after the 10th).
-  Return check fee \$30.00

Refunds

Registration and book fees are nonrefundable. A refund may be given if a child is withdrawn after tuition for that month has been paid.

Withdrawal

A 30-day written notice is required to withdraw your child from school. Any child who is withdrawn with out 30 day written notice will incur a charged of the next full month's tuition whether the child attends that month or not.

Returned Checks

After two (2) returned checks tuition will be on a money order only basis. No post dated checks accepted.

Failure to Pay

Failure to pay monthly tuition can result in a student being suspended or terminated. The school has the right to refuse educational services if tuition is in arrears. In such case a re-registration fee may be imposed.

Waiver and Indemnity

Parents, shall be responsible for the actions and activities of the student, and shall be remain liable for and hold TRINITY UNITED METHODIST CHURCH CHRISTIAN SCHOOL/CHILD CARE CENTER harmless from any claims, damages, liabilities, causes of action or expenses of any kind or nature (including without limitation attorney's fee) incurred or suffered by TRINITY UNITED METHODIST CHURCH CHRISTIAN SCHOOL/CHILD CARE CENTER as a result of any action of student enrollment. Parent, for him/her/themselves and on behalf of student, hereby released TRINITY UNITED METHODIST CHURCH CHRISTIAN SCHOOL/CHILD CARE CENTER, it's trustees, director, officers, employees or volunteers from any and all liability or obligation whatsoever which may arise out of any injury or sickness of any kind sustained by student while in attendance at he school or while engaged in any school activity or while being transported to or from TRINIITY UNITED METHODIST CHURCH CHRISTIAN SCHOOL CHILD CARE CENTER ,or to or from any activity, regardless of the cause or causes of any such sickness or illness.

EXPULSION, SUSPENSION OR DISMISSAL

Trinity United Methodist Church Christian School/Child Care Center shall have the right to expel, suspend or dismiss a student for any activity deemed a danger or harmful to other students, teachers, staff or volunteer at school, or if action of student is deemed unreasonably disruptive to the educational process.

I have read and understand the above information.

(Print Name)

(Signature)

(Date)

**TRINITY UNITED METHODIST CHURCH
CHRISTIAN SCHOOL/PRE-SCHOOL**

TUITION AGREEMENT

I have read and fully understand the Tuition Policy and accept financial responsibility for _____ and will abide by the terms as agreed upon.

(Child name)

FOR OFFICIAL USE ONLY		
Registration Fee (annually)		\$ _____
Book Fee		\$ _____ (annually)

DAYS: M T W TH F (CIRCLE)

TIME: [___ Half Day (9:00am-12:00pm)] or [_____ Full Day (6:00am - 6:00pm any 10
hour period)] (CHECK)

Approx. Drop off time: _____ Approx. Pick up time: _____

EXTENDED CARE - ELEMENTARY ONLY

: DAYS - M T W TH F AM/PM

Parent(s)/Guardian(s)

(Print Name)	(Signature)	(Date)
(Print Name)	(Signature)	(Date)

Approved by: _____

(Signature)	(Title)	(Date)
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**Trinity United Methodist Christian
School**



PRE-ADMISSION PHYSICAL EXAM

Child's Name: _____

Date of Birth: _____

Doctor Name or Health Agency:

Doctor Address: _____ Phone Number: _____

Date of Exam: _____

Are there any reasons why this child can't be immunized?

Does this child have any special problems or conditions which a Child Care Program would be unable to deal with?

Exam Results:

Status of Child's Health: _____Satisfactory _____Other

Allergies: _____

List any known conditions under treatment:

Signature of Physician or Health Agency Representative



Child's Medical History Form

Child's Name _____

Has your child been under regular supervision of a physician? _____

If yes, give reason _____

Does your child have any known allergies? _____

List the approximate age your child had the following illnesses:

Chicken Pox _____ Asthma _____ Mumps _____ Epilepsy _____
Eczema _____ Mono _____ Other _____

Does your child take prescription medication regularly? Yes No

If so, please list medication, frequency, and condition requiring it:

Has your child been hospitalized in the past year? Yes No

If yes, please give dates and reasons:

******Please see director if answering yes to the following questions******

Does your child have a learning disability or limitation? Yes No

If yes, please explain

Has your child ever been treated for any nervous, mental, or emotional disorders? Yes No

If yes, Please explain:

**Trinity United
Methodist School**

EMERGENCY TRANSPORTATION APPROVAL

This is to certify that The Children's Garden Learning Center, Inc. is given full authorization to seek emergency transportation for _____ to a medical
(Child name)
treatment facility as result of illness or injury. If such a situation arises The Trinity United Methodist School will not be held liable of any costs incurred.

(Print name)

(Address)

(Signature)

(Phone #)

(Date)

Permission to Release Information

Date:_____

I understand that during the time my child,_____, is in care at Trinity United Methodist School, that the director may be asked for information regarding my child.

I hereby give permission to release information to official persons only. I understand that proper identification will be required. These persons may include school, health care, welfare, or other government officials.

Signature of parent/guardian: _____

I DO NOT give permission to release information about my child as set forth in the aforementioned statement.

I realize that the Bureau of Services for Child Care has access to my child's record as the licensing agent.

Signature of parent/guardian: _____



Statement of Cooperation

It is understood that it is the schools privilege to have my child in attendance, however if at any time his or her conduct, academic progress, or cooperation with the facility's authorities is not keeping with the facility's requirements, the facility reserves the right to terminate my child's enrollment at the facility's discretion.

I absolve the facility from all liability in the event my child is injured at the facility or during any facility activity.

I agree with the facility's efforts to train my child in biblical principles.

I will work together with the facility staff in any discipline issues regarding my child.





If my child voluntarily withdraws, or is requested to withdraw by the facility, it is understood and accepted that no refund of registration fees or tuition will be made.

Parent Signature: _____ Date: _____

**TRINITY UNITED METHODIST CHURCH
CHRISTIAN SCHOOL/CHILD CARE
CENTER**

**PARENT TEACHER ORGANIZATION
(PTO)**

Parent participation and involvement is encouraged in the development of your child. As a member of PTO your name and telephone number will be added to our list. The following are activities sponsored by PTO.

-  Refreshments at school programs and graduation
-  Teacher & Staff appreciation dinner
-  Spring and Fall Festival
-  Fundraisers

PTO meets once a month. Meeting date will be posted and notification sent home.

-
- I am interested in becoming a PTO member.
 - I am unable to participate as a PTO member, but willing to participate in activity or donation when needed.

(Name)

(Telephone)

Trinity United Methodist School

Photographs

Photographs are often taken of the children participating in class activity or programs such as open house, Easter and Christmas. Often these photos are used in our school newsletter, school website, displayed on bulletin boards around campus, or just shown to church members and other parents.

Authorization is needed to “show off” your child.

PHOTO AUTHORIZATION

I hereby give permission for my child _____ to be photographed
(child name)

participating in class activity or programs. Photos may be used in the school newsletter, school website, displayed on bulletin boards throughout campus or show to staff members or other parents.

(signature)

(date)