

**TRINITY UNITED METHODIST CHURCH  
CHRISTIAN SCHOOL & PRESCHOOL**  
New Campers from TUMCS

Welcome to Trinity United Methodist Church Christian School & Preschool Summer Camp. We are a fully licensed preschool, day camp 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 summer 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:

\_\_\_\_\_ Immunization Record (recent)

\_\_\_\_\_ Registration, Tuition

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  
CHRISTIAN SCHOOL & PRESCHOOL  
Only if information needs to be updated  
\*\*\*\*\*Please print clearly\*\*\*\*\*

ID CODE \_\_\_\_\_

ENROLLMENT FORM

Name: \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

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: _____	Name: _____	Name: _____
Address _____	Address _____	Address _____
Home Phone _____	Home Phone _____	Home Phone _____
Cell _____	Cell _____	Cell _____
Relationship _____	Relationship _____	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: \_\_\_\_\_

# Trinity United Methodist School

702-870-4749

Tuition and Fee Schedule





2011

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

## Track Break & Bus Run

SUMMER DAY CAMP	5 Full Days ONLY	SOME FIELD TRIPS	REGISTRATION FEE	Fuel Charge (over 5 miles)
	\$89	(\$5-\$10)	\$50	\$2

## TUITION POLICY

-  Tuition is due the 1<sup>st</sup> day of each WEEK.
-  Check or money orders only, no cash.
-  Late charge fee \$25.00 (after Friday).
-  Return check fee \$30.00

### Refunds

A refund will not be given if a child is withdrawn after tuition for that week has been paid.

### 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 weekly tuition can result in a student being suspended or terminated. The school has the right to refuse 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 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, its 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 the school or while engaged in any school activity or while being transported to or from TRINITY 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 threat 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)

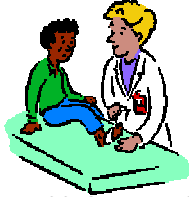
\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(date)



Approved by: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Title) \_\_\_\_\_ (Date)

Trinity United Methodist Christian  
Summer Day Camp  
If here 30 days or more



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

