

Muncy First UM Church Preschool
602 S. Market St.
Muncy, Pa 17756
Telephone: 570-546-8030

Dear Parent/Guardian:

Thank you for choosing First United Methodist Church Preschool for your child. Attached is the registration form for the 3-year-old program. Listed below is some information for you to know.

Children must be 3 years of age by October 1, 2020 and toilet trained.

There is a \$30.00 non-refundable registration fee. This will secure your child's spot in class. Checks should be made payable to FUMC and are due with your child's application.

Tuition is \$130.00 per month. This is payable the first class day of each month. Again, checks should be made payable to FUMC.

Preschool days/hours are as follows: Class days: Tuesday-Thursday; class hours: 8:30am-11:00am.

Our school year will begin the week of Labor Day. You will receive a letter in mid to late August with the exact date.

The completed physical form is due the first week of school. This form must be completed by your child's physician.

If you have any questions, or would like to visit the preschool, please call 570-546-8030.

Again, thank you for choosing First UM Church Preschool.

Sincerely,

Kelly Hoover
Preschool Director/Teacher

First United Methodist Church Preschool
602 S. Market St., Muncy, PA 17756
Phone: 570-546-8030
3 year Old Class 2020-2021
Parental Consent Form / Emergency Contact

Child's
Name: _____ Nickname: _____

Birthdate: _____ Sex: _____ Right or Left or both Handed (circle one)

Child's Address: _____

Mother's Name: _____

Mother's Address: _____

Home Phone: _____ Cell Phone: _____ Texting: yes or no

Employment: _____

Employment Address: _____

Employment Phone: _____

Email Address: _____

Father's Name: _____

Father's Address: _____

Home Phone: _____ Cell Phone: _____ Texting: yes or no

Employment: _____

Employment Address: _____

Employment Phone: _____

Email Address: _____

Marital Status of Parents: _____

List Siblings and their age: _____

Any Special or Medical conditions from birth to present: _____

Any medical or dietary information necessary in an emergency situation: _____

Any allergies including medication reactions: _____

Additional information on special needs of the child: _____

Name of Child's Physician/Medical Provider: _____

Address of Provider: _____

Phone Number of Provider: _____

Health Insurance Provider: _____

Health Insurance Policy Number: _____

Persons to be notified in case of emergency (Parents will be called first unless otherwise noted)

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Persons to whom child may be released to: (besides parents, unless there is a court order, then we need a copy)

Name: _____ Phone Number: _____

Address: _____

Name: _____ Phone Number: _____

Address: _____

Name: _____ Phone Number: _____

Address: _____

Parents Signature is required below to indicate Parental Consent:

Obtaining emergency medical care: _____

Admin.of minor first aid: _____

Walks: _____

Photographs: _____

Videos: _____

Sharing of address and phone number with other parents: _____

Use of hand sanitizer: _____

Sharing of information with the entering kindergarten: _____

Permission to conduct screenings and assements: _____

Periodic Review:

AGREEMENT

55 PA CODE CHAPTERS 3270.123 & 181©; 3290.12 & 181 ©

Name of Child

Fee Amount:	Per: Day/ Week /Month	Day payment to be made:
\$130.00	Month	1 st class day of every month

Services to be provided as part of the preschool fee (examples transportation meals etc.)

Child's arrival time	Child's departure time	Person(s) designated by parent to whom
8:30 am	11:00 am	Child may be released

Extra services to be provided at an additional fee if applicable

I the parent or guardian:

received complete written program information at the time of enrollment (3270.121, 3280.121 3290.121)

agree to update the emergency contract/parental consent form information whenever changes occur or every 6 months at a minimum (3270.124, 3280.124, 3290.124)

Signature – Operator Date

Signature-Parent or Guardian Date

Date of Child's Admission

Date of Withdrawal

Signature-Parent or Guardian