

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 4-year-old program. Listed below is some information for you to know.

Children must be 4 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 \$175.00 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: Monday-Friday; class hours: 12:30pm-3:30pm.

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  
**4 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

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Fee Amount:	Per: Day/ Week /Month	Day payment to be made:
\$175.00	Month	1 <sup>st</sup> class day of every month

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

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Child's arrival time	Child's departure time	Person(s) designated by parent to whom
12:30 pm	3:30 pm	Child may be released

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Extra services to be provided at an additional fee if applicable

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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)

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Signature – Operator                      Date

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Signature-Parent or Guardian    Date

Date of Child's Admission

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Date of Withdrawal

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Signature-Parent or Guardian