

**Muncy First United Methodist Preschool
602 South Market Street
Muncy, PA 17756
Telephone: 570-546-8030**

Dear Parent/Guardian:

Thank you for choosing First United Methodist Preschool for your child's preschool education. 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 September 1, 2021 and toilet trained in order to be enrolled in the program.

There is a \$30.00 non-refundable registration fee. This will secure your child's spot in the 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 on 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 start 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 United Methodist Preschool.

Sincerely,

Kelly Hoover
Preschool Director/Teacher

First United Methodist Preschool

3 year-old Class 2021-2022

Parental Consent Form / Emergency Contact

Child's Name: _____ Nickname: _____

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

Child's Address: _____

Parent #1's Name: _____

Parent #1's Address: _____

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

Employment: _____

Employment Address: _____

Employment Phone: _____

Email Address: _____

Parent #2's Name: _____

Parent #2'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 ages: _____

Please list any Special or Medical conditions from birth to present: _____

Please list any medical or dietary information necessary in an emergency situation: _____

Please list any allergies including medication reactions: _____

Please list any additional information or 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: (in addition to parents, unless there is a Court Order, then we need a copy of the Court Order)

Name: _____ Phone Number: _____

Address: _____

Name: _____ Phone Number: _____

Address: _____

Name: _____ Phone Number: _____

Address: _____

A parent or guardian's signature next to each item below indicates parental consent for each activity/situation.

Parental Consent:

Obtaining emergency medical care: _____

Administration of minor first aid: _____

Walks: _____

Photographs of child: _____

Videos of child: _____

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 assessments: _____

The Preschool has a Facebook page used to promote the program and celebrate the activities and art creations of the children.

- Pictures/videos with child's face shown may be posted to the Preschool Facebook page.
- Pictures/videos with child's face blurred may be posted to the Preschool Facebook page.
- I do not consent to any pictures of my child being posted to the Preschool Facebook page.

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 of Operator Date

Signature-Parent or Guardian Date

Date of Child's Admission

Date of Child's Withdrawal

Signature-Parent or Guardian Date