

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

Children must be 4 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 \$175.00 per month. This is payable on 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 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**

**4 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:

