



# First Methodist Preschool

## Financial Form

### Student Information:

Last Name

First Name

Birthday

Father (Guardian) Name/Number

Mother (Guardian) Name/Numbers

### Registration For 2026-2027

#### Annual Fees

Registration Fee*	\$200/per child
Supply Fee**	\$100/per child

\*Must be paid to hold spot for year and is non-refundable

\*\*will be added in September

#### Yearly Tuition\*

Please check the box on payment method.

Class	Full Day	Pay Year in Full (September)	Pay By Month (September-May)
2-Day Infants, Toddlers, & Two's Classes Tuesday/Thursday	\$335/month		
3- Day Infant- PreK Classes Tuesday/Wednesday/Thursday	\$500/month		
4-Day Infant- PreK Classes Monday-Thursday	\$620/month		

#### Early Bird Tuition: 18 months & UP

Days	Amount	Yes
2 Day	\$75/month	
3 Day	\$100/month	
4 Day	\$125/month	

#### For Office Use Only

Registration Fee		Immunization Records	
Vision/Hearing (4-year old's)		Health Statement	
Class Assigned		Handbook/Photo Waiver	
Days Half/Full		Early Bird	



Registration for admission is NOT complete without payment of a \$200 registration fee. Must have most current immunization records and health statement from doctor on file.

## First Methodist Preschool of Temple

Date of Admission

### Enrollment Form

#### Student Information:

Last Name	First Name	Middle I.	Preferred Name
Date of Birth	Age	Gender	

Primary Contact Information: \_\_\_\_\_

Parent(s)/Guardian(s) First & Last Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Primary Email Address \_\_\_\_\_

#### Registering for Class:

<b>Class:</b> Younger Toddler Class: 12-17 months	Older Toddler Class: 18-23months	Twos Class
<b>Days:</b> TTH	TWTH	Monday-Thursday
<b>Class:</b> PreK Threes Class*	PreK Fours Class*	
<b>Days:</b> TWTH	Monday-Thursday	
<b>Times:</b> 9:00-2:30		
<b>Early Bird:</b> + 7:45-8:45	YES    NO	M    T    W    TH    How many days? _____

#### In case of emergency/Authorized Pick Up (other than Parent/Guardian):

Name _____	Phone Number _____
Name _____	Phone Number _____
Name _____	Phone Number _____

## Student Family Information:

### Mother/Guardian:

Name	Phone	Email
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Occupation	Place of Employment	Work Phone
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### Father/Guardian:

Name	Phone	Email
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Occupation	Place of Employment	Work Phone
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### Siblings:

Name	Age	Gender	Birthdate
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Name	Age	Gender	Birthdate
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Name	Age	Gender	Birthdate
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## Medical Information:

### Medical Information:

Primary Care Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital.

\_\_\_\_\_  
**Parent Signature**

List any special needs that your child may have, such as environment allergies, food intolerances, existing illness, diagnoses of any kinds, previous serious illness, injuries and hospitalization during the past 12 month, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

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Does your child have diagnosed food allergies?

Yes: Plan submitted on: \_\_\_\_\_

No

**Admission Requirement:**

- I understand that I must provide up to date immunizations records for my child before he/she will be able to start school.
- I must also provide a health care professional's statement by my child's doctor to be able to start.

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**Consent Information:**

- I give permission for my child to be transported and supervised by the operation's employees for emergency care only.
- I give consent for my child to participate in walking field trips.
- I give consent for my child to participate in the following water activities:
  - Water table play
  - Sprinklers play
  - Water guns & toys
  - Splashing/wading pools

**Initial following releases:**

- I give FMC Preschool permission to take pictures of my child for use in the school building, including class pictures taken yearly by a professional photographer.
- I give FMC Preschool permission to use photos/videos of my child for use in publication on the school website, social media, and paper materials for marketing purposes. No name will be used.
- I understand that I was given a copy of FMC Preschool Parent Policy Handbook and I have read and agree to all terms in the handbook. I understand that I will be notified if any updates happen during the year and may happen at any time.
- I understand that \$200 registration fee must be paid within 36 hours to hold our spot for the school year and is non-refundable.
- I understand that tuition has been averaged out from the months September-May. The tuition amount will be constant, regardless of the actual number of days in a month. Tuition will not be pro-rated for absences.
- I understand that tuition can be paid yearly, by semester, or monthly. Monthly tuition will be due 1<sup>st</sup> day of the month that my child attends and know that there is a \$25-dollar late fee after the 15<sup>th</sup> of each month. After the last day of the month, if tuition is not paid, the child will be dropped from enrollment.
- I understand if for any reason you choose to terminate your child's enrollment, we require that you notify our office as soon as possible. You must inform the school within 14 days prior to dropping out and must fill out form in the office or email unenrollment statement to the director.
- If making a change in enrollment, I must fill out Enrollment Change form.

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Parent Signature

Date

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Director Signature

Date