

Application for Enrollment for 2010-11 Preschool  
Sharonville United Methodist Church Nursery School/Kindergarten Year

Office use only

2010-11 class \_\_\_\_\_

CATEGORY: Current family re-enrolling, enrolling siblings  
Please PRINT all Information

Date \_\_\_\_\_  
Fee paid: WL \_\_\_\_\_  
Reg. \_\_\_\_\_  
K-Reg. \_\_\_\_\_  
5/K-May \_\_\_\_\_  
Check # \_\_\_\_\_  
Entry date \_\_\_\_\_

CHILD'S FULL NAME \_\_\_\_\_  
CHILD'S NICKNAME \_\_\_\_\_  
CHILD'S BIRTHDATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

number street city zip code

CHILD: HOME PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

FATHER'S HOME ADDRESS \_\_\_\_\_

FATHER: HOME TELEPHONE \_\_\_\_\_ WORK \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

MOTHER'S HOME ADDRESS \_\_\_\_\_

MOTHER: HOME TELEPHONE \_\_\_\_\_ WORK \_\_\_\_\_

EMERGENCY NUMBERS: 1 \_\_\_\_\_, 2 \_\_\_\_\_, 3 \_\_\_\_\_

In accordance with Ohio State Rule 4104:2-12-45, please complete the following statement:

- I give  
 I DO NOT GIVE permission

for my telephone number, street number, street name, city state and zip code to be included in a school directory

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please read the following. Sign below to indicate you accept these conditions:

1. The school is sponsored by the Sharonville United Methodist Church and is located at 3751 Creek Rd.
2. The school will be in progress Sept. through May. School hours are 9:20-11:50am or 12:30-3:00pm.
3. The children are covered under an accident insurance policy for injuries that may be received while engaged in school activities.
4. Tuition is due monthly NO LATER THAN THE FIRST DAY OF Sept.-May. May tuition is paid with Sept. Tuition not paid by the 1st of the month will result in a \$5 late fee. 2nd overdue tuition results in withdrawal.
5. By signing below I grant the school permission to give my child a communication screening, and videotape/photograph my child to show to prospective parents.

This school operates on a nonprofit, fixed cost basis with operating expenses paid from tuition receipts, the only source of income. Accordingly, it is expected that the enrolled child will complete a full school term. Tuition may be paid by the semester, year or month. The school reserves the right to withdraw children whose needs are not best met by the program of this school. PLEASE NOTE: waiting list, registration, kindergarten/ 5's and all prepaid May tuition is nonrefundable.

Tuition is due NO LATER THAN the 1st day of each month.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

SUMC CHURCH MEMBER? Yes \_\_\_\_\_ NO \_\_\_\_\_

Please list the classes desired for your child in the order you prefer them:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ ANY \_\_\_\_\_