Office use only

2010-11 class_____

APPLICATION FOR ENROLLMENT FOR 2010-11
Preschool
Sharonville United Methodist Church Nursery School/Kindergarten Year

Please PRINT all information. NEW FAMILY

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.
<u>Tuition is due NO LATER THAN the 1st day of each month.</u>

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**_____