

Over 30 years of commitment to children, parents, and the community!



Blair Road United Methodist Preschool
Director- Angela Lord
9135 Blair Road
Charlotte, NC 28227
704-545-0772
angelord@blairroadumc.org

Today's Date: _____

PLEASE PRINT CLEARLY!

School Year 2012/2013

Registration Information – Please PRINT clearly

Child's Name: _____ Birthdate: _____ Gender: _____

Name child prefers to be called: _____

Registration Fee: \$85 – Required for placement – Non-Refundable after July 1, unless class enrollment not met.

Please indicate 1st and 2nd choice of classes:

- | | |
|---|---|
| _____ 2 day 2 year old (T,Th) \$118/month | _____ 3 day 4 year old (MWF) \$149/month |
| _____ 3 day 2 year old (MWF) \$149/month | _____ 4 day 4 year old (M-Th) \$204/month |
| _____ 2 day 3 year old (T,Th) \$118/month | _____ 5 day 4 year old (M-F) \$254/month |
| _____ 3 day 3 year old (MWF) \$149/month | |

Current Address: _____

City: _____ Zip: _____ County: _____

Email _____

Mother's Name: _____ Home #: _____ Cell # _____

Occupation: _____ Business #: _____

Business Name/Address: _____

Father's Name: _____ Home #: _____ Cell # _____

Occupation: _____ Business #: _____

Business Name/Address: _____

Does child live with both parents? _____ If not, with which parent does the child live? _____
(If divorced, a copy of the Divorce Decree noting guardianship, days of visitation, etc, must be provided to Director)

Is your child toilet trained? _____
(BRUMCP request children be toilet trained in 3-year-old classes and requires children in 4 year old classes be toilet trained.)

What do you hope your child receives from his/her preschool experience? _____

Emergency Contacts: (other than parents)

- | | | | |
|----------|----------------|--------------|--------------|
| 1. _____ | Relation _____ | Home # _____ | Cell # _____ |
| 2. _____ | Relation _____ | Home # _____ | Cell # _____ |

Security Release Information (in addition to emergency contacts)

I authorize that my child, _____, be released by Blair Road UMC Preschool staff to the following persons, in addition to those already listed on this form.

Name _____ Phone _____ Relationship _____
Address: _____ Cell # _____

Name _____ Phone _____ Relationship _____
Address: _____ Cell # _____

Are you a member of Blair Road UMC? _____ If not, where do you attend worship? _____
Blair Road United Methodist Church Preschool is an outreach ministry of Blair Road United Methodist Church. The children in our preschool will benefit from a structured curriculum in a loving Christian atmosphere under the guidance of teachers who strive to design daily activities, which encourage the social, mental, spiritual and physical development of each child at their own rate.

Blair Road UMC Preschool does not discriminate on the basis of race, color, and national or ethnic origin.

*****Please complete both sides of form*****

Office Use Only

Registration check # & amount: _____

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Please read carefully:

Health Information

Classes at BRUMCP meet 2, 3, 4, or 5 days per week from 9:30a.m. to 12:30p.m. or 1:30p.m. on extended days (M-F). The daily program involves both vigorous and quiet indoor and outdoor play. BRUMCP requires a Health Statement be provided from your child's Physician each school year. **All students MUST be current on immunizations. There are NO Religious or other exceptions.**

- Are immunizations current? Yes ___ No ___ If no, please explain: _____
(see note above in reference to immunizations)
- Is your child physically and emotionally able to participate in a preschool program as described above?
Yes ___ No ___ If no, please explain _____
- Is your child receiving Speech or other therapy services? If yes, please explain _____
- Any known allergies? Yes ____, No _____. If yes, please list and describe reaction _____
Epipen required? Yes ____, No ____

Emergency Information:

Child's Physician: _____ Phone _____

Emergency Room Preference: _____

Insurance Company: _____ Phone _____

I, the undersigned, do hereby verify and grant permission that in the event my child, _____ should require emergency medical attention while in the care of BRUMC Preschool staff during Preschool hours or events, I hereby authorize the staff of BRUMC Preschool to procure and/or provide such emergency medical attention for my child. I understand that all costs that may be incurred by such emergency medical attention will be my responsibility. I hereby release BRUMC Preschool and its staff from any legal consequences that might result from such emergency medical attention. I hereby release and forever discharge Blair Road United Methodist Church, Blair Road Preschool, and their officers and employees from any damage or injury that may be incurred by my child while attending the Blair Road Preschool. This authorization is valid for one year from date of signature unless BRUMC Preschool is otherwise notified in writing.

Refund and Withdrawal Policy

Full tuition is due the first week of each month. If a child must be withdrawn from the program, please note: 1) Registration fees are refundable only until July 1; 2) 30 days notice is required prior to withdrawal; 3) any attendance during the month constitutes a full month's tuition; and 4) all withdrawals must be in writing.

Consent for child to be photographed for Church/Preschool use only

I, the undersigned, do hereby verify that all student information to be correct and agree to conform to the policies established by the Preschool Board. I grant permission for my child to be photographed and/or videotaped during preschool events or parties, and for use in craft projects and/or on-line photo gallery. If I have any concern regarding photography, I will address this concern with the Preschool Director.

School Roster Consent

Each year BRUMCP publishes an individual classroom roster for the teachers/room parents/ and families. Each classroom roster is ONLY distributed to the preschool staff and room parent/families with children registered in the current classroom. The following information is included on said rosters: child's name, parent's name, address, email address, and phone number as shown on this registration form.

Signature of Parent or Legal Guardian

By signing below, I do agree/approve and consent to all information on this registration form. I will advise BRUMCP of any changes in phone or address information. If I am the child's Legal Guardian, I will provide legal documentation to Blair Road UMC Preschool to prove such.

Signature

Date