

FAIRFAX UNITED METHODIST CHURCH PRESCHOOL
10300 Stratford Avenue, Fairfax, VA 22030



REGISTRATION AND FINANCIAL AGREEMENT

I/We, the undersigned parent(s) agree to enroll my/our child (First/Last Name) _____
in Fairfax United Methodist Church Preschool "FUMCP" for the school year and program checked below.

I/We understand and agree to the following terms and conditions:

- All personal information provided to FUMCP will be kept confidential.
- To submit required health forms and Authorization for Emergency Treatment form for my/our child to FUMCP **prior to the first day of school.**
- To pay a registration fee of \$125.00. Registration fees for returning students must be paid no later than **May 1, 2017.** These fees are non-refundable and cannot be applied toward tuition.
- To pay total tuition in nine equal payments. Tuition is calculated on an annual basis and divided into nine equal payments. **Tuition payments remain the same regardless of** absences for any reason, including days such as special needs services, holidays, shortened hours (including September hours), teacher work days, vacations, closings due to inclement weather, catastrophes, or any emergencies affecting personnel or the use of the building or school grounds.
- To pay tuition monthly on the first day of each month school is in session and in no event, pay tuition later than the tenth of each month August through April. Payment of tuition after the tenth day following its due date will result in the assessment of a late payment fee of \$10.00 on the first delinquent tuition payment. All subsequent late tuition payments will be assessed a \$25.00 fee.
- Pay an assessed charge of \$25.00 for any check returned for insufficient funds.
- If tuition is more than 31 days in arrears, I/we will be contacted to determine if I/we wish to discontinue my/our child's enrollment. If no reasonable effort is made to clear the delinquent account, my/our child will be considered to be withdrawn.
- To pay a deposit fee equal to one month's tuition by **August 1, 2017.** This deposit fee shall be **applied to the tuition amount owed for May 2018. This deposit fee may not be transferred or applied to another month's tuition.**
- If the deposit fee is not received by **August 1, 2017,** I/we understand that my/our child will not be considered enrolled in the FUMCP program for the 2017-2018 school year. If my/our child does not enter the school year during the normal registration period, the due date for the required deposit fee will be decided by the preschool Director/Financial Manager.
- If, during the school term, it necessary to withdraw my/our child from the program, notice must be given in writing 30 days in advance. With less than 30 days' notice, a one month tuition payment will be required. The deposit fee may be transferred to cover the last tuition payment if the full 30 day notice has been given. If a child is withdrawn during the last two months of school, full tuition must be paid for these months.
- I/we agree to allow and permit my/our child to participate in activities planned and conducted by FUMCP in the normal course of FUMCP activities under the direct supervision of the director and/or faculty of FUMCP. Except for injury that my/our child may sustain as a direct consequence of the proven gross negligence or willful misconduct of any officer or employee of FUMCP in the conduct of such activities, I/we agree to hereby forever discharge, waive, and release FUMCP, and all of its officers, directors, trustees, employees, and agents, from any and all claims, demands, accountings, liabilities, obligations, actions, causes of action, in law or equity, known or unknown, contingent or matured, and whether within the contemplation of the Guardian or not, which Guardian may have had, now have, or may have in the future, arising out of or existing by reason of my child's participation in the activities of FUMCP.
- I/we grant permission for my/our child to participate in field trips planned and conducted by FUMCP. I/we understand a minimum of one week notice of field trip details will be given. I/we have the right to opt-out of any or all field trips. I/we will provide a safety restraint seat for my/our child to use in a FUMCP parents vehicle for each trip or my/our child will not be permitted to participate in the field trip.

- I/we understand photographs taken of children, staff and parents during FUMCP activities could be used in future publications such as newsletters and brochures, multimedia presentations or to place on the FUMCP web site. Names will not be attached to photos. I/we do not expect, nor require, any financial remuneration for the reproduction of such photos now or in the future. **If this box is checked I/we prefer NOT to have my/our child included in any photographs taken to be used in any publications or presentations FUMCP may produce.** NO
- **If this box is checked I/we prefer NOT to list my/our child's name and our family's name and contact information in a directory which will be distributed to Preschool families.** NO
- FUMCP may modify, amend, add and/or delete policies and programs at any time as it deems, in its sole discretion, to be in the best interests of the children enrolled in the program. Notice of such amendments, deletions or additions may not always be given prior to such change. FUMCP will notify the parents of changes as soon as practical. I/we agree that compliance with any modification to the policies or programs at FUMCP is a condition of my/our child's continued enrollment in the FUMCP program.

2017-2018 School Year Program and Fees

Checks should be made payable to **FUMC Preschool**

Please Check Appropriate Program

<input type="checkbox"/> Threes Program Two day a week program \$1,665 annually 9 - \$185 monthly payments August 2017 – April 2018
--

<input type="checkbox"/> Fours Program Three day a week program \$2,205 annually 9 - \$245 monthly payments August 2017 – April 2018

<input type="checkbox"/> Pre-K Program Five day a week program \$3,240 annually 9 - \$360 monthly payments August 2017 – April 2018
--

Child's First Name _____ Last Name _____

I understand in signing this agreement, I agree for myself and my child to abide by all the regulations and decisions of FUMCP including, but not limited, to its handbook and fees. I further understand FUMCP reserves the sole right to amend the conditions of this agreement or to terminate or place restrictions on my child's enrollment, if in FUMCP's sole discretion, my/our child's academic, emotions, health or behavioral situation of his/her well-being suggests such actions to be in the best interest of the school and/or my child.

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date

Proof of Identity: (To be completed by preschool staff)	Registration fee paid: Check No. _____ Cash _____
Document: <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate	Issued By: _____
File #: _____	Date of Issue: _____



Contact and Pick Up Authorization Information

Child's Name: First: _____ Last: _____ Preferred: _____

Mother's Name: First: _____ Last: _____

Address _____ City _____ State _____ Zip: _____

Home No: _____ Cell No: _____

Work No: _____ E-Mail Address: _____

Father's Name: First: _____ Last: _____

Address _____ City _____ State _____ Zip: _____

Home No: _____ Cell No: _____

Work No: _____ E-Mail Address: _____

Emergency Contacts: These individuals will be authorized to pick up your child. No other person will be allowed to remove your child from the preschool without prior arrangement. Individuals must be at least 18 years of age.

We require full addresses for the first two individuals and they *must* reside at different addresses.

1. Name: First _____ Last _____ Phone _____

Address _____ City _____ State _____ Zip: _____

2. Name: First _____ Last _____ Phone _____

Address _____ City _____ State _____ Zip: _____

3. Name: First _____ Last _____ Phone _____

4. Name: First _____ Last _____ Phone _____

5. Name: First _____ Last _____ Phone _____

These individuals will *NOT* be allowed to pick up your child.

Name: First _____ Last _____

Name: First _____ Last _____

I grant permission for my child to be picked up from the preschool by the person(s) listed above.

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date



Authorization for Emergency Treatment

Child's Name: First _____ Last _____ Date of Birth _____

Date of Last Tetanus shot (Dtap/Tdap): _____ Boy Girl

Child's Dr.: _____ Phone No.: _____

Outstanding medical history (please include all **allergies** as well as any ongoing **medications**):

Mother's Name: First: _____ Last: _____
Address _____ City _____ State _____ Zip: _____
Phone: Home: _____ Cell _____ Work: _____

Father's Name: First: _____ Last: _____
Address _____ City _____ State _____ Zip: _____
Phone: Home: _____ Cell _____ Work: _____

Insurance Company: _____
Identification / Policy No: _____
Policy Holder's Name: _____
Policy Holder's Employer: _____

In case of a medical emergency, Fairfax United Methodist Church Preschool has my permission to take my child to the emergency room of the nearest hospital and provide this health information. The hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for my child's well-being.

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date