

Happy Hands Methodist Preschool

2s Class

25 W. Custer

circle one:

Wed/Fri 9:00-10:30am

Lemont, Illinois 60439

OR Wed/Fri 11:00-12:30pm

630-257-3112

OR Tues/Th 12:00-1:30pm

Registration fee (\$25 nonrefundable) must accompany this application. Monthly tuition will be \$75.

ENROLLMENT APPLICATION

Please print.

Child's Name \_\_\_\_\_ Known as \_\_\_\_\_

Sex: \_\_\_M\_\_\_ F Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
month - day - year

Preferred Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Name of Mother \_\_\_\_\_ Email \_\_\_\_\_

Name of Father \_\_\_\_\_ Email \_\_\_\_\_

Marital Status: single \_\_\_ married \_\_\_ separated \_\_\_ divorced \_\_\_ widowed \_\_\_

If parents are divorced, which parent has custody? \_\_\_\_\_

(A copy of the divorce agreement must be part of the child's permanent file prior to admission.)

In case of Emergency, whom should we contact? \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Alternate Person \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Second Alternate \_\_\_\_\_ Phone \_\_\_\_\_

Name of Child's Physician \_\_\_\_\_

Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Is there anything (physical/emotional) you would like us to know about your child?  
Allergies?

Please initial on each line. I hereby grant permission for my child, \_\_\_\_\_

\_\_\_\_\_ Formal Religious Observance or Instruction Authorization

to participate in Bible Story Time, prayer at snack or any other Christian religious observance that is part of the general curriculum and basic philosophy of Happy Hands Preschool.

\_\_\_\_\_ Activity Authorization

to use all the play equipment and participate in all the activities.

\_\_\_\_\_ Travel or Field Trip Authorization

to leave Happy Hands Methodist Preschool under the supervision of a staff member for neighborhood walks or field trips in an authorized vehicle.

\_\_\_\_\_ Picture Release

to be photographed or video taped while involved in Happy Hands' activities. No commercial use will be made without further consent.

## Pick-Up Permission Form

I hereby give permission for my child, \_\_\_\_\_, to leave Happy Hands Methodist Preschool with the person(s) named below. It is my responsibility to notify the school, in writing, of any changes.

Please list yourself, spouse, and anyone who may be allowed to pick-up or drop-off your child. This includes grandparents, baby sitters, and car pool drivers.

Name

Phone Number

Relationship

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In order to ensure that all parents clearly understand the procedures and policies of Happy Hands Preschool, we ask all parents to read the information provided and initial the following items:

\_\_\_\_\_ Monthly tuition payments are due the first week of the month. I understand that a late fee will be assessed.

\_\_\_\_\_ There is no reduction of fees for absence or vacation except for an extended illness of the child. The Director should be notified if such a situation occurs.

\_\_\_\_\_ I have read and reviewed the Discipline process in the Parent Handbook.

I understand that:

- \_\_\_\_\_ School doors open 5 minutes prior to the beginning and end of school. Being on time is greatly appreciated.
- \_\_\_\_\_ I must walk my child into the building, make sure the teacher knows that he/she is there, and sign him/her into the classroom.
- \_\_\_\_\_ I will walk my child to the proper washroom and ensure that my child's hands are washed before starting class.
- \_\_\_\_\_ I will keep my child at home with the following: fever, diarrhea, or vomiting in the previous 24-hour period. Children too sick to participate in the full program should be kept at home.
- \_\_\_\_\_ I will inform the Director of any changes in our family information.
- \_\_\_\_\_ At the end of the school day, I, or the designated adult (see Pick-Up Permission Form), will sign out my child from the classroom and notify the teacher that we are leaving.
- \_\_\_\_\_ If, after a reasonable period of time, it is found that your child is unable to adjust to Preschool, the Preschool reserves the right to request a withdrawal of the child.

Date \_\_\_\_\_

Signatures \_\_\_\_\_  
\_\_\_\_\_