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 ($50 nonrefundable) must accompany this application. Monthly tuition will be $105.

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

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 _____

_____