

Child's Name: _____

Child's date of birth: _____ Child's age as of 9/1/12: _____

1. For children who will be age 4 on or before 9/1/12, please mark your first choice of days of attendance with a "1" and your second choice with a "2." If you are only willing to consider one option, do not indicate a second choice. Even if your child is a returning student, we cannot guarantee that you will receive your first choice.

_____ 5 days/week

_____ 4 days/week (Monday-Thursday)

2. For younger children, please indicate which class the child will attend in the fall, if enrolled:

_____ 1 year olds, Mothers' Morning Out (must be age 1 by 9/1/12)
(please answer question #2 below)

_____ 2 year old preschool (must be age 2 as 9/1/12)
(please answer question #2 below)

_____ 3 year old preschool (must be age 3 as of 9/1/12)
(please answer only question #2 below)

Also, please mark your first choice of days of attendance with a "1" and your second choice with a "2." If you are only willing to consider one option, do not indicate a 2nd choice. Even if your child is a returning student, we cannot guarantee that you will receive your first choice.

_____ Monday/Wednesday/Friday*

_____ Tuesday/Thursday*

_____ If space is available, I wish to enroll my child in both a MWF class AND a TTh class, so that he/she attends 5 days/week.*

*If you request to attend all five days (1 through 3 year olds), understand that you are enrolling in two separate classes and therefore need to pay an enrollment fee for each class. (double the regular enrollment fee). The fee for the second class will be returned to you if your child cannot be accommodated all 5 days.

Enrollment Fees**

Priority enrollment fee: \$125/child

Those eligible for priority enrollment include currently attending children, siblings of currently attending children, and children who have at least one parent who is an active member of Hibben United Methodist Church.

Open enrollment fee: \$175/child

All children not eligible for priority enrollment are subject to the open enrollment fee.

****All enrollment fees are non-refundable, and are not applied to current or future tuition.**

Hibben Preschool Application for 2012-2013 Enrollment

Child's Full Name: _____ Gender: M F

Preferred nickname: _____ Date of birth: _____ Age as of 9/1/12: _____

Child's address, including zip code: _____

Child's home phone number: _____

Family/Primary email address: _____

Mother's name: _____

Mother's driver's license state and number: _____

Place of employment: _____

Cell phone: _____

Work phone: _____

Father's name: _____

Father's driver's license state and number: _____

Place of employment: _____

Cell phone: _____

Work phone: _____

Child lives primarily with _____ both parents _____ mother only _____ father only _____ other

If either parent has a different address and/or home phone number, please include it here: _____

Who has legal custody of this child?

_____ mother & father, jointly _____ mother only _____ father only

_____ other, please specify: _____

Please note: If legal custody is maintained by anyone other than by mother and father jointly, please attach a copy of the legal documentation that indicates the custody arrangement. This is necessary if either parent is restricted from picking the child up, having access to the child etc.

Staff use only below this line

Age group: _____ Days enrolled: M T W T F

Date: _____ Registration paid: _____

_____ cash _____ check number

_____ Open enrollment fee of \$175

_____ Priority enrollment fee of \$125

_____ Staff/board member fee \$75

_____ Tuition for month of _____

_____ Other _____

Please list any daycare centers or preschools that the child has previously attended regularly, length of time enrolled, and reason for leaving. Continue on back if necessary.

How were you referred to Hibben Preschool?

- returning student/sibling of returning student
- sibling attended in the past
- member of Hibben United Methodist Church
- church website
- Hibben Preschool facebook page
- newspaper ad
- registration sign outside building
- referred by other preschool/daycare, please specify: _____
- personal referral by member of HUMC, name: _____
- personal referral by parent of current/past student, name: _____
- referral by Trident Child Care Resource and Referral
- referral by a moms' group, please specify: _____
- other: _____

Health Information

Does this child have any diagnosed food or medical allergies?

Does this child take prescription medications on a daily basis? Please list

Please indicate any other medical or developmental conditions of the child that may be relevant:

**Emergency Medical Treatment and Transportation Consent (1), and
Release of Liability (2), and
Compliance with Hibben Preschool Parent Handbook (3), and
Required Immunization Certificate (4), and
Enrollment/Withdrawal Policies (5)**

(1) In the event of a **medical emergency** while this child is attending Hibben Preschool, a ministry program of Hibben United Methodist Church, I give permission to the staff of Hibben Preschool/Hibben United Methodist Church to arrange for emergency medical treatment to preserve the health of my child until such time when I can be present.

I understand that I, and/or my child's other parent/guardian, will be contacted, and that if I/we cannot be reached, one or more of the designated alternate emergency contact persons will be notified.

I understand that the staff of Hibben Preschool/Hibben United Methodist Church will arrange for **emergency transportation** to the nearest emergency medical facility, if necessary, and that my child may be transported by an ambulance.

I understand that my child's physician will be contacted.

I understand that no guarantees have been made as to the effect of such treatment on my child's condition.

I acknowledge and accept financial responsibility for all charges in connection with the transport, care and treatment given in such a situation.

(2) In consideration for being accepted by Hibben Preschool/Hibben United Methodist Church for participation in Hibben Preschool and as the parent or legal guardian of this child, I hereby **release and agree to hold harmless** Hibben Preschool/Hibben United Methodist Church; and all employees thereof; from any and all liability, claims or demands for personal injury, as well as damages and expenses, of any nature, that may be incurred by the parent/guardian and/or child participant while the child is participating in Hibben Preschool activities. On behalf of the child participant, I assume all risk of personal injury, damage, and expense as a result of participation in Hibben Preschool activities.

(3) I agree to read and abide by all **policies and procedures** in the 2012-2013 Hibben Preschool Parent Handbook, which will be made available to me in August 2012.

(4) I agree to provide Hibben Preschool with a **current SC Certificate of Immunization** for this child, and understand that Hibben Preschool does not accept medical, religious or other exemptions to immunizations.

(5) I understand that **enrollment fees are non-refundable, and are not applied to current or future tuition.**

I understand that I am not guaranteed to receive my first choice of days of attendance, even if my child is a returning student. I understand that the first tuition payment (September tuition) for 2012-2013 will be due on August 1, 2012; that subsequent payments will be due on the first of each month, with the last payment being due on April 1, 2013 (May tuition); and that if the first monthly payment is not received by August 5, my child's space in the program will be forfeited. I understand that advance notice of one month is required for all student withdrawals, regardless of the date or reason for withdrawal, unless the withdrawal is requested by the school. I understand that I am responsible for the full tuition amount during the one month notice, regardless of if or when the vacated space is actually filled by another child.

I am aware of and agree to abide by all of the above, and I accept this as a condition of enrollment for my child(ren) for the 2012-2013 school year.

Signature of parent/guardian

Date

Printed name of parent/guardian

