

ManahawkinMethodist  
PRESCHOOL 

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Child's Address \_\_\_\_\_

Primary Custody: Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Telephone #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email address \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Telephone #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email address \_\_\_\_\_

Siblings/Ages \_\_\_\_\_

**Emergency contacts to which child may be released if parent/guardian is unavailable.**

Name & Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Name & Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Name & Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

## Class Offerings- Please Select One

**Preschoolers:** Students must be 3 by October 1<sup>st</sup> and toilet trained to enroll in this program.

	Monday, Wednesday & Friday	9am-12pm	\$2,700.00	\$270.00/month
	Monday, Wednesday & Friday	9am-2pm	\$3,650.00	\$365.00/month
	Tuesday & Thursday	9am-12pm	\$2,180.00	\$218.00/month
	Tuesday & Thursday	9am-2pm	\$2,700.00	\$270.00/month

**Pre K:** Students must be 4 by October 1<sup>st</sup> and toilet trained to enroll in this program.

	Monday, Wednesday & Friday	9am-2pm	\$3,650.00	\$365.00/month
	Tuesday & Thursday	9am-2pm	\$2,700.00	\$270.00/month

## Parent Contract

A \$50.00 registration fee is required. The registration fee for a second child is \$45.00. All registration fees are non-refundable. For your convenience the total annual tuition amount is broken down into 10 monthly payments. The first tuition payment is due by August 1<sup>st</sup>. This payment may be mailed to:

Manahawkin Methodist Preschool

PO Box 487

Manahawkin, NJ 08050

In addition, I agree to the following:

- I will pay tuition on the first of each month (a \$10.00 late fee will be assessed for payments made after the 10<sup>th</sup>)
- I will make all payments in cash if a check is returned for insufficient funds
- I will reimburse Manahawkin Methodist Preschool any bank fee incurred for returned checks

I also understand:

- there are no reductions in tuition for illnesses or absences that I elect to take
- school vacations, snow days and holidays are accounted for in the annual tuition structure

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Emergency Information

Child's Name \_\_\_\_\_

### Medical Information

Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_

List of special conditions, allergies, or medications for emergency situations \_\_\_\_\_

### Consent for Emergencies

As parent/guardian, I give consent for my child, \_\_\_\_\_, to receive first aid by a staff member of Manahawkin Methodist Preschool and if necessary be transported to the following hospital \_\_\_\_\_ to receive emergency care. I authorize the Director or Head Teacher to contact my child's health care provider to alert him or her to my child's situation. I understand that I will be responsible for all charges not covered by my insurance.

My child may have a topical antibiotic ointment applied to cuts or scrapes \_\_\_\_yes\_\_\_\_no

I have read and understand the fact sheets on potassium iodide (KI) and understand that in the event of a nuclear release my child may be given a dose of KI if and as directed by County and State health officials subject to my approval.

Please be advised that your child should not receive KI if he or she is allergic to iodide or has a rare disorder of dermatitis herpetiformis or hypocomplementemic vasculitis. If you should have concerns regarding the emergency use of KI or questions on your child's health, please discuss them with your child's doctor.

- I **do** want my child to be given potassium iodide in the event of a radiological emergency  
Only when recommended by County and/or State health officials
- I **do not** want my child to receive potassium iodide (KI)
- Do not** give potassium iodide to my child because of a medical contraindication

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parental Consent

While your child is in school, he or she will be involved in a number of special activities for which your permission is needed. You are encouraged to ask questions about anything that is unclear. You of course have the option of changing permission at any time.

My child is healthy and may:

Participate in all activities	Yes	No
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Work with all equipment	Yes	No
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My child may be photographed or filmed:

In a group	Yes	No
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Individually	Yes	No
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Website	Yes	No
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Social media	Yes	No
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Newspaper (picture)	Yes	No
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Newspaper (picture and name)	Yes	No
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Parent/Guardian Signature \_\_\_\_\_