

# *Fellowship Friends Preschool*

*Director Barbara Rich-Clark*

## 2026/2027 Registration Packet

Registration packets for currently enrolled students (and siblings) are scheduled to be sent home on January 21 and 22, 2026 with students.

- Registration packets for current students (and siblings) can be turned in starting Monday, January 26, 2026 but all packets must be received by February 12, 2026.
- Former students and church members can register their children on February 18, 2026 at 9:00 a.m.
- Open enrollment for new students begins on February 25, 2026 at 7:30 a.m.

### Classes

- Two year old classes are Monday/Wednesday OR Tuesday/Thursday only.
  - *(Must be 2 by October 15, 2026)*
- Three year old classes are Monday/Wednesday, Tuesday/Thursday, OR Monday-Thursday.
- Four year old classes are Monday/Wednesday, Tuesday/Thursday, OR Monday-Thursday.
- Transitional Kindergarten is Monday-Thursday only.

\*We have an every other Friday option (usually two Fridays per month) called Discovery Days. **Discovery Days** are available to children enrolled in our three year old programs and up.

### Tuition

Tuition is invoiced on the first day of the month and late if not paid by the 10th of that month. *Tuition is payable in nine equal monthly payments, regardless of the number of class days per month.* Tuition may be paid by check, cash, or through Procure. Checks can be put in your child's take-home folder. The tuition check should be made out to Fellowship United Methodist Church (FUMC). We do not accept credit cards at the school, only through Procure. The first payment is due September 1st and the last payment is due May 1st.

- Two Day Program: \$2,970.00/year payable at \$330.00/monthly
- Four Day Program: \$5,616.00/year payable at \$624.00/monthly
- Transitional Kindergarten Program: \$5,760.00/year payable at \$640.00/month
- Discovery Day option: \$80.00/month

**A \$15 late fee will be charged if tuition is not received by the 10<sup>th</sup> of the month. There is no reduction in tuition or make-up days for absences, weather related closings, or scheduled holidays.**

### **Annual Registration & Supply Fees**

These fees encompass supplies & educational entertainment. The fees are for all the supplies that your child will need for arts & crafts, curriculum materials, & any additional supplies needed throughout the school year. In addition it is used to pay for groups & events to come to our preschool & provide entertainment that relates to our learning themes such as a theater group, character visits, or special animal exhibits, etc.

- Two days per week: \$290.00/year; w/Discovery Day \$367.00
- Four days per week: \$520.00/ year; w/Discovery Day \$597.00
- Discovery Day option: \$77.00/year
- Transitional Kindergarten program: \$535.00/year; w/Discovery Day \$612

**\*This fee is 50% refundable if enrollment is withdrawn by April 1st. After April 1st, it is non-refundable.**

**To reserve your child's spot, the following items must be turned in to the preschool office.**

- \_\_\_\_\_ Fellowship Friends Preschool Enrollment form
- \_\_\_\_\_ Student/Family Information
- \_\_\_\_\_ Authorized Student Pick Up list
- \_\_\_\_\_ Completed Student Health Information
- \_\_\_\_\_ Check or cash of the Registration/supply fee
- \_\_\_\_\_ Completed Release and Permissions form (The Parent Handbook

will be sent via e-mail and is available at [functc.com](http://functc.com))

You will receive confirmation from the office that your child's spot is reserved after the above items are received. If your child is returning, we keep records from the previous year and will have an update event in August for new information to be given to us.

If your child's registration packet is received and the class you prefer is full, you will be notified and given the opportunity to have your child's name placed on the waiting list or to have your child added to another class if space is available.

**To be admitted on the first day of classes, the following items must be turned in to the preschool office.**

- \_\_\_\_\_ Physician's Medical Form *\*due by the first day of preschool*  
*(It is the last page of this packet. Please keep until filled out by a doctor.)*
- \_\_\_\_\_ An updated copy of the student's Immunization Record  
(Immunization Exemptions are accepted with proper paperwork)
- \_\_\_\_\_ Allergy Action Plan (if your child has an allergy we must have this on file)

# Fellowship Friends Preschool Enrollment 2026/2027

I would like to enroll my child in:

- |  |   |
|--|---|
| <input type="checkbox"/> 2 year old<br><input type="checkbox"/> 3 year old<br><input type="checkbox"/> 4 year old<br><input type="checkbox"/> TK | <input type="checkbox"/> Mon/Wed<br><input type="checkbox"/> Tues/Thurs<br><input type="checkbox"/> Mon-Thurs<br>(3,4,5 Year olds)<br><input type="checkbox"/> Discovery Days |
|--|---|

Office Use	
Class _____	
Enrollment Date _____	Fee _____
Withdrawal Date _____	
<input type="checkbox"/> 8:30am - 2:15pm	

**Child's Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_

**Date of Birth** \_\_\_/\_\_\_/\_\_\_ **Age as of October 15, 2026** \_\_\_\_\_ **Gender**    M            F

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

\_\_\_\_ Father    \_\_\_\_ Stepfather    \_\_\_\_ Guardian

\_\_\_\_ Mother    \_\_\_\_ Stepmother    \_\_\_\_ Guardian

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Responsible for: \_\_\_ school related decisions  
                               \_\_\_ school communications  
                               \_\_\_ financial bills

\_\_\_\_ school related decisions  
                               \_\_\_ school communications  
                               \_\_\_ financial bills

May pick up without special note    \_\_\_ yes \_\_\_ no

May pick up without special note    \_\_\_ yes \_\_\_ no

**Please check all that apply:**

- |                           |                            |                                 |
|---------------------------|----------------------------|---------------------------------|
| ____ Parents are married  | ____ Parents are separated | ____ Parents are divorced       |
| ____ Father has custody   | ____ Mother has custody    | ____ Parents have joint custody |
| ____ Guardian has custody | ____ Father is remarried   | ____ Mother is remarried        |

**If parents are divorced/separated/not living together, please provide the name and address of the other parent:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Does this person have permission to pick up the child at Fellowship Friends Preschool?\*

YES \_\_\_\_\_ NO \_\_\_\_\_

**\*Please provide a copy of any court-ordered custody documents to be filed, when applicable\***

Documents on File: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

# Student and Family Information Sheet

Student Name: \_\_\_\_\_

Student Birthdate: \_\_\_\_\_

**Duplicate communication (i.e. newsletters, etc.) should be sent to:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Is he/she potty-trained? Yes \_\_\_\_ No \_\_\_\_

What is your child's terminology for the bathroom? \_\_\_\_\_

Has your child had any previous preschool experience? \_\_\_\_\_

If so, where? \_\_\_\_\_

What age? \_\_\_\_\_

Please let us know anything else you feel we should know about your child including any services they may receive, etc: \_\_\_\_\_

\_\_\_\_\_

Does your child have any siblings? Yes \_\_\_\_ No \_\_\_\_

Names & ages of siblings:

\_\_\_\_\_

\_\_\_\_\_

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

Are you interested in receiving information about Fellowship United Methodist Church?

Yes \_\_\_\_ No \_\_\_\_

# Authorized Student Pick Up 2026-2027 Please print clearly.

Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact (not parent): \_\_\_\_\_ Phone #: \_\_\_\_\_

Street: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ DL Number# \_\_\_\_\_

- This person may pick up my child in the case of an emergency if I cannot be reached.
- This person may NOT pick up my child in the case of an emergency if I can't be reached.

**Authorized Student Pick-Up Release: (Other than parents)** I hereby authorize FFP to allow my child to leave FFP with only the persons listed below. In the event that a person not listed has to pick up my child, I understand that FFP must receive a phone call from one of the listed parents/guardians stating who that person will be. That person will need to present a valid ID/Drivers License to FFP in order for us to confirm their identity.

*Addresses below should include city and zip.*

1) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Driver's License # \_\_\_\_\_

2) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Driver's License # \_\_\_\_\_

3) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Driver's License # \_\_\_\_\_

4) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Driver's License # \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Student Health/Special Care Needs

Student Name: \_\_\_\_\_ Student Birthdate: \_\_\_\_\_

Child's Special Care Needs, Check all that apply

- |  |   |
|--|---|
| <input type="checkbox"/> Environmental allergies       | <input type="checkbox"/> Limitations or restrictions on activities      |
| <input type="checkbox"/> Food Intolerances             | <input type="checkbox"/> Reasonable accommodations                      |
| <input type="checkbox"/> Existing Illness              | <input type="checkbox"/> Adaptive Equipment, include instructions       |
| <input type="checkbox"/> Previous Serious Illness      | <input type="checkbox"/> Symptoms/Indications of complications          |
| <input type="checkbox"/> Injuries and Hospitalizations | <input type="checkbox"/> Medication prescribed for continuous long term |
| <input type="checkbox"/> Other/Explain _____           |   |

Does your child have diagnosed food allergies  Yes  No

Food Allergy Emergency Plan Submitted dated: \_\_\_\_\_

Please tell us about about this allergy/reactions: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### First Aid Permissions and Emergency Care Authorization:

I give permission for Fellowship Friends Preschool to administer First Aid to my child to include: ice, Benadryl topical, Neosporin antiseptic ointment, Band-aids and/or gauze and tape.  No  Yes

In the event that I cannot be reached to make arrangements for medical treatment, I authorize any staff member of Fellowship Friends Preschool to administer First Aid and/or call 911 to transport

\_\_\_\_\_ (child's name) to the nearest hospital or emergency treatment clinic. I authorize and hereby give my consent for any necessary medical treatment, emergency or otherwise, furnished by any licensed physician, hospital, or emergency treatment clinic (health care provider), and I agree to pay all medical fees incurred in connection with the treatment of my child under the authority granted herein. I hereby release Fellowship Friends Preschool and any healthcare provider, and any of their respective agents, employees, officers or representatives, from any and all liability for any action taken on behalf of my child pursuant to the terms of this medical authorization.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

## Release and Permissions

**Publication Release:** During the year, photos will be taken of students, activities, programs, etc. These may be posted on our Facebook page. **If you do not wish for your child's photo and name to appear,** please indicate below.

Yes my child can be included  No, my child can not be included

**Preschool Photos:** FFP may include my child in preschool photo collections to include: classroom wall photos, slide shows, special occasion crafts, and/or classroom collections (i.e. Cluster, Procure) etc. To be used within the school and class groups.

Yes  No

**Student Directory Release:** I give my permission to have my email/text communication included in group messages between my child's teacher and classmates' parents.

Yes  No

**Water Activities Release:** My child may participate in water activities to include water table, water slides, sprinkler play or aquatic playgrounds  Yes  No

Is your child able to swim without assistance?  Yes  No

Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming?  Yes  No

**Walks:** My child may participate in walks outside, on school grounds, including the wooded area beyond our playground.  Yes  No

**Field Trips:** Fellowship Friends Preschool will not participate in any field trips where transportation will be necessary. All of our field trips come to us.

### I understand that the following meals will be provided to my child while in care:

Morning snack.

Lunch provided by parents.

### Acceptance of Parent Handbook and Operational Policies

I/We understand that by completing the Fellowship Friends Preschool registration form and paying the non-refundable registration fee, I/we are agreeing for ourselves and our student/s to accept and abide by all of the policies, rules and regulations set forth in the Fellowship Friends Preschool Parent Handbook. The Parent Handbook is emailed at the time of registration and are also available to view online.

I acknowledge receipt of the facility's operational policies including those for the following. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Discipline and guidance   | <input type="checkbox"/> Procedures for release of children   |
| <input type="checkbox"/> Suspension and expulsion  | <input type="checkbox"/> Illness and exclusion criteria   |
| <input type="checkbox"/> Emergency plans   | <input type="checkbox"/> Procedures for dispensing medications  |
| <input type="checkbox"/> Procedures for conducting health checks   | <input type="checkbox"/> Immunization requirements for children   |
| <input type="checkbox"/> Safe sleep  | <input type="checkbox"/> Meals and food service practices   |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director  | <input type="checkbox"/> Procedures to visit the center without securing prior approval   |
| <input type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | <input type="checkbox"/> Procedures for supporting inclusive services   |
| <input type="checkbox"/> Procedures for parents to participate in operation activities                                       | <input type="checkbox"/> Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline and CCR website |

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit [www.ada.gov/resources/child-care-centers/](http://www.ada.gov/resources/child-care-centers/). If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

### **Contractual Agreement**

This must be signed by individuals responsible for school related decisions and financial bills.

I (We) the undersigned agree to fulfill all financial obligations. I (We) agree that tuition and fees will be paid in a timely manner. *Students with tuition in arrears may be withheld from class until payments are current.* In the event of withdrawal or dismissal, all tuition and fees paid to date are non-refundable and tuition will be charged through the end of the month.

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Parent Signature

Date

---

Parent Signature

Date

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**School Director/representative**

**Barbara Rich Clark**

**[barbara@fumctc.com](mailto:barbara@fumctc.com)**

**817/491-2300**

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**Date**

# PHYSICIAN'S MEDICAL FORM

**Due by the first day of preschool**

Fellowship Friends Preschool  
101 Trophy Club Drive  
Trophy Club, TX 76262  
fax #: 817-490-9562

Health Care Professional Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

I have examined (Student Name) \_\_\_\_\_

**Date of last exam:** \_\_\_\_\_

1. Is this child physically and mentally able to participate in group activities? \_\_\_ Yes \_\_\_ No
2. Can this child participate in the program without special care relating to allergies, special diet, restriction of activities or any other chronic condition? \_\_\_ Yes \_\_\_ No
3. Is this child free of infectious or contagious disease? \_\_\_ Yes \_\_\_ No
4. Other Concerns: \_\_\_\_\_
5. Does this child have any diagnosed allergies? If yes, explain \_\_\_\_\_
6. Has your child had chicken pox? \_\_\_ Yes \_\_\_ No

**Diagnosed allergies that require medication must have an emergency action plan on file.**

Additional Notes:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Healthcare Professional Signature**

\_\_\_\_\_  
Date

**Immunization Records & Hearing/Vision Testing (Age 4+)**

Please attach a current copy of the child's immunization record to this form.

- I have attached a signed and dated affidavit that I decline immunizations for reasons of conscience, including religious belief, on the form described in section 161.0041 Health and Safety code submitted no later than 90 days after the affidavit is notarized.