



Hillside Preschool

Fenton United Methodist Church

Preschool Enrollment Form (2026-2027)

\$85 Enrollment Fee (non-refundable) Checks payable to Fenton United Methodist Church or FUMC. Write "Hillside Registration Fee" on the check memo line. Please be aware that Tuition is due on the 1st of every month with a grace period of 5 days, then a late fee is assessed. For all Tuition checks please put "Hillside Tuition (child's name)" on the memo line.

10% Multi-child tuition discount available.

Child's Name: _____ DOB: _____ Current Age: _____

Preschool Registration Options **Age 3 - 4**

Preschool Half Day Options 8:30-11:30a.m.	____ 2 Half -Days Option \$224.00/month Monday Tuesday Wednesday Thursday Friday	____ 3 Half -Days Option \$336.00/month Monday Tuesday Wednesday Thursday Friday	____ 4 Half -Days Option \$448.00/month Monday Tuesday Wednesday Thursday Friday	____ 5 Half -Days Option \$560.00/month Monday Tuesday Wednesday Thursday Friday
Preschool Lunch Bunch Options 8:30-12:30p.m.	____ 2 Lunch Bunch Option \$244.00/month Monday Tuesday Wednesday Thursday Friday	____ 3 Lunch Bunch Option \$366.00/month Monday Tuesday Wednesday Thursday Friday	____ 4 Lunch Bunch Option \$488.00/month Monday Tuesday Wednesday Thursday Friday	____ 5 Lunch Bunch Option \$610.00/month Monday Tuesday Wednesday Thursday Friday
Preschool Full Day Options 8:30-3:30p.m.	____ 2 Full-Days Option \$292.00/month Monday Tuesday Wednesday Thursday Friday	____ 3 Full Days Option \$438.00/month Monday Tuesday Wednesday Thursday Friday	____ 4 Full Days Option \$584.00/month Monday Tuesday Wednesday Thursday Friday	____ 5 Full -Days Option \$730.00/month Monday Tuesday Wednesday Thursday Friday

*Days specificized above are locked in unless otherwise approved by Director



Child's Name: _____

PARENTS INFORMATION: How did you hear about us? _____

Preferred emergency contact: Mother Father

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Home Phone: _____ Cell: _____ Home Phone: _____ Cell: _____

Email: _____ Email: _____

Work Phone: _____ Work Phone: _____

Employer: _____ Employer: _____

Employer Address: _____ Employer Address: _____

City/State/Zip: _____ City/State/Zip: _____

Job Title: _____ Job Title: _____

Work Schedule: _____ Work Schedule: _____

Student lives with: _____

If a court-ordered Parenting Plan exists, please provide a copy to the school.

ABOUT YOUR CHILD Male/Female

Activities your child enjoys:

Fears your child has:

Name(s) of sibling(s) and age(s):

Concerns or comments about your child:

Where will your child attend kindergarten? _____



EMERGENCY INFORMATION

Allergies your child has:

_____ Medical problems your
child has and/or medications: _____ Physician's Name:
_____ Phone #: _____ Preferred hospital:
_____ Phone #: _____

I understand that in case of accident or injury to my child, I will be notified immediately. If my child requires emergency medical care, the physician and/or preferred hospital to be used are listed above. I further agree to pay all costs incurred by transport.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CONTACTS:

Name: _____ Phone #: _____ Relationship: _____
Address: _____

Name: _____ Phone #: _____ Relationship: _____
Address: _____

Other people who are allowed to pick-up my child from school:

Name: _____ Phone #: _____ Relationship: _____
Address: _____

Name: _____ Phone #: _____ Relationship: _____
Address: _____

During pick up, a Valid ID is needed for the child to be released. If someone is not on the pre-authorized list, please contact the office the day and provide written approval including the name (first and last).



AGREEMENTS:

- A. I have been informed that the required health and safety inspections forms are available for review.
- B. When my child is ill, I understand and agree that he/she may not be accepted for care or remain in care.
- C. **I DO / DO NOT** give permission for field excursions. I understand that I, or a guardian, will be REQUIRED TO ATTEND THE ENTIRE TRIP. I will be responsible for transporting my child.
- D. A late fee of \$25 will be added for tuition paid after the five (5)-day grace period each month.
- E. Hillside Preschool will take every precaution for your child's safety, but parents shall waive claim in the event of an accident not within our providences to prevent.
- F. I understand that this form puts my child on the class list unless someone contacts me about full or low enrollment.

Parent/Guardian Signature: _____ Date: _____