



800 Gravois Road, Fenton, MO 63026  
636-343-5010  
[admin@umcfenton.org](mailto:admin@umcfenton.org)

## 2025-2026 Enrollment Form

**\$60 Early Registration Enrollment Fee (non-refundable) extended through August 18, 2025.**

**\$75 Enrollment Fee (non-refundable) after August 19, 2025.**

**Checks payable to Fenton United Methodist Church or FUMC. Write "Hillside Tuition" on the check memo line. Please be aware that Tuition is due on the 1st of every month. There is a 3 day grace period before a **\$25.00 Late Fee** is assessed.**

**10% Multi-child tuition discount available.**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Current Age: \_\_\_\_\_

<b>PRE-SCHOOL HALF OR FULL Day Options</b> <b>(8:30-11:30am OR 12:30-3:30pm OR 8:30-3:30PM)</b>			
<b><u>Pre-School</u></b> <b><u>Half Day Options</u></b> (8:30-11:30am) or (12:30-3:30pm)  Must be <b>3-years old</b> to attend class. Must be potty trained, no pull ups allowed.	<b><u>2-Days/Week</u></b> <b>\$200/month</b>  Select preferred 2 days: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday	<b><u>3-Days/Week</u></b> <b>\$300/month</b>  Select preferred 3 days: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday	<b><u>4-Days/Week</u></b> <b>\$400/month</b>  Monday Tuesday Wednesday Thursday  <b>***There is an option for a 5 Day Option, must have 6 enrollments be approved***</b>
<b><u>Pre-School</u></b> <b><u>Full Day</u></b> (8:30am-3:30pm)  Must be <b>3-years old</b> to attend class. Must be potty trained, no pull ups allowed.	<b><u>2-Days/Week</u></b> <b>\$256/month</b>  Select preferred 2 days: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday	<b><u>3-Days/Week</u></b> <b>\$384/month</b>  Select preferred 3 days: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday	<b><u>4-Days/Week</u></b> <b>\$512/month</b>  Monday Tuesday Wednesday Thursday  <b>***There is an option for a 5 Day Option, must have 6 enrollments be approved***</b>

## PRE-KINDERGARTEN HALF AND FULL DAY OPTIONS

<b><u>Pre-Kindergarten</u></b> <b>Half Day Options</b> (8:30-11:30am) OR (12:30-3:30pm)  Must be <b>4-years old</b> by July 31, 2025.	<b><u>2-Days/Week</u></b> <b>\$200/month</b>  Select preferred 2 days: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday	<b><u>3-Days/Week</u></b> <b>\$300/month</b>  Select preferred 3 days: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday	<b><u>4-Days/Week</u></b> <b>\$400/month</b>  Monday Tuesday Wednesday Thursday <b>***There is an option for a 5 Day Option, must have 6 enrollments be approved***</b>
<b><u>Pre-School</u></b> <b>Full Day</b>  (8:30am-3:30pm)  Must be <b>4-years old</b> by July 31, 2025.	<b><u>2-Days/Week</u></b> <b>\$256/month</b>  Select preferred 2 days: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday	<b><u>3-Days/Week</u></b> <b>\$384/month</b>  Select preferred 3 days: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday	<b><u>4-Days/Week</u></b> <b>\$512/month</b>  Monday Tuesday Wednesday Thursday <b>***There is an option for a 5 Day Option, must have 6 enrollments be approved***</b>

### **Hillside 2025/2026 Important Dates:**

- ★ Tuesday, September 2, 2024 First Day of School
- ★ Thursday, November 27 through Friday, November 28 (Thanksgiving Break)
- ★ Tuesday, December 23, 2024, through Friday, January 2, 2025 (Christmas Break)
- ★ Monday, January 19 MLK Holiday
- ★ Monday, February 16 President's Day Holiday
- ★ Monday, March 30 through Friday, April 3 (Spring Break)
- ★ Thursday, May 21 Last Day of school
- ★ TBD May (Graduation/ Party) - Morning

## Hillside Preschool 2025/2065 Enrollment Form

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? \_\_\_\_\_

Is there anything else we should know about your child?

\_\_\_\_\_

\_\_\_\_\_

### **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: \_\_\_\_\_

## **Hillside Preschool 2025/2026 Enrollment Form**

### **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. Classes begin the Tuesday after Labor Day.

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

**Office Use**

Enrollment Date: \_\_\_\_\_ Enrollment Fee: \$ \_\_\_\_\_ Total Paid on : \_\_\_\_\_ For the Amount of : \$ \_\_\_\_\_

Paid by Check # \_\_\_\_\_ OR Cash (YES OR NO) Receipt # \_\_\_\_\_

Monthly Tuition will be: \$ \_\_\_\_\_

10% multi-child discount eligible: (YES OR NO)