



# Summer Camp 2026

## Enrollment Form

**\$40 Early Registration Enrollment Fee (non-refundable) January 2026 through March 13, 2026. If you enroll in Fall early the discount will also apply to the Summer Program**

\$50 Enrollment Fee (non-refundable) after March 13, 2026.

Checks payable to **Fenton United Methodist Church** or **FUMC**. Write "*Hillside Summer 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: \_\_\_\_\_

<b>Pre-School Registration Options</b>		
<p><b><u>Pre-School</u></b> 2 Year Old's</p> <p><b>Half Day Options</b> <i>(8:30-11:30am)</i></p>	<p>___ <b>3 Half -Day Option</b> <b>\$360.00/month</b> Monday Wednesday Friday</p>	<p>___ <b>4 Half -Day Option</b> <b>\$480.00/month</b> Monday Wednesday <b>Pick 2 More Days:</b> ___ Tuesday ___ Thursday ___ Friday</p>
<p><b><u>Pre-School</u></b> 2 Year Old's</p> <p><b>Full Day Options</b> <i>(8:30am-3:30pm)</i></p>	<p>___ <b>3 Full -Day Option</b> <b>\$456.00/month</b> Monday Wednesday Friday</p>	<p>___ <b>4 Full -Day Option</b> <b>\$608.00/month</b> Monday Wednesday <b>Pick 2 More Days:</b> ___ Tuesday ___ Thursday ___ Friday</p>
<p><b>*Days specificized above are locked in unless otherwise approved by Director*</b></p>		



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

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

**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).



# HILLSIDE PRESCHOOL

Fenton United Methodist Church



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



# Hillside Preschool

Fenton United Methodist Church

## Summer Important Dates

- Monday June 8<sup>th</sup> **1<sup>st</sup> day of Summer School**
  - Tuesday June 16<sup>th</sup> Story Time with Ms. Meghan  
9:00a.m. & **Water Day**
  - Wednesday June 24<sup>th</sup> **Rusty Pliers Show** 10:00 a.m.
  - Thursday June 25<sup>th</sup> **Water Day**
  - Wednesday July 1<sup>st</sup> **Water Day**
  - Tuesday July 7<sup>th</sup> Story Time with Ms. Meghan 9:00 a.m.  
& **Water Day**
  - July 15<sup>th</sup> **Butterfly House ~ Story of a Butterfly**   
9:30 a.m.
  - Thursday July 16<sup>th</sup> **Water Day**
  - Wednesday July 22<sup>nd</sup> **Water Day**
  - Thursday July 30<sup>th</sup> **last day of Summer School**
- 
- Dates subject to change and a few extras in between