



2025-2026 Enrollment Form

\$85 Enrollment Fee (non-refundable), once received your students spot will be held.

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: _____

Pre-School Registration Options *Must be 3 to 4 years old*				
<u>Pre-School</u> Half Day Options <i>(8:30-11:30am)</i>	____ 2 Half -Day Option <b style="color: red;">\$224.00/month Tuesday & Thursday	____ 3 Half -Day Option <b style="color: red;">\$336.00/month Monday Wednesday Friday	____ 4 Half -Day Option <b style="color: red;">\$448.00/month Monday Wednesday <u>Pick 2 More Days:</u> ____ Tuesday ____ Thursday ____ Friday	 ____ 5 Half -Day Option <b style="color: red;">\$560.00/month Monday Tuesday Wednesday Thursday Friday
<u>Pre-School</u> Full Day Options <i>(8:30am-3:30pm)</i>	____ 2 Full -Day Option <b style="color: red;">\$292.00/month Tuesday & Thursday	____ 3 Full -Day Option <b style="color: red;">\$438.00/month Monday Wednesday Friday	____ 4 Full -Day Option <b style="color: red;">\$584.00/month Monday Wednesday <u>Pick 2 More Days:</u> ____ Tuesday ____ Thursday ____ Friday	 ____ 5 Full -Day Option <b style="color: red;">\$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: _____