



# 2025-2026 Pre-K 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-K Registration Options

**\*Must 4 by July 31<sup>st</sup> 2025\***

<b>Pre-K</b>  <b>Half Day Options</b> <i>(8:30-11:30am)</i>	___ <b>2 Half -Day Option</b> <b>\$224.00/month</b> Tuesday & Thursday	___ <b>3 Half -Day Option</b> <b>\$336.00/month</b> Monday Wednesday Friday	___ <b>4 Half -Day Option</b> <b>\$448.00/month</b> Monday Wednesday <b>Pick 2 More Days:</b> ___ Tuesday ___ Thursday ___ Friday	<del>           ___ <b>5 Half -Day Option</b>  <b>\$560.00/month</b>            Monday            Tuesday            Wednesday            Thursday            Friday         </del>
<b>Pre-K</b>  <b>Full Day Options</b> <i>(8:30am-3:30pm)</i>	___ <b>2 Full -Day Option</b> <b>\$292.00/month</b> Tuesday & Thursday	___ <b>3 Full -Day Option</b> <b>\$438.00/month</b> Monday Wednesday Friday	___ <b>4 Full -Day Option</b> <b>\$584.00/month</b> Monday Wednesday <b>Pick 2 More Days:</b> ___ Tuesday ___ Thursday ___ Friday	<del>           ___ <b>5 Full -Day Option</b>  <b>\$730.00/month</b>            Monday            Tuesday            Wednesday            Thursday            Friday         </del>
<b>*Days specificized above are locked in unless otherwise approved by Director*</b>				



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: \_\_\_\_\_