

# Pre-K Enrollment Form (2026-2027)

**\$65 Early Registration Enrollment Fee (non-refundable) January 2026 through March 13, 2026.**

\$85 Enrollment Fee (non-refundable) after March 13, 2026.

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				
<b>*Must be 4-years old by July 31, 2026.*</b>				
<b>Pre-K</b>  <b>Half Day Options</b> (8:30-11:30am)	<input type="checkbox"/> 2 Half -Day Option <b>\$224.00/month</b> Tuesday & Thursday	<input type="checkbox"/> 3 Half -Day Option <b>\$336.00/month</b> Monday Wednesday Friday	<input type="checkbox"/> 4 Half -Day Option <b>\$448.00/month</b> Monday Wednesday <b>Pick 2 More Days:</b> <input type="checkbox"/> Tuesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> 5 Half -Day Option <b>\$560.00/month</b> Monday Tuesday Wednesday Thursday Friday
<b>Pre-K</b>  <b>Full Day Options</b> (8:30am-3:30pm)	<input type="checkbox"/> 2 Full -Day Option <b>\$292.00/month</b> Tuesday & Thursday	<input type="checkbox"/> 3 Full -Day Option <b>\$438.00/month</b> Monday Wednesday Friday	<input type="checkbox"/> 4 Full -Day Option <b>\$584.00/month</b> Monday Wednesday <b>Pick 2 More Days:</b> <input type="checkbox"/> Tuesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> 5 Full -Day Option <b>\$730.00/month</b> Monday Tuesday Wednesday Thursday Friday
<b>*Days specified above are locked in unless otherwise approved by Director*</b>				



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:

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Fears your child has:

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

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Concerns or comments about your child:

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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).



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