

Discovery Place Preschool Registration Form
Christ United Methodist Church
2375 East 3300 South Salt Lake City, UT 84109
(801) 483-2715 discpreschool@gmail.com

SHEET 1 OF 3

Today's Date: _____ Date you wish to enroll your child: _____

Tuesdays 8:45 AM-12:30 PM Wednesdays 8:45 AM-12:30 PM Thursdays 8:45 AM-12:30 PM

Child Information

Child's Name: _____ Date of Birth: _____ Gender: M / F

Child's Address: _____ City: _____ Zip: _____

Mother/Guardian

Mother's Name: _____

Address: _____ City: _____ Zip: _____

Occupation: _____ Email: _____

Work Phone () _____ Home Phone () _____ Cell Phone () _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian

Father's Name: _____

Address: _____ City: _____ Zip: _____

Occupation: _____ Email: _____

Work Phone () _____ Home Phone () _____ Cell Phone () _____

Marital Status: Married Single Divorced Separated Widowed Other _____

List any existing medical conditions, medication and/or special attention your child may require: _____

Allergies: _____ Church Affiliation, if any: _____

Number of siblings: _____ Names & Ages: _____

Emergency Contacts & Authorized Pickup Persons:

By adding people to this list, you authorize them to pick your child up or drop them off and you allow us to contact them if we cannot reach you in case of urgent need.

1st Emergency Contact/Pick Up

Name: _____ Phone: _____ Relationship to the Child: _____

2nd Emergency Contact/Pick Up

Name: _____ Phone: _____ Relationship to the Child: _____

3rd Emergency Contact/Pick Up

Name: _____ Phone: _____ Relationship to the Child: _____

Where did you first hear about our program? Please circle one

Website Church Outside banner Other Referral (please name) _____

Child's Name: _____

Please write a brief evaluation of your child's personality: _____

What is the most important thing you want your child to derive from our program? _____

Does your child have any special needs (i.e. fears, feelings of insecurity, physical needs, etc...)? If so, how can we best help them? _____

Does he/she relate well to other children and adults? _____

Favorite play activity: _____

What language(s) is/are spoken at home? _____

Does your child have language difficulties or any special problems? _____

What type of discipline (guidance) is used at home? _____

Are there any cultural practices, holidays, family hobbies, or special skills (foreign language, bird watching, cooking, career skills etc.) you would like to share with the school or in your child's classroom? _____

Parental Agreement

Forms & Policies

I have received and returned all required forms.

I have read the Parent Handbook which outlines the policies and procedures of Discovery Place Preschool. I understand these policies and agree to abide by them. I have read and agree to abide by the discipline policies outlined in the Parent Handbook. I understand that failure to comply with school rules is grounds for expulsion.

I have read and understand the Emergency Procedures as outlined in the Parent Handbook.

Signature of Parent/Guardian _____ Date Signed ____/____/____

Communications & Security

I agree that it is the responsibility of both the staff of Discovery Place Preschool and I/we as parent(s) to keep an open line of communication between us during the school year.

I am aware that I will be informed of activities through a monthly lesson plan in addition to emails from the School and/or an electronic messaging application.

I understand that for security reasons, I (or persons authorized by me) must escort my child to and from the classroom.

Signature of Parent/Guardian _____ Date Signed ____/____/____

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SHEET 3 OF 3

Tuition Payment & Fees

I understand that tuition is paid via check or credit/debit card. Tuition payments are due by the 15th of each month. Rejected transactions may incur a minimum \$25 fee.

I understand that if, for any reason, tuition payment is not received by the fifteenth of the month, a late fee of \$20 will be incurred and must be paid with the late tuition payment.

I understand I will be charged a late pick-up fee of \$5.00 per 5 minutes I am late for pickup.

I understand that I must pay the full monthly tuition, whether my child is in attendance each day or not. I agree to give at least four weeks' notice if withdrawing from the preschool, and I will be responsible for paying that months tuition.

Signature of Parent/Guardian _____ Date Signed ____/____/____

Liability Release Agreement

Your signature below indicates you have read and agree to the program guidelines as written in the "Discovery Place Preschool Parent Handbook". In the event of accident or illness to your child, your signature also indicates you indemnify and agree not to hold liable the following parties: Christ United Methodist Church, Discovery Place Preschool Teachers, substitute teachers, Director, Church Administrators, Trustees, Coordinators, or other employees/volunteers as associated with the program.

Print Name: _____ Parent Signature: _____ Date: _____

Photo Release/Directory Permission

I _____ (print name of parent) hereby:

Consent

Do not consent

To the use of photographs of _____ (name of child) in the production of any flyers, newsletters, church web site, Discovery Place Preschool Facebook page, and other sharing platforms that Christ United Methodist Church Discovery Place Preschool Program develop. Please note that Discovery Place Preschool will not list any identifying or personal information, such as child's name in any of its publications. Further, by signing, I certify that I am the legal parent or guardian of the child identified above.

I, _____ (print name of parent) hereby:

Consent

Do not consent

To the use of my phone number and e-mail for a Preschool directory.

Signed: _____ Print Name: _____ Date: _____
