

# New Haven United Methodist Preschool Childcare

## 2019-2020

**Non-refundable Registration Fee of \$50.00 due with application.** Your child's spot will not be held without a registration fee. Payment is due each Friday. If payment is not received by Friday, a \$10 late fee will be assessed and the child will be unable to return until payment is made in full.

**Please check here if your child is a BrightPoint recipient**

Infants (0-12mo)	Toddlers/Pre-K Prep (1yr.-2yrs.)	Before/After care Preschool (4+)	Beginner Childcare (enrolled in beginner class)
Full-time(3+days) \$165/week Part-time (2 or less days) \$100/week	Full-time(3+days) \$150/week Part-time (2 or less days) \$85/week	Full-time(3+days) \$80/week Part-time (2 or less days) \$45/week	Full-time (3+days) \$100/week Part-time(2 or less days) \$70/week

**\*There will be a 10% discount for the oldest sibling in the family**

**Full-Time or Part-Time Care – PLEASE INDICATE DAYS NEEDED AND PICK UP TIMES:**

Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
Drop-off Time:	Drop-off Time:	Drop-off Time:	Drop-off Time:	Drop-off Time:
Pick-up Time:	Pick-up Time:	Pick-up Time:	Pick-up Time:	Pick-up Time:

**ANY changes to schedule must be submitted 2 weeks ahead of time!**

### CHILD ENROLLING

Full Legal Name	Date of Birth	Gender	First name to be written on name tags, etc.
Full Address (number, street, city, state, zip)			

### CHILD'S MOTHER

Full Name	Date of Birth	Lives with child?
Full Address if different than child's		
Place of Employment	How Long?	Occupation
Employer's Full Address (number, street, city, state, zip)		
Home Phone	Cell Phone	Work Phone
Email Address		Best Way to Contact You

### CHILD'S FATHER

Full Name	Date of Birth	Lives with child?
Full Address if different than child's		
Place of Employment	How Long?	Occupation
Employer's Full Address (number, street, city, state, zip)		
Home Phone	Cell Phone	Work Phone
Email Address		Best Way to Contact You

### MARITAL STATUS

Single	Married	Living Together	Divorced	Legally Separated	Other, explain
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### CUSTODY

Who has legal custody of <u>child</u> ?	With whom does the child live? Living arrangements?
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CHILD CARE	
Name of Regular Babysitter or Child Care Center	Phone

PERSON FINANCIALLY RESPONSIBLE		
<b>Payment is due each Friday. If paid after Friday, please include the \$10.00 late fee.</b>		
First Name	Date of Birth	Relationship to Child
Full Address if different than child's		
Place of Employment	How Long?	Occupation
Employer's Full Address (number, street, city, state, zip)		
Home Phone	Cell Phone	Work Phone
Email Address	Best Way to Contact You	

CHURCH AFFILIATION
Do you attend church regularly? If so, where?

EMERGENCY CONTACTS		
Primary Contact's Full Name	Relationship to Child	Employer
Cell Phone	Home Phone	Work Phone
Secondary Contact's Full Name	Relationship to Child	Employer
Cell Phone	Home Phone	Work Phone
Alternative Contact's Full Name	Relationship to Child	Employer
Cell Phone	Home phone	Work Phone

SIBLINGS					
Name	Gender	Date of Birth	Age	Grade	Lives with student?
Name	Gender	Date of Birth	Age	Grade	Lives with student?
Name	Gender	Date of Birth	Age	Grade	Lives with student?
Name	Gender	Date of Birth	Age	Grade	Lives with student?

OTHER MEMBERS OF HOUSEHOLD					
Name	Gender	Date of Birth	Age	Grade	Relationship
Name	Gender	Date of Birth	Age	Grade	Relationship

PREVIOUS PRESCHOOL EXPERIENCE	
Name of previous preschool/child care center	Reason for Leaving

REGISTRATION AGREEMENT	
By signing below, you agree to the following: <ul style="list-style-type: none"> <li>• Payment of the Registration Fee is non-refundable.</li> <li>• Payment is due each Friday. Payment received after Friday will be subject to a \$10 late fee.</li> <li>• If payment is delinquent for more than thirty (30) days, collection may be sought in court and I agree to pay court costs and reasonable attorney fees.</li> <li>• I will keep my child home if they are displaying signs of illness or communicable disease.</li> <li>• My child will be picked up promptly at the end of their session. If late, I will pay the late student pick-up fee.</li> </ul>	
Printed Name	
Signature	Date

Relationship to Child