

LEARNING ACADEMY FIRST UNITED METHODIST CHURCH 2018 SUMMER ENROLLMENT FORM

801 West Avenue B
Garland, Texas 75040-6216
Telephone (972) 494-3096
hmedlock@fumcgarland.org

For Office Use Only:
Date of Admission _____
Fee: \$ _____
Check No. _____ Cash _____

*Please check the option for your child.
Age refers to child's age as of September 1, 2018*

First Day of Summer Session
Wednesday, June 13th—all classes

Last Day of Summer Session
Thursday, August 2nd—3 & 4 day classes
Friday, August 3rd—5 day classes

Learning Academy
Classes for 6 weeks-5 years of age

Curriculum fee \$50.00 non-refundable due with enrollment form.

Infants-23 months
 6:30 - 6:00 Monday-Friday **Tuition**
\$180/week

Curriculum fee reserves your child's place for summer session.

2 years-5 years
Three Day Classes
 8:30 - 3:00 Tuesday - Thursday \$95/week
 6:30 - 6:00 Tuesday - Thursday \$125/week

Weekly tuition is due Friday of each week—tuition is paid in advance of the week your child will be in attendance. Tuition is late if not received by Monday at 6:00 p.m. There will be a late fee of \$25.00 assessed if tuition is received after 6:00 p.m. on Monday.

Four Day Classes
 8:30 - 3:00 Monday - Thursday \$115/week
 6:30 - 6:00 Monday - Thursday \$140/week

Biweekly and monthly payments will be accepted provided tuition is paid in advance. Monthly payments are due the first class day of each month. Biweekly payments are due on the 1st and 15th of each month.

Five Day Classes & Kindergarten
 8:30 - 3:00 Monday - Friday \$140/week
 6:30 - 6:00 Monday - Friday \$170/week

Parents are responsible for payment until the school is notified in writing that the child is being withdrawn. Two weeks notice is required.

Child's Full Name _____	Child's Date of Birth _____	Child's Home Telephone No. _____
Child's Home Address _____		
Mother/Guardian's Name _____	Cell Phone # & Work Phone _____	Driver's License No. _____
Place of Employment _____	Email Address _____	
Father/Guardian's Name _____	Cell Phone # & Work Phone _____	Driver's License No. _____
Place of Employment _____	Email Address _____	
In case of emergency contact (other than parent/guardian):		
Give the name, address , and phone number(s) of person to call in case of an emergency if parents/guardian cannot be reached. _____ Relationship _____		
You may release my child to the following persons: (Child will not be released to anyone other than the above listed parent or guardian without specific permission). Children will only be released to a person designated by the parent/guardian after verification of ID.		
Name _____	Phone No. _____	Driver's License No. _____
Name _____	Phone No. _____	Driver's License No. _____
Name _____	Phone No. _____	Driver's License No. _____
Name _____	Phone No. _____	Driver's License No. _____
Name _____	Phone No. _____	Driver's License No. _____
**Occasionally parents may request phone numbers and/or addresses for purposes such as sending invitations cards, etc. May we release this information? ___ Yes ___ No		

AUTHORIZATION FOR MEDICAL TREATMENT

In the event that I cannot be reached to make arrangements for medical treatment, I authorize any representative of the First United Methodist Church Learning Academy to administer first aid and/or transport _____ (my child) to Methodist Richardson Medical Center, 2831 E. President George Bush Highway, Richardson, TX, 75082. I authorize and hereby give my consent for any necessary medical treatment, emergency or otherwise, furnished by any licensed physician, hospital, or emergency treatment clinic (health care provider), and I agree to pay all medical fees incurred in connection with the treatment of my child under the authority granted herein. I hereby release First United Methodist Church Learning Academy any health care provider, and any of their respective agents, employees, officers, or representatives from any and all liability for any action taken on behalf of my child pursuant to the terms of this medical authorization.

Signature of parent or legal guardian _____

Date _____

SPECIAL PROBLEMS/ALLERGIES

Fears: _____

Foods: _____

Health: _____

MEDIA PERMISSION

First United Methodist Church Learning Academy ___ **HAS/** ___ **DOES NOT HAVE** my permission to photograph my child. Pictures would be used for display in scrapbooks bulletin boards, slideshows, promotional materials, or on our website/Shutterfly site for the 2018-2019 school year.

Please initial the following statements:

___ I agree & understand that the curriculum fee is non-refundable.

___ I agree & understand that tuition is due on my child's first class day of each month.

___ I agree & understand that if I do not pay my tuition and/or outstanding balance by the 10th of the month, I will be charged a \$25 late fee.

Parent/Guardian Signature: _____ Date: _____

REQUIRED RECORDS & SCREENINGS

I understand and have provided the FUMC Learning Academy with the following records and/or screenings:

___ Current Immunization Records and Physician's Statement of Health

___ Hearing and Vision Screening Test Results (Students who are already four years old)

___ Hearing and Vision Screening Waiver (Students who are currently three years old)

AUTHORIZATION TO DISPENSE EXTERNAL PREPARATIONS

Parental Authorization: Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable: date, full name of child, name of medication, prescription number (if any), dosage, dates to be given, time of day to be dispensed, and signature of parent.

I give First United Methodist Church Learning Academy permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

___ Baby Wipes ___ Band-Aids ___ Neosporin or other antibiotic ointment ___ Sunscreen

___ Insect Repellent ___ Diaper Ointment ___ First Aid Spray ___ Other (Please specify) _____

Parent/Guardian Signature: _____ Date: _____

I have read and accept the policies and regulations of the First United Methodist Church Learning Academy printed on this form as well as those printed in the Learning Academy brochure, and I release it from any and all liability resulting from conditions or circumstances beyond its control.

Signature of Parent or Guardian _____

Date _____