

# LEARNING ACADEMY FIRST UNITED METHODIST CHURCH 2018-2019 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

**Learning Academy**  
Classes for 6 weeks-5 years of age

**First Day of Academic Year**  
August 8th—All Classes

**Last Day of Academic Year**  
May 30th—3 & 4 Day Classes  
May 31st—5 Day Classes

- |   | <u>Tuition</u> |
|---|----------------|
| <input type="checkbox"/> 6:30 - 6:00 Monday-Friday      | \$180/week     |
| <b>2 years (24 to 36 months)</b>                        |                |
| <input type="checkbox"/> 8:30 - 3:00 Monday - Friday    | \$140/week     |
| <input type="checkbox"/> 6:30 - 6:00 Monday - Friday    | \$170/week     |
| <b>3 years-5 years</b>                                  |                |
| <b>Three Day Classes</b>                                |                |
| <input type="checkbox"/> 8:30 - 3:00 Tuesday - Thursday | \$95/week      |
| <input type="checkbox"/> 6:30 - 6:00 Tuesday - Thursday | \$125/week     |
| <b>Four Day Classes</b>                                 |                |
| <input type="checkbox"/> 8:30 - 3:00 Monday - Thursday  | \$115/week     |
| <input type="checkbox"/> 6:30 - 6:00 Monday - Thursday  | \$140/week     |
| <b>Five Day Classes &amp; Kindergarten</b>              |                |
| <input type="checkbox"/> 8:30 - 3:00 Monday - Friday    | \$140/week     |
| <input type="checkbox"/> 6:30 - 6:00 Monday - Friday    | \$170/week     |

**Curriculum fee \$125.00 non-refundable due with enrollment form.**

Curriculum fee reserves your child's place in the school.

**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.

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.

Parents are responsible for payment until the school is notified in writing that the child is being withdrawn.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	
<b>In case of emergency contact (other than parent/guardian):</b>		
Give the name, <b>address</b> , and phone number(s) of person to call in case of an emergency if parents/guardian cannot be reached		Relationship
<b>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.</b>		
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.
<b>**Occasionally parents may request phone numbers and/or addresses for purposes such as sending invitations cards, etc. May we release this information? ___ Yes ___ No</b>		

## 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 a \$25 late fee will be assessed if my tuition is not received by Monday at 6:00 p.m. (weekly), on the 1st and/or 15th (biweekly), or by the 10th of each month (monthly).

\_\_\_ I acknowledge that a late pick-up fee of \$1.00 per minute will be assessed after 3:15 p.m. (Academic Hour students) and after 6:00 p.m. (Extended Hour students).

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)

\_\_\_ I understand that it is my responsibility to update my child's enrollment file. (Shot records, addresses, phone numbers)

## 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 \_\_\_\_\_