



Park Memorial Preschool

(334) 566-3881

(334)465-5455



Park Memorial Preschool will provide loving and quality care for your children in a safe, clean, and appropriate facility. We have designed an atmosphere of stimulating activities, learning experiences, toys, and equipment.

All of our faculty members are Christians who love young children and are here to participate in their growth and development. We consider it a privilege to be part of your child's early learning years.

Because Park Memorial Preschool is a ministry of Park Memorial United Methodist Church, we are exempt under law from regulation by the Department of Human Resources.

GENERAL INFORMATION

AGE REQUIREMENTS: Children must be 12 months up to 4 years (must be this age by September 2, 2012).

HOURS: The 2012-2013 session will be from 8:00 am-12:00 pm Monday-Thursday. Early Drop Off is available at 7:30 am. Each week we will offer Lunch Bunch 12:00 pm-2:30 pm on Tuesday, Wednesday & Thursday. Children may bring their own lunch or you may order a meal for \$3.00. (1 year olds may begin staying for Lunch Bunch after Christmas Break).

FEES AND TUITION

REGISTRATION FEE: The registration fee is \$150 per child and is **non-refundable**. To insure a place for your child this fee must be paid when enrollment forms are returned. There is a limited number of spaces in this program. We will register currently enrolled students and church members at a designated time, and then registration will be on a first come first serve basis open to the general public.

CURRICULUM/CRAFT FEE: Each student uses a variety of craft materials and A BEKA curriculum workbooks that must be purchased every year for each student. Instead of asking each parent to provide their student's own materials, we are charging a fee based on the materials used per student/class level. The fees are as follows:

1 Year olds	\$10
2 Year olds	\$20
3 Year olds	\$25
4 Year olds	\$50

The curriculum/craft fee is due by August 10 with your child's first month's tuition payment.

EARLY DROP OFF: Early Drop Off is available for 7:30 to 7:45. The Early Drop Off fee is \$25 per family a month or \$3 daily. You must pre-register for the monthly Early Drop Off. Early Drop Off students should be taken to the gym. Regular Drop Off students arriving between 7:45 and 7:55 should be taken to the gym also.

LATE PICK UP: Children are to be picked up promptly at 12:00 p.m. (2:30 p.m. for Lunch Bunch) and are considered late at 12:10 p.m. (2:40 p.m. for Lunch Bunch). The late pick up fee is \$3 per child for every 10 minutes stayed after regular pick up. If pick up is after 12:30 p.m., you will incur the above fee and your child will be enrolled into Lunch Bunch at an additional \$10. **Chronic tardiness will not be allowed.**

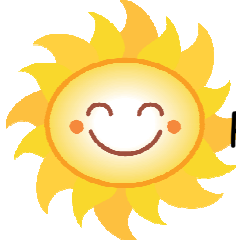
LUNCH BUNCH: The Lunch Bunch fee is \$7 per child for Lunch Bunch. You may pay for Lunch Bunch with your monthly tuition or on a daily basis.

TUITION: Rates are quoted per month.	<u>3 day</u>	<u>4 day</u>
	1 Year olds	\$135.00
2 Year olds	\$135.00	\$150.00
3 Year olds	\$135.00	\$150.00
4 Year olds		\$150.00

Multiple child discounts are available, please see director. Tuition is due by the tenth of each month. Tuition not paid by the tenth of the month will incur a \$10 late fee. Make all checks payable to Park Memorial Preschool. Tuition begins in August to hold any enrollment positions. *Note: When registering your child you will be required to register for one of the two provided schedules, where applicable. Should you register your child for the schedule with more days, he/she will be required to remain in that program for the entire school year.*

HEALTH AND SAFETY

A blue Certificate of Immunization prepared and signed by your physician's office must be on file with the program director prior to your child beginning the program. Notarized Emergency Release must be completed and returned prior to beginning the program.



REGISTRATION FORM

PARK MEMORIAL PRESCHOOL

Date of Application _____

Age Group _____

Date to be Enrolled _____

Number of Days _____

Registration Fee Enclosed _____

GENERAL INFORMATION

Child's Name _____

Home Address _____

City _____ Apt. # _____ Zip Code _____

Telephone _____ Birth date _____ Sex _____

Mother's Name _____ Occupation _____

Home Address _____ Zip Code _____ Phone _____

Place of Employment _____ Phone _____ Cell _____

E-mail address _____

Father's Name _____ Occupation _____

Home Address _____ Zip Code _____ Phone _____

Place of Employment _____ Phone _____ Cell _____

E-mail address _____

Stepparent? (which?) _____

Which parent has legal custody? _____

Are both parents allowed to pick up child? _____

Names and ages of other children in the household _____

Other persons living in the home _____

Previous program attended _____

Church Affiliation _____

How did you learn about our program? _____

MEDICAL INFORMATION

LOCAL relative or friend to notify in case of an emergency or illness and we cannot locate parent:

Name _____

Address _____

City _____ State _____ Zip _____

Relationship to Child _____ Phone: Home _____

Work _____

Physician _____ Phone _____

Address _____ Zip _____

Any Allergies _____

Does your child have any physical, medical, or mental handicaps? _____

If yes, please explain. _____

LIST PERSONS WHO WILL HAVE PERMISSION TO PICK UP YOUR CHILD FROM PARK MEMORIAL PRESCHOOL. Remember to list your emergency contact. List as many people as you need to.

(Persons NOT listed will not be allowed to pick up your child without *Permission to Release Form*)

Mother _____

Father _____

Emergency Contact _____

Other _____

SOCIAL AND PHYSICAL GROWTH

Is your child.....

1. Right or left handed? _____
2. Well coordinated? _____
3. Clumsy? _____
4. Good with hands? _____
5. Impulsive? _____
6. Excitable? _____
7. Restless? _____
8. Shy? _____
9. Domineering? _____
10. Happy? _____
11. Toilet Trained? _____

Does your child.....

1. Have falling spells? _____
2. Exhibit daredevil behavior? _____
3. Have unusual fears? _____
4. Talk well? _____
5. Have a good attitude about self? _____
6. Get along well with others? _____
7. Sleep Well? _____
8. Eat Well? _____
9. Bite Nails? _____
10. Suck Thumb? _____
11. Have tantrums? _____
12. Bite others? _____
13. Have a pet? _____ Kind? _____
Pet's Name _____

May your child's contact information, i.e. phone number and/or address be given to other classmates for birthday parties, etc.?

YES _____

NO _____

I _____ give permission for
(parent)

_____ picture to be used on the church website, FACEBOOK page,
(child's name)

or in **The Troy Messenger** to promote activities of Park Memorial Preschool for the current school year.

Park Memorial Preschool



P.O. Box 1291
750 Elba Highway
Troy, Al 36081
Church: (334) 566-3881
Cell: (334) 465-5455
E-mail: preschool.pmumc@troycable.net

Dear Parents,

According to the State of Alabama, Park Memorial Preschool is required to provide you with the following information. After reviewing the following information please **sign the form** below and return to the Park Memorial Preschool Director as soon as possible. This form is needed to file for our exemption of Licensure.

- Park Memorial Preschool child/staff ratio shall be no more than the following:

<u>Age</u>	<u>Ratio</u>
12 months -18 months	1 to 5
18 months-24 months	1 to 6
2 years	1 to 8
3 years	1 to 11
4 years	1 to 14

These ratios fall within the Park Memorial Safe Sanctuary and DHR Guidelines. However, we normally stay below these ratios because quality care and teaching is our priority.

- Park Memorial Preschool's staff minimal qualifications are as follows: Child care workers or teachers who have primary responsibility for the care of children shall be at least 19 years of age and shall have a high school diploma or general education diploma (GED).
- Park Memorial Preschool General Guidelines for discipline are as follows: Please refer to your Park Memorial Preschool Student Handbook.
- Type of curriculum used: Please refer to your Park Memorial Preschool Student Handbook.
- The religious teachings given to each child will be that of the Christian Faith. These teachings will be given daily during the Bible story time.
- The type of lunch program available is covered in our Park Memorial Preschool Student/Parent Handbook titled LUNCH BUNCH.

Thank You,

Robin Sparrow
Park Memorial Preschool Director

****I have read and understood the information provided to me by the Park Memorial Preschool Directors concerning child/staff ratio, staff qualifications, lunch program provided, religious teachings given to my child, school curriculum, and the Park Memorial Preschool guidelines for *discipline*.****

Parents Signature

Date

Park Memorial Preschool
Child's Medical Report

Child's Name _____ Date of Birth _____

Parent's or Guardian's Name _____

Address _____ Telephone # _____

My child's immunizations are up to date yes _____ no _____

History of Allergies _____

Does your child have any physical, medical, or mental handicaps? _____

If yes, please explain _____

Does your child currently receive or have received therapy (i.e. speech, occupational, etc.)? _____

If yes, please explain _____

My child is in good physical condition, free of contagious and infectious diseases, and capable of participating in preschool activities, except as noted below.

Parent Signature _____

Date _____

SECTION 2/ FORM OF AFFIDAVIT (for parent/guardian)
STATE OF ALABAMA
COUNTY OF _____

Before me, a Notary Public in and for said State and County, appeared
_____ and is known to me, after being duly sworn or
(parent/guardian)

affirmed, says as follows:

The affiant is the parent or legal guardian of the minor child

_____; that affiant has been notified by
(child's name)

Robin Sparrow, a representative of Park Memorial Preschool
(Preschool Director)

Church/school, that said church or school has filed notice and is exempt under
law from regulation by the Department of Human Resources.

_____ Parent/Legal Guardian Sworn, or affirmed to
(Parent/Guardian Signature)

and subscribed before me this _____ day of _____, _____

NOTARY PUBLIC

EMERGENCY RELEASE PARK MEMORIAL PRESCHOOL

I, _____ (**parent's name**) hereby give my permission to the Park Memorial Preschool Director and staff to seek medical care _____ (**child's name**) should an emergency arise. In the event that emergency hospital care is required, I prefer that treatment be sought at _____ (**name of hospital**) hospital. I understand that a conscientious effort will be made to locate me or my spouse before any action will be taken.

Parent Signature _____ Date _____

Parent's: Work # _____ Cell # _____

Work # _____ Cell # _____

Witness _____ *Date* _____

Child's Doctor _____

Office Address _____ Zip _____

Telephone _____

Every effort will be made to reach your child's physician before taking any further action.

Signed this _____ day of _____ 20 _____

Notary Public

Park Memorial Preschool Discipline Notice

All children are expected to follow the rules to endure a safe learning environment. If a child chooses not to follow the rules, the following consequences will occur.

1. The teacher will handle it within the classroom using loving but firm consequences such as Time Out.
2. If there are recurring problems, the child will be sent to the director and parents will be notified.
3. If the behavior does not improve, the parents will be called for a conference.
4. A child may be brought before the Board for disciplinary action which could include probation with conditions or dismissal from the preschool program.

I have read and understand the discipline policies of Park Memorial Preschool.

Child's name: _____

Parent's signature _____

Date _____ Phone # _____