



Application/Record of Child Information

Name of Child: _____ Preferred Name: _____

Birthdate: _____ Age: _____ Sex: _____

REGISTRATION FEE: \$100 one-time fee at the time of registration

DEBIT _____ CASH _____ CHECK # _____

Program Choice

Junior Preschool: Children turning 2 before September 1, 2026

Two Day Options:

- Monday & Wednesday, 9 am - 12 pm, \$205/month
- Tuesday & Thursday, 9 am - 12, \$205/month

Preschool: Children turning 3 before September 1, 2026

Two Day Options:

- Tuesday & Thursday, 9:15am - 12:15pm, \$185/month
- Optional: Lunch Enrichment & Extended Day: Tues & Thurs, 12:15pm - 2:15pm, additional \$125/month. (bring your own lunch)

Three Day Options:

- Monday, Wednesday & Friday, 9:15am - 12:15pm, \$265/month
- Optional: Lunch Enrichment Add-On: Wednesday only, 12:15pm - 1:15pm, additional \$30/month. (bring your own lunch)

Pre-Kindergarten: Children turning 4 before September 1, 2026

Two Day Options:

- Tuesday & Thursday, 9:15am - 12:15pm, \$185/month
- Optional: Lunch Enrichment & Extended Day: Tues & Thurs, 12:15pm - 2:15pm, additional \$125/month. (bring your own lunch)

Three Day Options:

- Monday, Wednesday & Friday, 9:15am - 12:15pm, \$265/month
- Optional: Lunch Enrichment Add-On: Wednesday only, 12:15pm - 1:15pm, additional \$30/month. (bring your own lunch)

Monthly Payment: Select method of monthly payment

- AUTOMATIC WITHDRAWAL FROM MY ACCOUNT ON FILE
* withdraws 1st Tuesday of each month
- CHECK
- CASH

Parent 1 information:

Name: _____ Relationship: _____

Home Address: _____

Primary Phone: _____ Cell Phone: _____

Work Phone: _____ Other: _____

Email Address: _____

Parent 2 information:

Name: _____ Relationship: _____

Home Address: _____

Primary Phone: _____ Cell Phone: _____

Work Phone: _____ Other: _____

Email Address: _____

Names/ages/current school of other children living in the home:

Emergency Contacts (other than parents, authorized to drop off and pick-up child):

Name: _____ Relationship: _____

Home Address: _____

Primary Phone: _____ Cell Phone: _____

Work Phone: _____ Other: _____

Email Address: _____

Name: _____ Relationship: _____

Home Address: _____

Primary Phone: _____ Cell Phone: _____

Work Phone: _____ Other: _____

Email Address: _____

Physician to contact if child becomes ill or injured:

Name: _____

Address: _____

Phone: _____

Choice of Hospital: _____

If the child has any special circumstances, please explain:

Allergies: _____

Medical Problems: _____

Restrictions for Indoor/Outdoor Play: _____

Snack Likes _____

Snack Dislikes: _____

Legal/Custody Concerns: _____

Does the child regularly take medication: Y/N

If yes, what kind/how often: _____

*If medication needs to be administered at school, a doctor will need to sign an authorization to medicate

Is the child toilet trained: Y/N

Anything else you would like us to know: _____

Consent to Photograph (please initial one)

_____ I give consent to have my child photographed while at O’Fallon First United Methodist Church with the understanding that these photographs may be used in church and Learning Tree publications, websites, and social media. My child’s name will not be mentioned in connection with these photos.

_____ I give consent to have my child photographed while at O’Fallon First United Methodist Church with the understanding that these photographs will be for classroom and teacher use only. However, I do not wish for my child’s photograph to be used in church and Learning Tree publications, websites, and social media.

_____ I do not wish for my child to be photographed while at O’Fallon First United Methodist Church.

Health Examinations

The State of Illinois, Department of Human Services, Certificate of Child Health Examination must be completed. No other forms will be accepted

_____ I have submitted a copy of my child's up to date immunizations and health examination record in accordance with The State of Illinois, Department of Human Services.

_____ I have not submitted a copy of my child's up to date immunizations record and health examination in accordance with the State of Illinois, Department of Human Services. I understand that I have 30 days from the start of school to submit them. I understand if required paperwork is not submitted, my child will not be able to attend class until proof is submitted. My child's spot may be filled after 30 days.

Tuition Information

Tuition is due monthly, on the 1st of each month. Tuition can be paid by cash, check, or ACH debit. (If using ACH debit, the withdrawal will be made on the first Tuesday of each month). Checks and/or cash payments can be placed in the white locked dropbox upstairs by the main church office, or downstairs outside of the Pre-K classroom. August and May tuition is pro-rated. ACH forms must be updated yearly.

Parent Name (printed): _____

Parent Signature: _____

Date: _____