



## **Application/Record of Child Information**

**Name of Child:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

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

**Monthly Payment:** Select method of monthly payment

- ☐ AUTOMATIC WITHDRAWAL FROM MY ACCOUNT ON FILE
- ☐ CHECK
- ☐ CASH

### **Program Choice**

#### **Junior Preschool: Children turning 2 before September 1, 2025**

##### **Two Day Options:**

- ☐ Monday & Wednesday, 9:15 am - 12:15 pm, \$195/month
- ☐ Tuesday & Thursday, 9:15 am - 12:15 pm, \$195/month

#### **Preschool: Children turning 3 before September 1, 2025**

##### **Two Day Options:**

- ☐ Tuesday & Thursday, 9:15am - 12:15pm, \$175/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, \$255/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, 2025**

##### **Two Day Options:**

- ☐ Tuesday & Thursday, 9:15am - 12:15pm, \$175/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, \$255/month
- ☐ Optional: Lunch Enrichment Add-On: Wednesday only, 12:15pm - 1:15pm, additional \$30/month. (bring your own lunch)

**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 Play: \_\_\_\_\_

Restrictions for Outdoor Play: \_\_\_\_\_

Food/Snack Likes: \_\_\_\_\_

Food/Snack Dislikes: \_\_\_\_\_

Fears: \_\_\_\_\_

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.

**Parent Name (printed):** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_