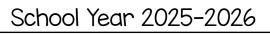


O'Fallon First United Methodist Church

The Learning Tree

Preschool





Application/Record of Child Information

| Name | of Child: | Preferred Name: | | |
|--------------|-------------------------------------------------------------------------------------------------------|------------------------------|--------------------------|--|
| Birtho | late: | Age: | Sex: | |
| REGIS | STRATION FEE: \$100 one-ti | me fee at the time of regist | ration | |
| Month | nly Payment: Select method | of monthly payment | | |
| | AUTOMATIC WITHDRAWA CHECK CASH | L FROM MY ACCOUNT ON | FILE | |
| | | Program Choice | | |
| <u>Junio</u> | r Preschool: Children turni | ng 2 before September 1, 2 | <u>2025</u> | |
| Tw | o Day Options: ☐ Monday & Wednesday, 9: ☐ Tuesday & Thursday, 9:15 | | | |
| Presc | hool: Children turning 3 be | efore September 1, 2025 | | |
| Tv | vo Day Options: ☐ Tuesday & Thursday, 9:15 ☐ Optional: Lunch Enrichme additional \$125/month. (b | ent & Extended Day: Tues & | Thurs, 12:15pm - 2:15pm, | |
| TI | nree Day Options: ☐ Monday, Wednesday & Fr ☐ Optional: Lunch Enrichme additional \$30/month. (bri | ent Add-On: Wednesday onl | | |
| Pre-K | indergarten: Children turnir | ng 4 before September 1, 20 | <u>025</u> | |
| Tv | vo Day Options: ☐ Tuesday & Thursday, 9:15 ☐ Optional: Lunch Enrichmental \$125/month. (bi | ent & Extended Day: Tues & | Thurs, 12:15pm - 2:15pm, | |
| TI | nree Day Options: ☐ Monday, Wednesday & Fr ☐ Optional: Lunch Enrichme additional \$30/month. (bri | ent Add-On: Wednesday onl | | |

| 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: | |
| Emergency Contacts (other th | an parents, authorized to drop off and pick-up child): |
| Name: | Relationship: |
| Home Address: | |
| Primary Phone: | Cell Phone: |
| Work Phone: | Other: |
| Email Address: | |
| Name: | |
| Home Address: | Relationship: |
| | Relationship: |
| Primary Phone: | |
| | |

| 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 medicat | | | |
| 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 Methodis 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 Methodis 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 Trepublications, websites, and social media. | | | |
| I do not wish for my child to be photographed while at O'Fallon First United Methodis 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: |