

Welcome to Old Bridge UMC Preschool

Instructions for 2022-2023 Enrollment

Please return all items to the preschool office:

__ Enrollment form and \$100 enrollment fee (non-refundable-due at time of enrollment) (\$50 per additional sibling)

__ Show us your child's original birth certificate or passport (New students only) (due by the first day of school)

__ Tuition for May 2022 pre-payment (refundable with 30 day written notice) (due by March 1, 2022)

__ Activity/Supply fee of \$110 per child (non-refundable) (due by May 2, 2022)

__ 2022 health form and shot record signed by a doctor, not more than a year old, (due by 1st day of school)

***Please note: All of the above items must be received when enrolling or by the dates listed above in order for your registration to be complete. Incomplete registration can forfeit your child's enrollment or start date.** Class assignments are NOT made on a first come, first serve basis. They are assigned by the director by a random drawing and based on birth dates, demographics and parent preferences. If there is not an opening for that child, they will be put on wait lists.

Enrollment will open January 10, 2022

Returning students and their siblings and OBUMC members

Return the enrollment form & enrollment fee before or by Jan 31, 2022 by 12:00pm. Classes will then be assigned based on the random drawing, birth dates, demographics, and parent preferences. Soon after, you will receive notification of your child's assignment. Forms turned in after the cut off day and time will be enrolled after the random drawing in order in which we receive them.

New students

Return the enrollment form and enrollment fee before or by Feb 1, 2022 by 12:00 pm.

Classes will then be assigned based on the random drawing, birth dates, demographics, and parent preferences. Forms turned in after the cut off day and time, will be enrolled after the random drawing in the order in which we receive them. The assignments will be e-mailed to new families on February 14, 2022.

Please note that enrollment is on-going until classes are full

Tuition

Class assignments are based on the age of the child as of September 30, 2022, with the exception of the 2-year-old classes, which must be 2 by June 1, 2022.

Class	Day's/Time	Rate
Pink Class (2yo 2d AM) **Snack Included**	M/W 9a-12:00p	\$300.00/Mo.
Yellow Class (2yo2d AM) **Snack Included**	T/Th 9a-12:00p	\$300.00/Mo.
Green Class (3yo 2d AM) **Lunch Included**	T/Th 9a-1:30p	\$350.00/Mo.
Blue Class (3yo 3d AM) **Lunch Included**	M/W/F 9a-1:30p	\$450.00/Mo.
Orange Class (PreK 4d AM) **Lunch Included**	M-Th 9a-1:30p	\$550.00/Mo.
Purple Class (PreK 5d AM) **Lunch & Snack Included**	M-Fr 9a-3:15p	\$665.00/Mo.

Additional Fees

- Non-Refundable Enrollment Fee: \$100 for first child (additional sibling \$50) Due with enrollment form
- Non-Refundable Activity/Supply Fee per child: \$110 Due by May 2, 2022
- May 2020 Tuition Pre-Payment: Due by March 1, 2022
- Late Tuition fee: \$35
- Returned Check Fee: \$35
- Late Pickup Fee: Price details described in the student handbook

We accept, cash, money orders or checks made out to: Old Bridge UMC Preschool
Classes offered are subject to change based on enrollment and staff placement



Class Enrolled:

Year _____

Enrollment Agreement

Student Information			
First Name:	Last Name:	Date of Birth:	Gender: <input type="radio"/> Male <input type="radio"/> Female
Address:		City/State/Zip Code:	Has your child attended school/daycare before here: <input type="radio"/> Y <input type="radio"/> N
Please list the previous child day care programs/schools your child has attended (names/dates): 			
Does your child have any special needs or IEP? <input type="radio"/> Y <input type="radio"/> N (developmental, physical, emotional or learning)?	If marked yes, please describe below:		
Does your child have a resource teacher or specialist? <input type="radio"/> Y <input type="radio"/> N	Agency Name _____ Employee Name _____ Agency Name _____ Employee Name _____		
Will your child attend this center and another School/Program? <input type="radio"/> Y <input type="radio"/> N	If marked yes, list the school program describe below	I would like to enroll my child in music with the pastor? Once a month <input type="radio"/> Y <input type="radio"/> N	

Parent/Guardian Information #1			
11. First Name:	12. Last Name:	13. Relationship to child	13a. Custodial Agreement <small style="color: red;">If yes, please submit court orders to the office.</small> <input type="radio"/> Y <input type="radio"/> N
14. Address:		15. City/State/Zip Code:	16. Home Phone:
17. Cell Phone:	18. Work Phone:	19. Email	
20. Place of Employment and employment address		20. I authorize OBP to send school related emails to the email provided. <input type="radio"/> Y <input type="radio"/> N	

Parent/Guardian Information #2

First Name:	Last Name:	Relationship to child	Custodial Agreement If yes, please submit court orders to the office. <input checked="" type="radio"/> Y <input type="radio"/> N
Address:		City/State/Zip Code:	Home Phone:
Cell Phone:	Work Phone:	Email:	
Place of employment and employment address		I authorize SSLA to send school related emails to the email provided. <input type="radio"/> Y <input type="radio"/> N	

Emergency Contacts (Office personnel must be notified if an emergency contact is picking up your child)
 (Contacts must be someone other than parent/guardian and must be no more than 30 miles of the school)

Name	Relationship	Address	Primary Phone	Secondary Phone
Contact 1				
Contact 2				
Contact 3				

24. Persons **not** authorized to pick up child:

Medical Information

Physician Name:	Physician Phone:	Dentist Name:	Dentist Phone:
Allergies <input type="radio"/> Y <input type="radio"/> N Medical Conditions <input type="radio"/> Y <input type="radio"/> N Intolerances to food <input type="radio"/> Y <input type="radio"/> N	Please list any allergies, food intolerances or medical conditions here:		
Does your child have a epi-pen? <input type="radio"/> Y <input type="radio"/> N			
Health Insurance Provider:	Policy Number:		

Enrollment Preference

Please list your first, second and third choice below.
Enrollment is determined by random drawing, birth dates, demographics and parent preferences.

2 Year Olds (by June 1 st)	3 Year Olds	4/5 Year Olds
_____ Mon, Wed 9am-12pm	_____ Mon, Wed, Fri 9am-1:30pm	_____ Mon-Fri 9am-3:15pm
_____ Tue, Thur 9am-12pm	_____ Tue Thur 9am-1:30pm	_____ Mon-Thur 9am-1:30pm
	_____ Tue, Wed, Thur 12:30pm-3:15pm	_____ Mon-Thur 12:30pm-3:15pm

Additional Info

How did you hear about Old Bridge UMC Preschool?

I am a:

Returning Family/Sibling

OBUMC Member

New Family

Returning Family/Non S

MAT Services

Old Bridge UMC Preschool can administer prescription and non-prescription medications at our school. All forms must be fully filled out and medication must be checked in by a staff member trained to do so.

Only preschool staff members who have successfully completed the MAT training will administer medications in accordance with the physician’s or other prescriber’s instructions and in accordance with the standards of practice in the MAT training. All individuals listed to administer medication must have a valid Medication Administration Training (MAT) certificate, CPR, and first aid certificates covering all the children’s age levels at our school.

The approved medication administrators are approved to administer prescription medications using the follow routes: topical, oral, inhaled, eye, and ear, medication patches and epinephrine using an auto-injector device. We understand that if a child requires prescription medication to be administered rectally, vaginally, by injection or by another route not listed above, We will follow the procedures outlined in the MAT training for children with special health care needs.

A current list of trained staff members is kept updated on the preschool bulletin board. Usually, all lead teachers and the director will be trained. Documentation of MAT, CPR, and first aid certificates will be kept on site and available upon request to be seen.

Please sign below even if your child does not need medication at school. This is just a notice that you are aware that we can administer medications if needed.

Parent/Guardian Signature: _____ Date: _____

Please attach \$100 check for enrollment fee to the enrollment form (\$50 for each additional sibling). The enrollment fee will be returned if we are not able to enroll your child, however, it is non-refundable if parent chooses to withdraw child.

Orientation Meeting Agenda

Please do not sign until after you have attended your orientation meeting.

Orientation Date: _____

Orientation Time: _____

- _____ Hours of Operation
- _____ Tuition Agreement/ Tuition
- _____ Incident/Accident Policies
- _____ Inclusion
- _____ Licensing
- _____ Curriculum/Guidance & Discipline
- _____ Playground
- _____ Enrichment Courses
- _____ Safety/Security
- _____ Evacuation Plans/Drills
- _____ Food/Nutrition
- _____ Allergies/Plans/Illness
- _____ Medication
- _____ Communication/Parent Portal
- _____ Parent Questions

Signature of Parent/Guardian: _____ Date: _____

Facilitator Name/Position: _____ Date: _____