

# Welcome to Old Bridge UMC Preschool

## **Instructions for 2021-2022**

### **Enrollment, please return all items to the preschool office:**

- Enrollment form and \$100 enrollment fee (non-refundable) (\$50 per additional sibling)
- Tuition for May 2021 pre-payment (refundable with 30-day written notice) (due by May 12, 2021)
- Activity/Supply fee of \$110 per child (non-refundable) (due by March 19, 2021)
- Show us your child's original birth certificate or passport. A copy will be made and placed in your child's file (New students only) (due by the first day of school)
- 2020 health form and shot record signed by a doctor, not less 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 begin January 4, 2021**

### **Returning students and their siblings and OBUMC members**

**Return the enrollment form and enrollment fee before or by Jan 29, 2021 by C.OB.**

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. The assignments will be communicated to current families no later than February 12, 2021.

### **New students**

**Return the enrollment form and enrollment fee before or by Feb 8, 2021 by 1:00 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 order in which we receive them. The assignments will be communicated to current families no later than March 5<sup>th</sup> 2021.

**\*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, 2021, with the exception of the 2-year-old classes, which must be 2 by June 1, 2021.

Class	Day's/Time	Rate
Pink Class (2yo 2d AM)	M/W   9a-12p	\$215.00/Mo.
Yellow Class (2yo 2d AM)	T/Th   9a-12p	\$215.00/Mo.
Green Class (3yo 2d AM)	T/Th   9a-12p	\$215.00/Mo.
Blue Class (3yo 3d AM)	M/W/F   9a-12p	\$285.00/Mo.
Red Class (3yo 3d PM)	T/W/Th   12:30p-3:15p	\$253.00/Mo.
Orange Class (PreK 4d AM)	M-Th   9a-12p	\$360.00/Mo.
Purple Class (PreK 5d AM) **Lunch Included**	M-Fr   9a-3:15p	\$650.00/Mo.
Gold Class (PreK 4d PM)	M-Th   12:30p-3:15p	\$360.00/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 March 19, 2021
- May 2020 Tuition Pre-Payment: Due by May 12, 2021
- 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**



Enrolled Class
_____
School Year
_____

# Enrollment Agreement

## Student Information

First Name:	Last Name:	Date of Birth:	Gender: <input type="radio"/> Male <input type="radio"/> Female
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Address:	City/State/Zip Code:	Has your child attended school/daycare before here: <input type="radio"/> Y <input type="radio"/> N
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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:
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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
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## Parent/Guardian Information #1

11. First Name:	12. Last Name:	13. Relationship to child	13a. Custodial Agreement <small>If yes, please submit court orders to the office.</small> <input type="radio"/> Y <input type="radio"/> N
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14. Address:	15. City/State/Zip Code:	16. Home Phone:
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17. Cell Phone:	18. Work Phone:	19. Email
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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
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**Parent/Guardian Information #2**

First Name:	Last Name:	Relationship to child	Custodial Agreement If yes, please submit court orders to the office. <input 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 <sup>st</sup> )	3 Year Olds	4/5 Year Olds
_____ Mon, Wed   9am-12pm	_____ Mon, Wed, Fri   9am-12pm	_____ Mon-Fri   9am-3:15pm
_____ Tue, Thur   9am-12pm	_____ Tue Thur   9am-12pm	_____ Mon-Thur   9am-12pm
	_____ 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: \_\_\_\_\_