

Hollywood United Methodist Preschool and Kindergarten  
Application for Admission and Contract Part 1

**STAFF USE**

Student's Full Name \_\_\_\_\_

Gender \_\_\_\_\_ Age by Sept. 1<sup>st</sup> \_\_\_\_\_ Class Choice \_\_\_\_\_ (cannot be guaranteed)

Name the student is to be called in class: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Child's Birthdate \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Class Days \_\_\_\_\_

Class Time \_\_\_\_\_

Number \_\_\_\_\_

Reg. Fee \_\_\_\_\_

Mailing Address and Physical Address, if different \_\_\_\_\_  
\_\_\_\_\_

Name of Father or Guardian \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone# \_\_\_\_\_

Name of Mother or Guardian \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone# \_\_\_\_\_

Do both parents have legal custody of the child? \_\_\_\_\_ If no, name of person with legal custody \_\_\_\_\_

Name and ages of other children in the family: \_\_\_\_\_

Has the child completed the required course of immunization shots? \_\_\_\_\_

Date of last physical: \_\_\_\_\_ Doctor's Name and Phone #: \_\_\_\_\_

Military Dependent? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain any physical limitations or allergies: \_\_\_\_\_

Does your child routinely take a prescription medication? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

List persons to be contacted in case of an emergency or illness, if the parents cannot be reached:

1. \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Phone# \_\_\_\_\_

3. \_\_\_\_\_ Phone # \_\_\_\_\_

Persons authorized to pick up your child besides parents: \_\_\_\_\_

Persons **not** authorized to pick up your child: \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

Are you a member of the Hollywood United Methodist Church? \_\_\_\_\_

If not, are you a member of another church? \_\_\_\_\_ If so, which church? \_\_\_\_\_

Would you like more information about the Hollywood United Methodist Church? \_\_\_\_\_

## APPLICATION FOR ADMISSION AND CONTRACT PART II

In order to assure that parents clearly understand the procedures and policies of HUMPreschool and Kindergarten, we ask all parents to read the policies contained in the handbook and check off the following important items:

\_\_\_\_1. I am responsible for payment of fees on time by the 1<sup>st</sup> of each month. Payments are to be made one month in advance with the first payment due at registration along with the registrations fee. I understand that **the first month tuition fee and registration fee is non-refundable**. If tuition is paid after the 15<sup>th</sup> of the month, a late fee of \$10.00 will be assessed to your child's tuition the following month.

\_\_\_\_2. There is **NO** reduction in fees for absences, emergency closings or vacations: with the exception in the case of an extended illness lasting at least one month. I will notify the director if such a situation occurs. A doctor's note will be required.

\_\_\_\_3. I understand the following, concerning bringing my child to HUMP&K:

\_\_\_\_A. I or another responsible adult must walk into the building with my child each day and make certain the teacher knows that my child is there.

\_\_\_\_B. I must sign my child in upon arrival and sign my child out upon departure each day. No one under the age of 18 can sign my child in or out of school.

\_\_\_\_C. My child must be kept home if the following has occurred within 24 hours of their attendance to school: fever higher than 99.3 degrees; diarrhea and/or vomiting; an illness that requires antibiotics. Children too sick to participate in the full program, including outdoor play, should be kept home. The staff reserves the right to refuse a child for the day if they deem the child is too ill to participate.

\_\_\_\_4. I need to inform the school of changes in address, telephone numbers, employment, emergency information or any changes in family situations.

\_\_\_\_5. I will pick up my child on time. If I am going to be late, I will call and inform the teacher. I understand that early drop-off and late pick-up are not available. NOTE: School doors open 5 minutes prior to the beginning of scheduled class time and will not be opened earlier.

\_\_\_\_6. Staff is not permitted to administer medication of any kind to the children, except in the event of a life-threatening emergency. This includes topical creams and sunscreen. If a child requires emergency medication for asthma or an allergic reaction, the emergency medication must be kept at school and appropriate forms completed by your child's doctor.

\_\_\_\_7. I will notify the director **ONE MONTH** in advance before I withdraw my child from the program. Payment for that one month is required regardless of when the child leaves the school.

\_\_\_\_8. If, after a reasonable period of time, it is found that my child is unable to adjust to the school, I understand that, The Hollywood United Methodist Preschool and Kindergarten reserves the right to request withdrawal of my child. This decision is at the discretion of the director.

\_\_\_\_9. I agree to abide by these rules and regulations as stated above and that are outlined in the school's handbook.

\_\_\_\_10. I have been informed that I can view the pamphlet "A Parent's Guide to Regulated Childcare on the MSDE division web site @ [www.marylandpublicschools.org/MSDE/deivisions/child\\_careregulate](http://www.marylandpublicschools.org/MSDE/deivisions/child_careregulate).

I, the undersigned, certify the above information to be correct. I do hereby waive any and all claims against The Hollywood United Methodist Preschool and Kindergarten of Hollywood, Maryland, or any member of, or any person in the employment of the said school and church for damage, injury, fatality, disability or expense to the aforementioned child or myself, if not covered by policy of insurance.

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Signature of Parent

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Date

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Relationship to Child