

New Haven United Methodist Day School  
 5603 South New Haven Avenue Tulsa, OK 74135  
 (918) 742-6781 \* www.newhavendayschool.org

### PRESCHOOL PROGRAM

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

<b>SCHOOL YEAR 2016-2017</b>			<b>Circle days your child will be attending each week</b>
Age on Sept. 1, 2016: _____			
<b>Enrollment Fee</b> (non-refundable; due at enrollment)		\$ 50	
\$25 for each additional child			
<b>9 mths-2 yrs</b>	2 days	\$220	M T W TH F
	3 days	\$300	M T W TH F
	4 days	\$380	M T W TH F
	5 days	\$440	
<b>3 yrs-Pre-K (4's &amp; 5's)</b>	3 days	\$275	M T W TH F
	4 days	\$340	M T W TH F
	5 days	\$395	
<b>Pre-K Enrichment</b> (for Carnegie Elementary students)	3 days	\$220	M T W TH F
	5 days	\$305	

<b>SUMMER 2016</b> Age on June 1, 2016: _____		<b>Check session(s) attending</b>
<b>SESSION 1 (Tuesdays/Thursdays; June 7-30):</b>		
1st payment      (Due upon enrollment; non-refundable)	\$ 110	
Tuition balance      (Due by June 7, 2016)	\$ 110	
<b>SESSION 2 (Tuesdays/Thursdays; July 5-28):</b>		
1st payment      (Due by June 17, 2016 or upon enrollment if not attending in June; non-refundable)	\$ 110	
Tuition balance      (Due by July 5, 2016)	\$ 110	

<b><u>For office use</u></b>			
<b>FALL</b>	Date rec'd _____	Reg. fee _____	Tuition _____
<b>SUMMER</b>	Date rec'd _____	Reg. fee _____	Tuition _____
Immunization Record rec'd _____		Doctor's Note rec'd _____	

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**PRESCHOOL PROGRAM**

Child's Name \_\_\_\_\_ Birth Date: \_\_\_\_\_ M\_\_\_\_ F\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Can we text you on your cell? \_\_\_\_\_

Place of employment \_\_\_\_\_ Work \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Can we text you on your cell? \_\_\_\_\_

Place of employment \_\_\_\_\_ Work \_\_\_\_\_

How did you learn about our school? \_\_\_\_\_ Are you an active military family? \_\_\_\_\_

What made you choose our school? \_\_\_\_\_

**MEDICAL INFORMATION**

Child's Physician or Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Food allergies/special dietary needs \_\_\_\_\_

Other allergies/adverse reactions \_\_\_\_\_

Special needs or disabilities \_\_\_\_\_

Medications your child is taking \_\_\_\_\_

Medication precautions \_\_\_\_\_

**CHILD'S INFORMATION**

Has your child attended school/child care before? Yes No \_\_\_\_\_

Favorite toys and activities \_\_\_\_\_

Fears/Dislikes \_\_\_\_\_

Number/length of naps \_\_\_\_\_

Sleeps on tummy, side, or back? \_\_\_\_\_

Does your child sleep in a crib? Yes No \_\_\_\_\_

Comfort items to help sleep (pacifier, blanket, etc) \_\_\_\_\_

Eating concerns or food allergies \_\_\_\_\_

Does your child still sit in a high chair at home? Yes No \_\_\_\_\_

Method of discipline used in your home \_\_\_\_\_

Parent's Developmental Concerns \_\_\_\_\_

Diagnosed Developmental Concerns \_\_\_\_\_

Is your child potty-trained or actively potty-training? Yes No \_\_\_\_\_

Additional comments or helpful hints about your child \_\_\_\_\_

Ages of children your child normally plays with \_\_\_\_\_

Siblings names and ages \_\_\_\_\_

## RELEASE AND AUTHORIZATION FORM

*I have read and agree to abide by the policies in the Parent Handbook.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*I agree to and give authorization for the following regarding my child:*

\_\_\_\_\_  
Child's First Name

\_\_\_\_\_  
Child's Last Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### TRANSPORTATION CONSENT

I give permission for my child to be transported from Carnegie Elementary, on field trips or to the nearest medical facility in case of emergency by New Haven United Methodist Day School Staff or persons designated by the Staff.

### AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I authorize the New Haven United Methodist Day School Staff to seek necessary medical treatment for my child. I authorize necessary emergency treatment when my child is in the care of any physician or dentist licensed by the State of Oklahoma and clinic/hospital service that may be rendered to said minor under the general, specific, or special consent of New Haven United Methodist Day School Staff.

It is understood this consent is given in the event that I cannot be reached to make arrangements for emergency medical attention. I encourage those person(s) who have temporary custody of this minor, and said physician or dentist, to exercise his/their judgment as to the requirements of such diagnosis or medical or dental treatment.

### PERSONS AUTHORIZED TO PICK UP MY CHILD OR BE NOTIFIED IN CASE OF EMERGENCY:

Name/Relationship	Phone

### PHOTO & SCHOOL DIRECTORY RELEASE

\_\_\_\_\_ I consent for New Haven Day School Employees to take my child's picture and to the use of my child's photo on New Haven Day School's brochures, website, &/or Facebook page. **(Please initial if you agree)**

\_\_\_\_\_ I consent for my name, address, phone number, and email address to be added to the school directory and given to other New Haven Day School families. **(Please initial if you agree)**