

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 _____

| | | | |
|--|--------|-------|---|
| SCHOOL YEAR 2018-2019 | | | Circle days your child will be attending each week |
| Age on Sept. 1, 2018: _____ | | | |
| Enrollment Fee (non-refundable; due at enrollment) (First month's tuition due by April 13, 2018; non-refundable) | \$50 | | \$25 (Each additional child) |
| 9 mths-2 yrs | 2 days | \$230 | M T W TH F |
| | 3 days | \$310 | M T W TH F |
| | 4 days | \$390 | M T W TH F |
| | 5 days | \$450 | |
| 3 yrs | 3 days | \$285 | M T W TH F |
| | 4 days | \$350 | M T W TH F |
| | 5 days | \$405 | |
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| | | | |
| NHDS Pre-K students (9:00-2:30) 4-5 yrs | 3 days | \$285 | M T W TH F |
| | 4 days | \$350 | M T W Th F |
| | 5 days | \$405 | M T W Th F |
| Tuition is averaged for the year so parents will know what they are paying each month (paying Aug to April). May payment is included in the August payment. If enrolling after August you will make a May payment. | | | |
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For office use

FALL Date rec'd _____ Fee _____ Tuition _____

Immunization Record rec'd _____ Doctor's Note rec'd _____

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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?

Referred By __

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

Sibling's 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 |
|--------------------------|--------------|
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PHOTO & SCHOOL DIRECTORY RELEASE

Choose ONE

____ Yes, 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 social media pages.

____ I ONLY consent for New Haven Day School Employees to take my child's picture for classroom use and do not consent for use on New Haven Day School's brochures, website, &/or social media pages.

_____ No, I do not consent for New Haven Day School Employees to take my child's picture or to the use of my child's photo on New Haven Day School's brochures, website, &/or social media pages.