

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 2021-22			Circle days your child will be attending each week
Age on Sept. 1, 2021: _____			
Enrollment Fee (non-refundable; due at enrollment) (First month's tuition due by May 30, 2021; non-refundable)	\$50		\$25 (Each additional child)
9 mths-2 yrs	2 days	\$275	M T W TH F
	3 days	\$370	M T W TH F
	4 days	\$460	M T W TH F
	5 days	\$525	
3 yrs	3 days	\$345	M T W TH F
Must be independently potty trained	4 days	\$420	M T W TH F
	5 days	\$520	
NHDS Pre-K students (9:00-2:30) 4-5 yrs	3 days	\$345	M T W TH F
	4 days	\$420	M T W Th F
	5 days	\$520	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. Tuition is due the first week of each month and may be paid by bank draft, check or cash.			
We reserve the right to add as needed or delete classes with low capacity.			

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

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.