

Bellport Methodist Church Preschool Registration Packet

Welcome Registration is as easy as 1-2-3

Step 1: Request a Registration Packet

First, call (631) 286-2498, email bumcpstp@optimum.net to request a class seat for your child and schedule a tour of our school.

Step 2: Submit Paperwork

Fill out the attached forms completely and mail them to:

Bellport Methodist Preschool
P.O. Box 456
Bellport, NY 11713

Or bring them with you when you come in for your tour.

Include the following documents with your packet:

- **Birth Certificate** – a photocopied birth certificate is acceptable.
- **Immunization Record** – Certificate of immunization signed by a physician or by a representative of an official health clinic.
- **Current photograph** of child with child's name on the back.

Step 3: Submit Payment

Attach a check to your registration packet for the nonrefundable registration fee of \$75 plus tuition for this program.

To be completed by school office	Age on 7/1 _____	Paid in full <input type="checkbox"/>
Date Registration Packet Received: _____	Date Registration Fee Received: _____	

Bellport Methodist Preschool Registration

Child's First Name _____ Last Name _____ Name Used _____

Address (Street) _____ (City) _____, NY (Zip) _____

Home Phone _____ Date of Birth _____ Male Female

What program(s) has your child attended? _____

E-Mail Address _____

Parent 1/Guardian Name _____ Mobile Phone _____

Employer _____ Work Phone _____

Parent 2/Guardian Name _____ Mobile Phone _____

Employer _____ Work Phone _____

Child lives with Father Mother Other _____ (Relationship)

Dismissal Authorization - School staff will release your child to you or to those persons you have listed below. Please notify the school if a person other than you or someone on this list will pick up your child on a given day. For the safety of your child, we will request all authorized release persons to provide government issued photo identification.

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Emergency Contacts – In the event of any emergency, parents will be contacted first. Please list in order which friends or relatives should be contacted if we are unable to make contact with a parent.

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

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Summer Program

July 3rd, 2017 to July 28th, 2017

9:15 a.m. to 11:45 a.m.

The Summer Session is open to all children 20 months or older who have not yet begun kindergarten. We offer programs for Toddlers, Three year olds, and Four/Five year olds. The children are placed based on their date of birth and, where applicable, the school year program they have completed. Children attending the 3 year old and 4/5 year old programs MUST have independent bathroom skills.

Please check the days in which your child will participate and indicate whether you will need early drop off.

✓	# days	Days of Week	Registration Fee		Tuition		Early Drop Off Fee 8:45 am		Total Amount Due
	5	Monday thru Friday	\$75	+	\$ 570	+	\$ 100	=	
	3	Monday/Wednesday/Friday	\$75	+	\$ 400	+	\$ 60	=	
	2	Tuesday/Thursday	\$75	+	\$ 260	+	\$ 40	=	

PAYMENT POLICY

Payment for fees and tuition is due upon registration. Checks and money orders are accepted as payment.

These payments are not refundable in part or whole at any time. Family discounts are available for those registering more than one child.

There will be a \$35 fee for returned checks.

PAYMENT METHODS

Please make checks and money orders payable to **Bellport United Methodist Church**. Include your child's name and the words, "Summer Session", on the memo line.

Send payments to: **Bellport Methodist Preschool**
P.O. Box 456
Bellport, NY 11713

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Medical Information To be completed by parent/guardian

Child's First Name _____ Last Name _____

Does your child have any of the following? (If yes, please explain below.)

Asthma	yes	no	Seizures	yes	no
Allergies	yes	no	Vision Problems	yes	no
Diabetes	yes	no	Glasses worn	yes	no
Ear/Hearing Problems	yes	no	Orthopedic Problems	yes	no
Heart Problems	yes	no	Skin Rash/Eczema	yes	no
Sickle Cell Anemia	yes	no	Daily medication	yes	no

Explanation of *yes* answers or other conditions which we should be aware of (if more room is needed, please continue on back):

Please list all food allergies: _____

IN CASE OF EMERGENCY:

Physician's Name: _____ Office Telephone: _____

Address: _____

Insurance Company: _____ Office Telephone: _____

I understand that I must inform Bellport Methodist Preschool if the above information or the health of my child changes. I also understand that my child cannot attend the Preschool if he/she has a fever or within 24 hours of having a fever, without the use of medicine.

Signature of Parent or Guardian

Date

In the event of an emergency, I authorize Bellport United Methodist Church to obtain emergency medical care and to transport my child for emergency medical treatment at the nearest available emergency care facility. I also give my consent for all medical care prescribed by a licensed physician under whatever condition necessary to preserve the life of my child. I agree that Bellport United Methodist Church and its staff shall not be liable for any expense that might be incurred for any emergency treatment for my child.

Signature of Parent or Guardian

Date

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Medical Statement

To be completed by licensed physician, physician's assistant or nurse practitioner

Child's name: _____ Date of birth: _____ Date of Exam: _____

Health Specifics

Comments

Are there any allergies? (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Summary of Physical Exam (Include special recommendations):

Statement of any Limitations on activities:

This is to certify all of the following:

- I have examined this child and found that he or she is able to participate in preschool.
- The child is free from contagious and communicable disease.
- The child has had the age appropriate immunizations recommended by the New York State Department of Health.
- My office has attached a printed record of the immunizations.

Signature of Examiner

Address

Print Name

City, State, Zip

Title

Date

Telephone

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Consent Form for Student's Photos

Bellport Methodist Preschool's website, pamphlets, and advertising are tools used to communicate with school families, teachers, prospective students, and the larger community. To enhance this experience, we use photos to show student and family involvement in various activities. The photographs used on the preschool website will be group shots of children participating in school activities with no names being published at any time.

In order for students' images to appear on the Bellport Methodist Preschool's website or any publications we obtain parental permission.

Please check the boxes and sign to authorize acceptance or rejection of permission to publish your child's photograph on Bellport Methodist Preschool's website, pamphlets, and advertising.

Child's First Name _____ Last Name _____

Please indicate your acceptance or rejection of permission to publish your child's photograph for each of the following:

- Individual photo may be displayed in the classroom and used for class projects YES NO
- Group photos with my child included may be published. YES NO
- Student's work may be published (artwork, writings, etc.) YES NO

I hereby give authorization as indicated above

Please print name

Signature of Parent/Legal Guardian

Date

Bellport Methodist Preschool is a ministry of the Bellport United Methodist Church. Bellport United Methodist Church would like to include you in mailings and/or e-mail information about events and activities

- Yes, Bellport United Methodist Church may send/e-mail me information.
- No, I'd rather not receive any information from the Bellport United Methodist Church
- I would like to know more about Bellport United Methodist Church and Sunday school.

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Parent/Guardian Agreement

1. My child's attendance in the program is contingent upon my child's readiness to participate, behave appropriately and adjust to the program.
2. My child will be toilet trained with independent bathroom skills before entering the Preschool or Prekindergarten programs. I understand that "pull-ups" do not constitute being independently toilet trained.
3. My child will not be allowed to enter or leave the Preschool without being escorted by the parent(s), person authorized by parent(s), or Preschool personnel.
4. I understand that no extended care is offered and a late fee of \$10 will be charged for picking up my child later dismissal time.
5. I acknowledge it is my responsibility to keep my child's records current to reflect any changes as they occur, e.g. telephone numbers, home address, authorized release persons, emergency contacts, child's physician, child's health status, immunization records, etc.
6. I have read and understand the Tuition and Payment Policies of the Bellport Methodist Preschool and I agree to comply.
7. I understand that my child may not attend the program until I have submitted the complete Preschool Registration Packet.

By signing below, I verify that I have received, read and agree to the above and all of the information contained in the Bellport Methodist Preschool Registration Packet.

Signature of Parent/Legal Guardian #1

Signature of Parent/Legal Guardian #2

Print Name

Print Name

Date

Date