

# Bellport Methodist Church Preschool Registration Packet

Registration is as easy as 1-2-3

## Step 1: Request a Registration Packet

Call (631) 286-2498 or email [bumcpstp@optimum.net](mailto:bumcpstp@optimum.net) to check program availability and request a registration packet. At this time, you may also 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 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 a **NONREFUNDABLE** registration fee of \$75 to reserve your child's seat in our Program.

The first and last month's tuition payment is due by **August 1<sup>st</sup>** for your child to begin the Fall Session.

To be completed by school office	Age on 12/1 _____	Paid in full <input type="checkbox"/>
Date Registration Packet Received: _____	Date Registration Fee Received: _____	

## Bellport Methodist Church Preschool Registration

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Name Used \_\_\_\_\_

Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_, NY (Zip) \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male  Female

What programs 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 \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Name` \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Name` \_\_\_\_\_ Relationship \_\_\_\_\_ Daytime Phone \_\_\_\_\_

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## Fall Preschool Programs September 2017 through June 2018

Please indicate your first and second choices of program from the list below by writing the number in the box next to the program description. Also, indicate if you will take advantage of the early drop off option.

Mark 1 or 2	Prekindergarten - 4 yrs. old by 12/1/17		Hours	Early Drop Off
	5 days	Monday – Friday	9:00 a.m. – 11:30 a.m.	
	5 days	Monday – Friday	12:00 p.m. – 2:30 p.m.	n/a
	<b>Preschool - 3 yrs. old by 12/1/17</b>			
	5 days	Monday – Friday	9:00 a.m. – 11:30 a.m.	
	3 days	Monday/ Wednesday/ Friday	9:00 a.m. – 11:30 a.m.	
	2 days	Tuesday/ Thursday	9:00 a.m. – 11:30 a.m.	
	5 days	Monday – Friday	12:00 p.m. – 2:30 p.m.	n/a
	3 days	Monday/ Wednesday/ Friday	12:00 p.m. – 2:30 p.m.	n/a
	2 days	Tuesday/ Thursday	12:00 p.m. – 2:30 p.m.	n/a
	<b>Toddlers – 2 yrs. old by 12/1/17</b>			
	5 days	Monday – Friday	9:00 a.m. – 11:30 a.m.	
	3 days	Monday/ Wednesday/ Friday	9:00 a.m. – 11:30 a.m.	
	2 days	Tuesday/ Thursday	9:00 a.m. – 11:30 a.m.	

- Students registered in our Prekindergarten and Preschool programs **MUST** be toilet trained with independent bathroom skills before the first day of class. Diapers or pull-ups cannot be used in these classes.
- A minimum student registration is needed in order for a class to begin in September. We reserve the right to make changes to personnel and classes offered if the minimum number is not met. If changes must be made, the school will notify registered families as soon as possible.

# Bellport Methodist Church Preschool Registration Packet

## Tuition and Payment Policies

**Registration Fee** – a non-refundable fee of \$75 per child is due at time of registration.

2017/2018 TUITION RATES				
# of Days	Registration Fee	Annual Tuition*	Monthly Tuition**	Early Drop Off Fee
5	\$ 75	\$ 5,000	\$ 500	\$ 90
3	\$ 75	\$ 3,750	\$ 375	\$ 60
2	\$ 75	\$ 2,750	\$ 275	\$ 40
<b>*All families paying the annual tuition in full by August 1 can deduct 5% from their payment.*</b>				
<b>**10% Sibling discount</b> to families registered with two or more siblings in our Preschool or Toddler Programs during the same school year.				

**Tuition payments for September and June are due by August 1<sup>st</sup> for your child to begin our Fall Session.**

### Tuition Payment:

1. Monthly tuition payment is due by the **1<sup>st</sup> of each month**. If received after the 1<sup>st</sup>, a \$25 late fee will be added to the next month's invoice.
2. Please make checks or money orders payable to Bellport United Methodist Church and include your child's name on the memo line.
3. Mail your payment to: **Bellport United Methodist Church  
P.O. Box 456  
Bellport, NY 11713**

### **TEACHERS AND STAFF ARE NOT PERMITTED TO ACCEPT ANY TUITION PAYMENTS AT ANY TIME.**

**Late Fees:** Since our preschool is run by Bellport United Methodist Church on a non-profit basis, your prompt payment is essential to our operation. Payments received **after the 1<sup>st</sup>** of the month will be charged **\$25.00 late fee** on the next month's invoice.

**Returned check fees:** A \$35 service fee will be charged to you for returned checks.

**Termination of enrollment:** Tuition accounts more than one month in arrears may result in immediate termination of enrollment. Upon payment, enrollment may be reinstated with applicable paid tuition and late fees. Past due accounts may be referred to collections for past due balances.

# Bellport Methodist Church Preschool Registration Packet

## 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

# Bellport Methodist Church Preschool Registration Packet

## 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):

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**Statement of any Limitations on activities:**

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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

# Bellport Methodist Church Preschool Registration Packet

## 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

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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) or person authorized by parent(s).
4. I understand that no extended care is offered and a late fee of \$10 or more will be charged for picking up my child later than 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 this registration is **NOT** registration for pre-kindergarten or UPK through the South County Central School District.
8. 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 Church Preschool Registration Packet.

\_\_\_\_\_  
Signature of Parent/Legal Guardian #1

\_\_\_\_\_  
Signature of Parent/Legal Guardian #2

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date