



Imagination Station

a Weekday Children's Ministry of Southport United Methodist Church offering:
Preschool & Child Care Ministry

Registration 2017-2018

The undersigned agrees to enroll _____ in the following program:

Circle all that apply: CHILD CARE MINISTRY PRESCHOOL
(School Year Summer Both)

Child's Name _____ Last _____ First _____ Middle _____

Name you use for them. _____ Male _____ Female _____

Birth Date _____ Age Today _____ Home Phone _____

Child's Address _____ Number & Street _____ City _____ Zip _____

Mother's Name _____ Cell Phone _____ Legal Guardian _____

Father's Name _____ Cell Phone _____ Legal Guardian _____

Child lives with _____

Please list your home Church/pastor: _____

Email address for receiving school information _____

EMERGENCY CONTACTS: WHOM SHALL WE CALL FIRST... Circle: 1, 2 or 3

1. Mother's Workplace / Phone _____ / _____

2. Father's Workplace / Phone _____ / _____

3. Relative or friend / Phone _____ / _____

Persons authorized to pick up your child. _____

Persons NOT authorized: _____

MEDICAL INFORMATION:

Doctor _____ Doctor's Phone _____

Preferred Hospital _____

Note special needs, allergies or special dietary needs: _____

I _____ give my permission for Southport United Methodist Church to call the listed physician, relative, friend to accompany my child to the above named hospital in case of emergency, if I cannot be reached.

Parent Notice:

I understand that this child care ministry is not licensed under the laws of Indiana. However, I understand that this child care ministry complies with the State rules concerning sanitation & fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the child care ministry. I have read & understand this agreement.

Parent Signature _____ Date _____

This notice does not absolve a child care ministry from liability for injury to a child while the child is at the child care ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the child care ministry or an employee of the child care ministry.

Office Use: Date _____ Check # / C ash _____ Postcard _____ Copies _____ HR _____
Safe Food _____ Discipline _____ Emergency _____ Safe Sleep (infants) _____ Initials _____

Preschool Payment Terms & Conditions

Registration Fees are non-refundable & due with the Registration.

Preschool: One Child \$150.00 Family \$250.00 Enrolled child care \$100.00

Class Options: Classes are based on adequate enrollment.

3 yrs old (by Aug 1) options:

____ Tues & Thurs 9:00-11:15 am \$145.00

Prekindergarten: 4 yrs old (by Aug 1) or 5 yrs old options:

____ Mon/Wed/Fri 9:00-11:30 am \$160.00

____ Mon/Tues/Thurs/Fri 9:00-11:30 am \$180.00

Tuition: Ten equal payments are due the 15th of each month - July thru April.

We accept Cash, Check, EFT (electronic funds transfer) or credit card

\$25.00 charge for funds not available. Preschool follows Perry Township school calendar.

Tuition is due whether or not your child is present for all sessions each month.

Two weeks written notice to the office is required before withdrawing a child in order to avoid paying the subsequent month's tuition. If you are more than 10 minutes late picking up your child after class, the charge is \$5.00. Please pay this fee in the office when you pick up your child.

Inclement weather: Our Preschool follows MSD Perry Township Closings:

Call 780-4624 or watch Channel 13 for "MSD Perry Township" closings. If the township is on a delay, preschool will have regular hours.

I have read & agree to these payment terms.

Parent Signature _____ Date _____

Child Care Ministry

Payment Terms & Conditions

I agree to enroll _____ in our Child Care Ministry & pay:

Annual Registration Fee (non-refundable) One Child \$125.00, Family: \$230.00

Weekly Fees Infants - \$195. Full Time Only (6wks-11mo)

One Year - \$185. FT \$45. Daily (2 day minimum)

Two Years - \$175. FT \$45. Daily (2 day minimum)

3, 4, 5 years - \$150. FT \$40. Daily (2 day minimum)

Rates Effective June 1, 2017

TIME IN / TIME OUT SCHEDULE: (More than 3 changes annually - \$5. each change)

Time child comes: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Time child leaves: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Tuition is due Thursday of the week prior to care. (\$25.00 late fee added Friday.) (\$15.00 family discount per child weekly when enrolled fulltime) Sign up for EFT (Electronic Funds Transfer) or checks payable to SUMC (Southport United Methodist Church) and place in the drop safe, or credit card payment. After 6pm, \$1.00 a minute for late pick-up.

Our Child Care Ministry will be closed the following days...

July 4, Sept. 4 (Labor Day), Nov. 23 & 24 (Thanksgiving), Dec. 25-Jan. 1, 2018 (Christmas)

Jan. 15 (MLK Day), Feb. 19 (President's Day), May 28 (Memorial Day). A credit will be issued for the above dates, otherwise same weekly rate each week.

parent initials _____

In case of inclement weather (snow, ice), please call 780-4624 for closing information or watch Channel 13 for "Southport United Methodist Church" closings.

Checks/EFT's returned from the bank for insufficient funds are charged an additional \$25.00 processing fee. If necessary to proceed with legal action for unpaid balances, parents agree to pay all court costs, including reasonable attorney fees plus interest on unpaid balances.

Two weeks written notice is required before withdrawing in lieu of two week's fees.

I have read & agree to these payment terms.

Parent Signature _____ Date _____