

ASBURY WEEKDAY PRESCHOOL PROGRAM
6767 Mingo Road, Tulsa, OK, 74133, 918.492.1771, Fax 918.392.1100



Registration Information and Forms
2017 - 2018 School Year

Registration for families currently attending Asbury Preschool: January 9 - 13, 2017.

Registration for families who are members of Asbury UMC: January 16 - 20, 2017.

Registration opens to the community: January 23, 2017.

When you register, please bring the completed forms and your **\$50 non-refundable registration fee**.

September tuition is due the week of March 20, 2017, and is non-refundable. Your child's registration is only secure if we have the completed forms, registration fee, September tuition and an updated copy of his/her immunization record. Immunizations can be faxed from your pediatrician's office to 918-392-1100, Attn: Asbury Preschool Office.

ALL classes times are 9:30 am - 2:30 pm and are offered as follows:

Class:	Monday and/or Wednesday	Mo. Tuition
Crib	8 months by September 1, 2017 9/1/16-12/31/16	\$100/mo. 1 day \$200/mo. 2 days
Mon./Wed./Fri. or Tues/Thurs.		
Toddler classes	1/1/16 - 8/31/16	\$200/mo. 2 days \$300/mo. 3 days
2 year old classes	1/1/15 - 12/31/15	\$200/mo. 2 days \$300/mo. 3 days
**3 year old classes	1/1/14 - 12/31/14	\$200/mo. 2 days \$300/mo. 3 days
**4 year old classes	9/1/13 - 12/31/13	\$200/mo. 2 days \$300/mo. 3 days
**Pre-K 4's classes	9/1/12 - 8/31/13 or 4 years by 9/1/17	\$215/mo. 2 days \$315/mo. 3 days

**** Children born before August 31, 2014 must be *potty trained* to enter these classes.**

Dates are subject to change in order to accommodate the most children.

We also reserve the right to add classes as needed or delete classes less than 80% capacity.

Classes will begin Monday, August 21, 2017.

Christina Treat
Director of Preschool

918.392.1172, ctreat@asburytulsa.org

*Fax: 918.392.1100

Susan Rizzotti

Assistant Director of Preschool

918.392.1126, srizzotti@asburytulsa.org

*Fax: 918.392.1100

Asbury Weekday Preschool New Registration Form 2017-2018

Office Use:

Crib	Mon. ____	Wed. ____	Both: ____
Toddler	MWF ____	T/Th ____	
Young 2's	MWF ____	T/Th ____	
Middle 2's	MWF ____	T/Th ____	
Older 2's	MWF ____	T/Th ____	
Younger 3's	MWF ____	T/Th ____	
*Middle 3's	MWF ____	T/Th ____	
*Older 3's	MWF ____	T/Th ____	
*Young 4's	MWF ____	T/Th ____	
Pre K 4's	MWF ____	T/Th ____	

*Children must be **potty trained** to enter these classes.

Office Use:

Reg. Fee

Date	Amount	Ck #
------	--------	------

Sept. Tuition

Date	Amount	Ck #
------	--------	------

Immunization Records ____ Contract ____

Emergency Release Form ____

Student's information

Last Name _____ First Name _____

Middle Name _____ Goes by Name _____

Date of Birth _____ Church affiliation _____ Gender ____

Address line 1 _____

Address line 2 _____

City _____ State _____ Zip _____

Home phone _____ Alt phone _____

Siblings Names & Ages _____

Father's information

☐ Emergency contact ☐ Allowed to pick up child

Last Name _____ First name _____

Goes by name _____ Title _____

Email _____

Mobile phone _____

Company name _____ Business phone _____

Marital status _____

Mother's information

☐ Emergency contact ☐ Allowed to pick up child

Last Name _____ First name _____

Goes by name _____ Title _____

Email _____

Mobile phone _____

Company name _____ Business phone _____

Marital status _____

Emergency information

Contact #1

☐ Emergency contact ☐ Allowed to pick up child

Name _____

Relation _____

Home phone _____ Mobile phone _____

Contact #2

☐ Emergency contact ☐ Allowed to pick up child

Name _____

Relation _____

Home phone _____ Mobile phone _____

Contact #3

☐ Emergency contact ☐ Allowed to pick up child

Name _____

Relation _____

Home phone _____ Mobile phone _____

*If someone not marked “allowed to pick up,” the school must be notified to release the child.

Medical contacts

Physician _____ Phone number _____

Dentist _____ Phone number _____

Does your child have any allergies? If so, please describe: _____

Does your child take any regular medication? _____

Are there any foods or drinks that your child should not have? _____

Are there any special medical, physical or emotional needs that the school/staff should be aware of?

Has your child had any serious accidents or operations? If so, please describe: _____

ASBURY WEEKDAY PRESCHOOL

Registration Contract 2017-2018

1. I register my child, _____ for the 2017-2018 school term.
2. I agree to pay Asbury Weekday Preschool tuition for my child in the amount of _____.

All classes, 9:30 - 2:30 as follows:

Crib: Mon. and/or Wed.	\$100/month, 1 day \$200/month, 2 day
Toddler - Y4s: MWF	\$300/month, MWF
Toddler - Y4s: T/Th	\$200/month, T/Th
Pre-K 4's (T/Th)	\$215/month
Pre-K 4's (M/W/F)	\$315/month

3. I agree to pay a one-time registration fee of \$50 per child payable at the time of application. This fee will not be refunded or applied toward tuition.
4. I understand that the first month's tuition payment for **September will be due the week of March 20, 2017 and will be non-refundable.** If application is processed after March 20, 2017, the first month tuition is due at time of application.
5. I understand that **tuition is due one month in advance at the first of each month.** (Example: Payment for October should be made on September 1.) If the fee is not paid before the 10th of the month, the child may be dismissed from the school and a replacement registered in the child's place. If I experience financial difficulties, that impair my ability to make tuition payments, I will contact the director to make arrangements.
6. I understand that if I enroll my child during the school year, the first month's tuition is **NON-REFUNDABLE.**
7. If I tender a check to Asbury Weekday Preschool that is not honored by my bank, I agree to pay a \$35 service charge on the returned check.
8. I understand that Asbury Weekday Preschool has certain fixed expenses that continue whether my child attends or not. If I find it necessary to drop out of Asbury Weekday Preschool during the year, **I will give written notice two weeks in advance.** I will be reimbursed for the days after notification.
9. I understand that Asbury Weekday Preschool reserves the right to dismiss my child at any time for disruptive behavior.
10. I understand that Asbury Weekday Preschool follows Union Public Schools for major holidays and snow closings (if necessary) and that Asbury Weekday Preschool reserves the right to vary the schedule according to Asbury Weekday Preschool's individual needs.
11. I understand that Asbury Weekday Preschool will not accept my child if my child has green nasal discharge, diarrhea, or has had fever or other symptoms of contagious disease or illness within the past 24 hours. If my child has had any of these, I am to notify Asbury Weekday Preschool and not return my child to school until all danger of contagion is past and he/she has been fever free for a full 24 hours.
12. I understand that it may be necessary for my child to receive emergency medical care; and I will execute an authorization form for emergency care for my child and that my child will not be admitted to Asbury Weekday Preschool until the form has been signed and returned.
13. I understand that no medication will be administered by any member of the Asbury Weekday Preschool staff; except as provided for in our medication consent form.

Parent Signature _____ Date _____

ASBURY WEEKDAY PRESCHOOL 2017-2018
Emergency Release

Child's Name _____ Class _____

Both parents must sign at the bottom of this form.

DOCTOR PREFERENCE: _____

MEDICATION/ALLERGIES: _____

Please attach a copy of your child's immunization record.

***AUTHORIZATION FOR EMERGENCY CARE TO MINOR**

I/We the undersigned, parent(s) or legal guardian of the minor listed below:

(Minor's name)

(Birth Date)

do hereby authorize any X-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist licensed by the State of Oklahoma and hospital service that may be rendered to said minor under the general, specific or special consent of :

Asbury Weekday Preschool

(Name of adult person who is temporary custodian of minor)

The temporary custodian of the minor: whether such diagnosis or treatment is rendered at the office of the physician or dentist, or at the hospital licensed by the State of Oklahoma. I/We authorize the physician or dentist to call in any necessary consultants, in his/her discretion. We further authorize said physician or dentist to exercise his/her discretion in authorizing the disposal of severed tissues or member.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise his/her best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment. I/We authorize Asbury Weekday Preschool to transport the above-named minor to any medical facility and/or call my family physician.

This consent shall remain effective until 6:00 pm on the 31st day of May, 2018, unless sooner revoked in writing, delivered to said physician or dentist or said persons entrusted with the custody, care and control of said minor child or children.

***PHOTO RELEASE**

I/We understand and give consent for Asbury UMC to take and/or use photographs, voice, video or digital tapes of myself and/or my child(ren) for advertising or public display.

***STUDENT DIRECTORY RELEASE**

I/We give permission for child's name/parent's name/address/phone number/email to be distributed to other Asbury preschool families either in print or via the student portal.

Date _____ Father _____

Witness: Other than Custodian(s) _____ Mother _____

(or) Legal Guardian _____

ASBURY WEEKDAY PRESCHOOL PRE-K 4's ONLY
2017-2018
FIELD TRIP PERMISSION

6767 Mingo Road
Tulsa, OK, 74133
918.492.1771
Fax 918.392.1100
Preschool Office 918.392.1128 or 918.392.1126

It is necessary that this form remain on file for every child in our program. No child will be allowed to leave the church unless parental permission has been granted.

I give my permission for my child _____ Class: (circle) **T/Th** and/or **M/W/F**
(Child's Full Name)

to go on all field trips of the Asbury Weekday Preschool Program from September 1, 2017 through May 31, 2018.

Parent's Signature _____ Date _____

Home Phone _____

Dad's Work Phone _____ Dad's Cell Phone _____

Mom's Work Phone _____ Mom's Cell Phone _____

EMERGENCY CONTACTS:

Name Phone

Name Phone