



Date received _____
\$75 registration fee paid _____

First United Methodist Weeschool

2016/2017 Child application

Website: fumcm.org
265 West Thompson Lane
Murfreesboro, TN 37129
Director: Krista Warren, kwarren@fumcm.org

Office: 615-893-1322
Fax: 615-893-1314

Please circle your day and time preference for the 2016/17 school year. Circle all that apply.

Monday/Wednesday 8am-noon

Monday/Wednesday 8am-2:30pm

Tuesday/Thursday 8am-noon

Tuesday/Thursday 8am-2:30pm

2 days a week with noon pick-up: \$140/month

2 days a week with 2:30 pick-up: \$200/month

4 days a week with noon pick-up: \$280/month

4 days a week with 2:30pm pick-up: \$400/month

There is a \$10 cot fee if your child stays until 2:30

If your child is registered till noon but occasionally stays until 2:30, you can pay \$12 per day

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All information is required and must be completed by the parent(s) or legal custodian(s). If unknown use N/A or none until it can be added later and initialed.  
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Child's information:

Child's Full Name: _____, child likes to be called _____

Child's Birth Date _____ Child's age by August 2016 _____ years and _____ months

Are you a member or FUMC? Yes No

Parent's Information:

Mother's Name _____ Father's Name _____

Address _____

Mom's cell _____ Mom's work _____ Home _____

Dad's cell _____ Dad's work _____

Email address(es): _____

Mom/Dad employment info _____

Misc. Information _____

Custodial Parent (if divorced) _____ (Copy of custody order provided?) Yes / No

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**Please list all those authorized to pick up and transport your child other than parent or custodian. Give full names and phone numbers of the persons to whom your child may be released.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Information**

1) Name of person and the phone numbers, other than the Weeschool staff, authorized to act for the parent in an emergency.

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Hours \_\_\_\_\_

2) Name of person and the phone numbers, other than the Weeschool staff, authorized to act for the parent in an emergency.

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Hours \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Office Phone \_\_\_\_\_

Medical Association and address  
\_\_\_\_\_

Special written doctor's instructions for care or medical treatment given, (epi pen, etc.)  
\_\_\_\_\_

To whom any medical training/instructions/permission given (teacher, director)  
\_\_\_\_\_

Any food/environmental/drug allergies  
\_\_\_\_\_

**Other children and members of the family:**

Birthdate

School/Work

| Other children and members of the family: | Birthdate | School/Work |
|-------------------------------------------|-----------|-------------|
| _____                                     | _____     | _____       |
| _____                                     | _____     | _____       |
| _____                                     | _____     | _____       |
| _____                                     | _____     | _____       |

**Eating Habits:**

What time does your child eat breakfast? \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

Between meal snack times \_\_\_\_\_ Does she/he feed her/himself? \_\_\_\_\_

What's your child's attitude towards eating?  
\_\_\_\_\_

Does your child refuse to eat? \_\_\_\_\_ How is this handled?  
\_\_\_\_\_  
\_\_\_\_\_

Your child's favorite foods:  
\_\_\_\_\_

(If your child is an infant, use a separate sheet for information about the formula, bottle schedule, etc. Parents must work closely with the Weeschool while introducing new baby foods and table foods to the child.)

**Potty Training:**

Is your child potty trained? \_\_\_\_\_ Does your child need assistance using the bathroom? \_\_\_\_\_

**PHYSICAL HISTORY**

What health problems has your child had in the past?

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What health problems does your child have now?

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Other than listed above:

Does your child have any allergies? If so, to what?

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How severe?

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Does your child take any medication regularly? If so, what and when?

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Has your child ever been hospitalized? If so, when and why?

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Does your child have any recurring chronic illness or health problems such as:

- Asthma     Cerebral Palsy     Developmental Delay     Seizure Disorder     Diabetes     Frequent Earaches  
 Hemophilia     Other \_\_\_\_\_

If medically diagnosed, what is the name of the doctor who diagnosed the illness or health problem:

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Do you have any other concerns about your child's health?

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**DEVELOPMENTAL** (compared with children your child's age)

Does your child have any problems with talking or making sounds? Please explain:

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Does your child have any problems with walking, running or moving? Please explain:

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Does your child have any problems seeing? Please explain:

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Does your child have any problems hearing? Please explain:

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Does your child have any problems using his/her hands (such as with puzzles, small building pieces)? Please explain:

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**DAILY LIVING**

What is your child's typical eating pattern?

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Is your child on any special diet? Please describe:

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Write N/A (non-applicable) if your child is too young for the following questions to apply.

How well does your child use table utensils (cup, spoon, fork)?

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How well does your child indicate bathroom needs?

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Words for urination?

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Words for bowel movement?

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Special words for body parts?

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What is your child's regular sleeping patterns? Awakes at \_\_\_\_\_ Naps at \_\_\_\_\_ Goes to bed at \_\_\_\_\_

**SOCIAL RELATIONSHIPS/PLAY**

What ages are your child's most frequent playmates?

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Is your child friendly? \_\_\_\_\_ Aggressive? \_\_\_\_\_ Shy? \_\_\_\_\_ Withdrawn? \_\_\_\_\_

Does your child play well alone?

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What is your child's favorite toy?

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Is your child frightened by:  Animals  Rough Children  Loud Noises  The Dark  Storms  Anything else?

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Who does most of the disciplining?

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What is the best way to discipline your child, EXCLUDING physical punishment?

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Does your child use a special comforting item (such as a blanket, stuffed animal, doll)?

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Is there any other information that you wish to share that would assist in meeting your child's needs?

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Note: The content of this health history has been taken from "Healthy Young Children: A Manual for Programs", a publication of the National Association for the Education of Young Children, and used by permission. NAEYC, 1509 16<sup>th</sup> Street N.W., Washington DC 20036-1426 Telephone numbers (202) 232-8777 (800) 424-2460 FAX (202) 324-1846  
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- I have received a summary of the licensing requirements.
- I do hereby authorize Weeschool staff to obtain emergency medical care for my child.
- I visited the Weeschool prior to enrolling my child.
- I have received a copy of the Weeschool's parent policy statement or handbook, payment contract and signed their copy, verifying by receipt my understanding and agreement of their content.
- I understand any changes in the above information must be entered immediately and initialed.

The above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
**Signature of parent(s) or custodian(s)**

\_\_\_\_\_  
**Date**

**If you have any question, concerns, or a complaint, call Child Care Resource and Referral at 1-800-462-8261**

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**SPECIAL NOTES FOR WEESCHOOL**

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**To be completed by Weeschool office:**

Date of enrollment \_\_\_\_\_ Date withdrawn \_\_\_\_\_

Reason for withdrawal \_\_\_\_\_

Class assignment \_\_\_\_\_

# Weeschool Contract

FOR CARE OF \_\_\_\_\_

CHILD'S NAME

***Pease read the following and initial each item:***

## Section A: TUITION and FEES

\_\_\_\_1. I am responsible for payment of tuition at the beginning of each month. There is **NO** reduction of tuition or fees for absence or vacations. Payment is due on the 1st of the month. A late charge of \$5 will be billed if payment is not received in the Weeschool office by the 7th of the month. **Tuition is as follows: 2 days a week, 8am-noon:**

**\$140/month, 4 days a week, 8am-noon: \$280/month, 2 days a week, 8am-2:30pm: \$200/month, 4 days a week, 8am-2:30pm: \$400/month**

\_\_\_\_2. I am responsible for a **\$10 cot fee** at the beginning of the year if my child will be staying until 2:30. Even if my child only stays occasionally until 2:30, I am still responsible for the payment

\_\_\_\_4. I will pick up my child by our contracted time. I understand there will be a charge of \$12.00 for children left past 12:15 p.m. so that my child can stay until 2:30pm.

\_\_\_\_5. If my child stays for an occasional late day until 2:30, I will include the \$12/day overage in my next month's tuition payment.

\_\_\_\_6. I understand that at the time of my application, I am to pay a \$75 registration fee. \$25 is nonrefundable and \$50 is refundable if I change my mind about Weeschool before May 31<sup>st</sup>, 2016. After May 31<sup>st</sup>, I realized my \$75 registration fee is nonrefundable.

\_\_\_\_6. I have received Weeschool's general policies and procedures and understand my commitment to Weeschool on daily and financial basis.

**SECTION B: HEALTH AND EMERGENCY**

\_\_\_\_1. I will keep the school informed of changes in address, phone number, doctor information, employment, emergency information or any changes in family situations.

\_\_\_\_2. I will keep my child home with any of the following symptoms: fever, diarrhea or vomiting in the past 24-hour period. Children too sick to participate in the program, including outside play, need to be kept home. Exceptions will be made at the discretion of the director.

\_\_\_\_ 3. No medications will be given by Weeschool employees with the exception of **EMERGENCY** medications. These emergency inhalers, epi-pens, etc. ***must*** be accompanied by an emergency protocol signed by the prescribing physician with full instructions for use AND a permission form to administer, signed and dated by a parent or guardian. I understand that once the protocol is delivered with the medication, the medication must be left at school EVERYDAY OR the child may not remain in our care.

\_\_\_\_4. I will obtain an official ***Department of Health Certificate of Immunization*** from the child's physician *before* the first day of school. Failure to do so will result in the child not being allowed to attend. **I will bring updates to the school office as my child receives new immunizations.**

\_\_\_\_5. If my child becomes ill at school I will arrange to come pick them up within an hour of notification OR arrange for a designated person to pick them up immediately.

\_\_\_\_ 6. I do hereby authorize emergency medical care if authorized persons cannot be reached.

**Signature of Parent/Guardian**\_\_\_\_\_ **Date**\_\_\_\_\_

\*\*\*Please keep a copy of this for yourself and return the signed and initialed copy with your completed application to Weeschool\*\*\*