

Hilliard United Methodist Church Preschool

5445 Scioto Darby Road

Hilliard, Ohio 43026

614-876-7180

robin@hilliardumcpreschool.org

katie@hilliardumcpreschool.org

Office Use Only

Start Date: _____

Date Received _____

Parent Form

Check One:		Child's Date of Birth	Check One: Male Female	
<p style="text-align: center;"><u>Threes</u></p> <p>AM3 T/TH (9:00-11:30) Must be 3 by Sept. 30 (2 Days) PM3 T/TH (12:30-3:00) Must be 3 by Sept. 30 (2 Days) AM3 M/W/F (9:00-11:30) Must be 3 by Sept. 30 (3 Days) PM3 M/W/F (12:30-3:00) Must be 3 by Sept. 30 (3 Days)</p> <p style="text-align: center;"><u>Fours</u></p> <p>AM4 M/W/F (9:00-11:30) Must be 4 by Sept. 30 (3 Days) PM4 M/W/F (12:30-3:00) Must be 4 by Sept. 30 (3 Days) AM4 M/T/W/TH (9:00-11:30) Must be 4 by Sept. 30 (4 Days) PM4 M/T/W/TH (12:30-3:00) Must be 4 by Sept. 30 (4 Days)</p> <p style="text-align: center;"><u>Fives</u></p> <p>AM5 M/TW/TH/F (9:00-11:30) Must be 5 by Sept. 30 (5 Days) PM5 M/TW/TH/F (12:30-3:00) Must be 5 by Nov. 30 (5 Days)</p>		E-Mail Address:		
		Language Spoken at home:		
		Are you a participating member of the Hilliard United Methodist Church?		
		If not, are you looking for a home church?		
		Who does your child live with at home address listed below: (Please check)		
		Mother	Stepmother	Foster Parents
		Father	Stepfather	Legal Guardian
Child's First Name	Middle Name	Last Name		
Child's Home Address	City / Zip Code	Child's Home Phone #		
Parent's Name	Occupation/Employer	Cell #		
Relationship to Child		Business #		
Parent's Name	Occupation/Employer	Cell #		
Relationship to Child		Business #		

Please check any health conditions, physical limitations or concerns:

Asthma Child requires classroom aide Allergies: Environmental or Food Tubes in Ears

Delayed Large Motor Skills Delayed Speech Bone or Joint Issues Diabetes

Delayed Small Motor Skills Other: _____

Please explain any item checked:

Was your child born **outside** of the United States? _____

Has your child spent 32 or more consecutive days **outside** of the United States? _____

Parent Consent for the Use of Student Photos:

Pictures of the students are regularly posted on social media (e.g. Facebook and Instagram). These photos provide parents a “window” into the classroom. Student’s names are not mentioned in posts.

Yes, Hilliard United Methodist Preschool has my permission to use photos of my child online.

No, please do not publish photos of my child online.

X _____

Parent/Guardian Signature

Date

Roster for Birthday List:

The birthday roster may be requested by a parent for information including the child’s name, parents’ names, address, phone number and email address.

Yes, I give Hilliard United Methodist Preschool permission for my child’s information to be listed on the Birthday Roster.

No, I do not give Hilliard United Methodist Preschool permission for my child’s information to be listed on the Birthday Roster.

X _____

Parent/Guardian Signature

Date

**Hilliard United Methodist Preschool
Financial Agreement
2022-2023**

We are proud to be an outreach program of the Hilliard United Methodist Church. As a non-profit school, we rely solely on tuition to pay salaries and purchase supplies for the children.

THE TUITION FOR THE 2022-2023 SCHOOL YEAR IS AS FOLLOW:

- ✓ 2-Day Program-\$175.00 per month
- ✓ 3-Day Program-\$215.00 per month
- ✓ 4-Day Program-\$245.00 per month
- ✓ 5-Day Program-\$270.00 per month

PLEASE REVIEW THE FOLLOWING TUITION POLICIES:

1. A NONREFUNDABLE REGISTRATION FEE of \$135.00 must accompany this agreement to reserve your child's space. Families with more than one child entering the program will receive a sibling discount on the registration fee for the second child. Open registration begins January 24, 2022. Tuition is due the first of each month. A late fee of \$12.00 will be assessed to your account if payment is received after the 5th of each month.
2. There will be a charge of \$25.00 for returned payments.
3. If necessary, you are welcome to make payment arrangements with either the Administrator or the Financial Secretary.
4. Full payments are expected in the event of a quarantine due to COVID-19 or any variant associated with this disease.

CONCERNING THE WITHDRAW OF A STUDENT:

A thirty day written notice is required if it becomes necessary to withdraw your children from our program. We will assume that your child is attending until we receive such a notice, and therefore tuition will be expected.

Child's Name

Parent/Guardian Signature

Date



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) Hilliard United Methodist Preschool to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY *Child's name: _____

SECTION A (Credit Card) **VISA and MasterCard only. There is a 2.75% service fee for using the Credit Card option.**

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number VISA and MasterCard are accepted. _____ Expiration Date _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account)

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ Checking Savings

Authorized Signature _____ Date _____

For Official Use Only

Date Received
Employee Signature



A service of

