



Hilliard UMC Preschool

Hilliard United Methodist Church Preschool

5445 Scioto Darby Road

Hilliard, Ohio 43026

Phone: 614-876-7180

Fax: 614-876-2420

Katie Williams:

katie@hilliardumcpreschool.org

Child Information

Child's Full Name: _____ Birthday: _____ Male: ___ Female: ___

Address: _____ City/Zip: _____ Phone Number: _____

Parent/Guardian #1

Parent's Name: _____ Cell: _____ Relationship: _____

Employment: _____ Work Phone: _____ Email: _____

Parent/Guardian #2

Parent's Name: _____ Cell: _____ Relationship: _____

Employment: _____ Work Phone: _____ Email: _____

Additional Information

Are you a participating member of the Hilliard United Methodist Church? _____

If not, are you looking for a home church? _____

Other members of household (age/relationship): _____

Language spoken at home: _____

Class Selection

Threes

(Must be 3 by Sept. 30th)

AM3 T/TH 9:00-11:30am

(2 Days)

PM3 T/TH 12:30-3:00pm

(2 Days)

AM3 M/W/F 9:00-11:30am

(3 Days)

PM3 M/W/F 12:30-3:00pm

(3 Days)

Fours

(Must be 4 by Sept. 30th)

AM4 M/W/F 9:00-11:30am

(3 Days)

PM4 M/W/F 12:30-3:00pm

(3 Days)

AM4 M/T/W/TH 9:00-11:30am

(4 Days)

PM4 M/T/W/TH 12:30-3:00pm

(4 Days)

Fives

AM5 M/T/W/TH/F

9:00-11:30am

(Must be 5 by Sept. 30th)

PM5 M/T/W/TH/F

12:30-3:00pm

(Must be 5 by Nov. 30th)

Both classes are 5 Days

Please check any health conditions, physical limitations or concerns:

Asthma

Delayed Speech

Child requires classroom aide

Bone or Joint Issues

Allergies: Environmental or Food

Diabetes

Tubes in Ears

Delayed Small Motor Skills

Delayed Large 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No, please do not publish photos of my child online.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
2024-2025**

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 2024-2025 SCHOOL YEAR IS AS FOLLOWS:

- ✓ 2-Day Program-\$195.00 per month
- ✓ 3-Day Program-\$235.00 per month
- ✓ 4-Day Program-\$270.00 per month
- ✓ 5-Day Program-\$295.00 per month

PLEASE REVIEW THE FOLLOWING TUITION POLICIES:

1. A NONREFUNDABLE REGISTRATION FEE of \$145.00 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 22, 2024. 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, weather closures, personal vacations, scheduled in-service days and holiday breaks.

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 <small>Visa and MasterCard are accepted</small>	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) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Authorized Signature	Date

For Official Use Only

Date Received
Employee Signature

