



590 NE McAlister Rd, Burleson, TX 76028

cari@fumcburleson.org

(817) 295-0635

2024-25 School Year Enrollment

Important Registration Dates for Fall

Returning Families and FUMC Church Members: **Feb. 22 & 23, 2024**

New Families: **March 5** at 6:00 pm in the church's Great Hall

We follow the Burleson Independent School District calendar for student holidays & closings. As of 02/21/24, the 2024/25 BISD calendar has been posted (www.burlesonisd.net). Our preschool programs begin on the first day students report to campus and end on the Wednesday before Memorial Day (these dates are contingent on BISD's approved student calendar).

Days Monday – Friday (see below for options)

Before School Hours 7:00 am – 9:00 am

Preschool Hours 9:00 am – 2:00 pm

After School Hours 2:00 pm – 5:30 pm

Age 6 weeks – 4 years old (Pre-Kindergarten – 4 years on/before Sept. 1, 2024)

Registration Fee A **\$275.00 yearly non-refundable fee** is due with the attached enrollment form. We are only able to accept cash, check or money orders. We also accept Apple Square pmt with a 3% charge added.

Snack for the after school program is to be provided by parent. Pack & label snack separately from lunch.

Nursery/Toddlers 9:00 – 2:00		2's and 3's 9:00-2:00		Pre-Kindergarten 9:00 – 2:00		Before School 7:00 – 9:00		After School 2:00 – 5:30	
Days	Mo. Tuition	Mo. Tuition	Mo. Tuition	Mo. Tuition	Days	Mo. Tuition	Mo. Tuition	Mo. Tuition	Mo. Tuition
T/TH	\$250.00	\$250.00	\$250.00	\$250.00	T/TH	\$50.00	\$80.00	\$80.00	\$80.00
MWF	\$300.00	\$300.00	\$300.00	\$300.00	MWF	\$65.00	\$105.00	\$105.00	\$105.00
M-F	\$400.00	\$400.00	\$400.00	\$400.00	M-F	\$95.00	\$165.00	\$165.00	\$165.00

First United Methodist Church Preschool

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ENROLLMENT AGREEMENT

2024-25 School Year

Please complete this form separately for each student you are enrolling and attach the **non-refundable registration fee of \$275.00** for each student to guarantee your child's place.

Class

____ Nursery (Birthday 1/1/24- 7/1/24)
____ Transition Nursery (Birthday 9/1/23- 12/31/23)
____ Toddler (Birthdays 9/1/22 – 8/31/23)*
____ Twos (Birthdays 9/1/21 – 8/31/22)
____ Threes (Birthdays 9/1/20 – 8/31/21)
____ Pre-Kindergarten (Birthdays 9/1/19 - 8/31/20)

We place children in classes by their age on/before September 1 per guidelines from the Burleson Independent School District.

*Children in the Toddler Class need to be walking and able to feed themselves. If your child has a summer birthdate and needs more time to develop these skills please talk to the office about possibly placing them in the Transition Nursery.

Schedule

____ **Regular Day** (9:00 am - 2:00 pm) T/Th____ M/W/F____ M-F____
____ **Before School** (7:00 am - 9:00 am) T/Th____ M/W/F____ M-F____
____ **After School** (2:00 pm - 5:30 pm) T/Th____ M/W/F____ M-F____

Before School & After School must be T/Th, M-W-F or M-F. We are unable to accommodate odd schedules due to staffing. We do not offer before school for Nursery.

Any special teacher or buddy requests*: _____

**We do our best to honor special requests, but placements are always subject to availability.*

Child's Name _____ Gender _____

Date of Birth _____ Age as of September 1, 2024 _____

Parent/Guardian Name(s) _____

Street Address _____

City _____ Zip _____

E-Mail Address _____

Parent/Guard. Cell Phone (____) _____ Parent/Guard. Cell Phone (____) _____

Home Phone (____) _____

____ **(initial here)** I understand the \$275.00 registration fee is non-refundable.

Office use only:

Date _____ Registration amount paid _____ Check # _____ Cash _____ Received By _____

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PRESCHOOL HEALTH STATEMENT AND IMMUNIZATION VERIFICATION

Please complete this form separately for each student you are enrolling.

Child's Name: _____ **Date of Birth:** _____

Immunization Record

Place a check mark once completed.

_____ I have provided FUMC Burleson Preschool with a copy of my child's most current immunization record or have completed and provided a state waiver.*

**Tuberculosis testing is not a current requirement of the Tarrant County Health Department.*

***students that are 4 years old must have a hearing and vision screening as well. If your child turns 4 during the school year please request to have this administered at their 4 year check up.**

Health Statement

One of the following **must** be presented when your child is admitted to the FUMC Burleson Preschool program or within the first week of school.

Place a check mark by only **ONE** option:

_____ Health-Care Professional's Statement: *I have examined the child named above within the past year and find that he/she is able to take part in the FUMC Burleson Preschool Program.*

Health-Care Professional's Signature

Date

_____ A signed and dated copy of a health-care professional's statement is attached.

_____ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization to which I adhere or of which I am a member. I have attached a signed and dated affidavit stating this.

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Admission Date: _____

Withdrawal Date: _____

ADMISSION FORM

Please complete this form separately for each student you are enrolling.

Child

Name	Nickname	
Birthday	Gender	
Home Address		
City	State	Zip

Parent/Guardian

Name	Relation to Child	Phone #	
Home Address		Place of Employment	
City	State	Zip	Work Phone #

Parent/Guardian

Name	Relation to Child	Phone #	
Home Address		Place of Employment	
City	State	Zip	Work Phone #

Emergency Contact (friend or relative who should be contacted when parent/guardian cannot be reached)

Name	Relationship	Phone #
Home Address		Alternate Phone #
City	State	Zip

Authorized Pickup (persons other than a parent/guardian to whom the child may be released)

Anyone picking up your child will be required to provide photo identification before your child will be released. First United Methodist Preschool will not release your child to anyone that you have not authorized in writing or to anyone that cannot provide a photo identification.

Name	Relationship	Phone #
Name	Relationship	Phone #
Name	Relationship	Phone #
Name	Relationship	Phone #

(CONTINUED ON BACK OF FORM)

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ADMISSION FORM – Continued

Special Care Needs

Diagnosed Allergies (Must provide an allergy action plan signed by physician)

☐ Milk ☐ Peanuts ☐ Tree Nuts ☐ Wheat ☐ Bee Sting ☐ Other _____

Describe Reaction: _____

Other Non-Allergy Diet Restrictions (Includes Sensitivity or Intolerance to Foods)

Existing Illness:

Previous Serious Illness and/or Injuries:

Hospitalizations During the Past 12 Months:

Medications Prescribed for Continuous, Long-Term Use:

(Medication Authorization Form will need to be completed for any medicines administered by the preschool)

Other Special Care Needs:

Child's Physician

Physician Name

Hospital Preference (for emergency treatment)

Physician Street Address

City

State

Zip

Physician Phone #

Emergency Medical Attention & Emergency Evacuation Authorization

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Preschool Director or person in charge to secure any and all necessary emergency medical care for my child. In addition, I authorize the staff of First United Methodist Preschool and the church to transport my child to another location if a situation occurs that makes it in the best interest of my child to evacuate the building. _____ (initials)

Photo & Media Consent

I consent to the collection and use of my personal images and those of my child by photography or video recording. I acknowledge these may be used on the FUMC Preschool website or in the FUMC Preschool "ME" books. I understand that my name and my child's name along with pictures or videos may NOT be used in publications unless express consent is given. _____ (initials)

My signature below provides medical authorization, emergency evacuation authorization, and photo/media consent as stated above. I also acknowledge receipt of or access to the First United Methodist Preschool's handbook at www.fumcburleson.org. I understand that I must follow all aspects of the First United Methodist Preschool handbook and operational policies and that if I have any questions, it is my responsibility to seek answers from the Director.

Parent/Guardian Signature: _____

Date: _____

Office use only:

Immunization/Waiver _____

Health Statement _____

Hearing & Vision _____

Class _____

Before School _____

After School _____

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ADMISSION CHECKLIST

***We will not be able to offer Summer School for this coming school year (2024)**

Due at Registration

- Enrollment Agreement
- Admission Form (includes medical authorization, emergency evacuation authorization and photo/media consent)
- Registration Fee of **\$275.00/child**

Due On or Before First Day of School

- Current Immunization Records
- Hearing & Vision Screening (Students 4 yrs. & older)
- Health-Care Professional Statement (written statement from a health-care professional who has examined the child within the past year, indicating the child is able to take part in the child-care program)
- Food Allergy Action Plan (applies to children with a diagnosed allergy)

Families enrolling in Pre-K or Transitional Kindergarten

These classes will go on Field Trips throughout the year. It is usually 2-3 and we try to do them in the Fall, at Christmas and in the Spring. The price for the student is included in their monthly tuition. Adult tickets will need to be paid for separately and each child will need transportation to the FT because the school is not licensed to transport children. We will give several weeks notice of when these field trips will take place so there is plenty of time for arrangements to be made. Also, depending where we go, tickets may be limited to one adult per child and most places will not allow us to bring a younger sibling. We will make sure we give those details in advance as well.