

Tree of Life



Preschool

Enrollment for (Print Name) _____

Class: 2-day • 3-Day AM • 3-Day PM • 3-Day Full • 5-Day
(Circle Class Choice)

Acceptance of this enrollment form and the registration fee of \$75. assures your child a place in our Tree of Life Preschool program. In return, we expect that you will honor your enrollment for the term unless you move from the area or some unusual circumstance makes a mutual agreement to dissolve the contract the most advantageous arrangement for the child.

I have read the policy statement and the Parent Handbook and agree to abide by these policies. I agree to honor this enrollment as described above. In case I *do* need to remove my child from the program, I will give four weeks written notice. I understand that I am responsible for the full tuition unless released from that obligation in writing by the Board of Directors. I also understand that the registration fee is non-refundable.

Date _____ Signed _____

Amount of Registration Fee \$ _____ Monthly Fee \$ _____

Quarterly Fee \$ _____

For Office Use Only:

- ___ Enrollment Form & Fee: Date Received _____ Ck.# _____ Cash _____
- ___ Family Information Sheet
- ___ Agreement for Emergency Treatment
- ___ Physicians Statement
- ___ Immunizations
- ___ Birth Certificate
- ___ UMC Volunteer Form
- ___ Drivers License
- ___ Video/Photo Permission

Rev. Sungduk Kim, Pastor • (570) 828-2288 • Janette Smith-Kislak, Director
Dingmans Ferry United Methodist Church • 115 Myck Road • Dingmans Ferry, PA 18328

Enrollment Form

For Office Use Only:

Class: _____

Full Name of Child _____

Nickname _____ Birth Date _____

Full Name of Father _____

Full Name of Mother _____

Mailing Address _____
Street or Box Town Zip

Physical Location (Development & Street Name)

Home Phone _____ Work Phone, Father _____

Cell Phone _____ Work Phone, Mother _____

Emergency Names & Contact Numbers:

Physician _____
Name Phone Number

Friends or Relatives _____

For Emergency, Names & Phone Numbers of persons to whom we may release your child.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

-----Family Information-----

Child's Name _____ Birth Date _____

Mother's Name _____

Mailing Address _____

Physical Location (Development & Street Name)

Home Phone _____ Cell _____

Father's Name _____

Mailing Address _____
(If Different)

Physical Location (Development & Street Name)

Home Phone _____ Cell _____

Marital Status _____ Name of Step Parent/Guardian _____

Siblings - How Many? _____ Names _____

Other Important Adults - Names & Relationship to child

Any major events in your child's life we should be aware of? (Family addition,
death, moving etc.) _____

Any Fears, special customs or activities we should know about?

Describe your child's personality (Shy, active, noisy etc.) _____

Does your child nap? _____ Have accidents? _____ Colds/illness often? _____

List Allergies _____

-----Emergency Treatment-----

In the event of an illness or accident which requires immediate medical treatment at a time when a parent cannot be located, I give permission for Janette Smith-Kislak, Director or other staff member of the Dingmans Ferry United Methodist Church Tree of Life Preschool, to authorize such treatment. I will not hold the school or the medical personnel responsible. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician, and/or other persons listed for emergency contact.

Parent/Guardian Signature _____ Date _____
(Must be signed by legal guardian.)

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-----Physician's Statement-----

I have examined _____ and see no physical or emotional reason to restrict participation in the activities as the Tree of Life Preschool Program. I have noted the following if applicable:

Restrictions of activity:

Special attention or care if needed:

Date _____ Signature _____
(Physician)

 Please attach a copy of the child's immunization record to this form.

-----Photo & Video Permission Slip-----

Students Name _____

I hereby give permission for my child to be photographed &/or videotaped in the classroom setting. It is my understanding that such videotaping will be for educational and training purposes only. Photographs may be used in the local newspaper (s) and school related publications. I may revoke this permission at any time by sending a letter to the school office.

Parent/Guardian Signature _____ Date _____

I do not give permission for my child to be photographed or videotaped in the classroom setting.

Parent/Guardian Signature _____ Date _____

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Participation Covenant Statement For Parents of DFUMC Tree of Life Preschool/Playgroup

The congregation of **Dingmans Ferry United Methodist Church (DFUMC)** and the **Tree of Life Preschool/Playgroup** is committed to providing a safe and secure environment for all children, youth, and volunteers who participate in ministries and activities sponsored by the church and preschool and also in programs by *outside organizations* using the church facilities. The following policy statements reflect our congregation's commitment to preserving this church as a holy place of safety and protection for all.

- No adult who has been convicted of child abuse and/or has a criminal record which would pose a threat to children and their safety (sexual abuse, physical abuse, emotional abuse or other) can work, assist or volunteer with children or youth in any Tree of Life Preschool/Playgroup program or activity.
- If anyone suspects child abuse of a child attending Tree of Life Preschool/Playgroup, that individual must immediately report any suspected child abuse to ChildLine (1-800-932-0313), and follow up by submitting the CY 47 form. After the report is made to ChildLine, the individual must then notify the Tree of Life Preschool Director, the Pastor and also the Staff/Parish Relations Committee (SPRC). The phone numbers for the Pastor and SPRC Chairperson are posted on the bulletin board.
- Two *unrelated* adults must be present in the building while Preschool/Playgroup activities are in session.
- When children's programs are in session, adult visitors and Preschool/Playgroup helpers are requested to use the private bathrooms, rather than the multiple stall restrooms.
- Staff must complete required training and submit PA clearances for working with children.
- Preschool parents who assist on an *occasional* basis or go on field trips, will not be required to submit clearances. However, these parents must never be placed in charge of or be alone with children that are not their own.
- If Tree of Life parents wish to be considered a *registered* volunteer, they must complete the required training and provide the required PA clearances for Criminal Background Check, Child Abuse History Clearance, and if required the FBI - Fingerprint based federal criminal history clearance (required for volunteers who have not been a PA resident *continuously* for the past 10 years.)

Please answer each of the following questions: As a Tree of Life Preschool/Playgroup Parent:

1. I agree to observe and abide by DFUMC policies regarding working with children and youth?
 Yes No
2. I agree to observe the "Two Unrelated Adult Rule" at all times when in activities/programs with children and youth? Yes No
3. I agree to promptly report any suspected child abuse to ChildLine (1-800-932-0313) and submit CY 47 form and notify the Preschool Director, the Pastor and SPRC? Yes No
4. If I decide to become a registered volunteer for the Tree of Life Preschool/Playgroup, I will complete the required training and submit the PA clearances. Yes No

I have read the DFUMC Safe Sanctuary Policy and the Participation Covenant, and I agree to observe and abide by the policies set forth above.

Printed Name	Signature	Date
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