

Churubusco United Methodist Nursery School

Birth Date ____ / ____ / ____

Child's Name _____

Parent's Name(s) _____

Address _____

City _____ Zip _____

Email Address: _____

Phone #'s

Home _____

Cell _____

Work _____

Boy ____ Girl ____

Section ____ a.m. ____ p.m.

Registration Fee \$55.00 _____

Churubusco United Methodist Nursery School

Dear Parents:

Your Enrollment Request for

In the Churubusco United Methodist Nursery School for this fall requires a non-refundable registration fee of \$55.00 to:

United Methodist Nursery School

750 North Main St.

Churubusco, IN 46723

Your child's place in nursery school for the 2024-2025 school year is not definitely secured until we receive your registration fee.

The health form may be completed during the summer months so that we may have it when Nursery School starts in the fall.

Children should be 3, 4 or 5 years old by August 1st and will be placed in either the morning or afternoon session. Please state your preference.

Classes are Monday, Wednesday and Friday.

Morning sessions are from 9:00 a.m. - 11:30 a.m.

Afternoon sessions are from 12:30 p.m. – 3:00 p.m.

The monthly fees for the 2024-2025 school year will be \$85.00

If you have any further questions, you may contact ---

Cheryl Fleetwood at 693-3954 or Debbie Leitch at 693-9423

or the Church Office at 693-2154.

All About Our School

The Churubusco United Methodist Nursery School was founded in 1966 by Norma Jean Gilliom. The 2024-2025 school year will be the 58th year. We are a self supporting, Church sponsored Pre-school.

A Nursery School nurtures and a pre-school prepares. We do both with lots of love, learning and fun. The United Methodist Nursery School provides hands on learning.

We provide developmentally appropriate programs for 3,4 and 5 year olds. Our programs consist of gross motor and fine motor skills development. Music and movement are also involved in our motor skills program. Number concepts, shapes, colors and field trips are all included. Children are also expected to be physically and mentally active and are allowed to choose from the many teacher supervised activities throughout the classroom.

Our classes are kept at an 8 to 1 or lower student/teacher ratio. The teachers are educated through I.U.-P.U. at Fort Wayne, Ivy Tech, D.A.W.N. Chapter of Education of Young Children Workshops, CDA, and the Fort Wayne Association for the Education of Young Children. Also Music and Movement classes in Whitley County sponsored by the Dekko Foundation.

Churubusco United Methodist Nursery School

2024-2025 Fee Agreement

Student Name: _____

Parent Name: _____

Phone# _____

CUMC strives to be a good value to students and families we serve. Our fees are among the lowest fees charged by area preschools. Based on a 90 day school year, nursery school costs your family less than \$10 a school day. Partial scholarships may be available. The Nursery School board reviews applications and awards funds as they are available. Scholarship applications are available at the church office.

Fees for the 2024-2025 school year are \$765.00

Fees can be paid in 9 payments of \$85.00 each.

The monthly payment is due the first week of school each month. If not paid by the first Friday of the week, there will be a late fee charged.

These fees may be paid in one payment of \$745.00

Please note: prepayment is non-refundable.

The registration fee of \$55 must be paid before your child will be assigned a class.

Signed

Date

Nursery School Procedures

Procedures in case of illness or accident are as follows:

- 1) Teacher will provide first aid
- 2) Contact parents to inform of illness or accident and ask for instructions

Only after all reasonable efforts have been made to contact you or your preferred contacts, we will call the Dr. if we feel medical attention is needed. In the extreme cases EMS will be called and your child taken to Hospital.

Doctor _____ Office Phone _____

Hospital preference _____

Other responsible person that maybe called if unable to contact parents

Name _____ phone _____ relationship to child _____

Name _____ phone _____ relationship to child _____

YOU HAVE MY PERMISSION TO ACT ACCORDINGLY

Signed _____ Date _____

Blanket permission for field trips

My Child (NAME) _____ has my permission to go on any field trips. This includes riding in school van or walking trips in the area that the Nursery School has scheduled. I understand that special insurance is taken out for every excursion. If on a field trip day and something arises that my child cannot go I understand that there will be no school that day and I will keep my child at home.

Signed _____ Date _____

This form must be returned before the first day of School

Churubusco United Methodist Nursery School

HEALTH FORM

Child's Name _____ Birth date ____/____/____ Gender ____

Address _____ City _____ State _____ Zip _____

Mothers Name _____ phone# _____

Fathers Name _____ phone# _____

Has your child ever been seriously ill? _____

Details: _____

Is She/He subject to any reoccurring illnesses? _____

Details: _____

List any known allergies _____

Any vision or hearing difficulties? _____

To be filled out by Physician:

Physicians Name _____

Child's Age _____ Height _____ Weight _____ General Vitality _____

Record of Immunizations

Vaccination	Dates

Date of Examination ____/____/____

Physicians Signature _____

Churubusco United Methodist Nursery School Registration Form

Child's Name _____ Birth date ____/____/____ Gender ____

Address _____ City _____ State _____ Zip _____

Child lives with Father __ Mother __ Other Adults __ Older Siblings __ Younger Siblings __

Church affiliation _____

Fathers Name _____ Employer _____

Home Address _____ City _____ State _____ Zip _____

Phone #'s home _____ cell _____ work _____

Mothers Name _____ Employer _____

Home Address _____ City _____ State _____ Zip _____

Phone #'s home _____ cell _____ work _____

Daycare Provider _____ Phone _____

I would like my child in Morning or Afternoon classes _____ (classes fill up so it is by first come basis that request are filled)

Please list any Health Conditions (example allergies, physical challenges)

List any fears or anxieties

Is your child Right or Left handed? _____

What are some of your child's favorite things?

Only the people listed below may pick my child up from school

1. _____ Please notify them that they may be asked to show ID before leaving
2. _____
3. _____
4. _____
5. _____ Parents must submit a note with any additional names or changes

Signed _____ Date _____

OFFICE USE:

Payment agreement Signed _____ Date _____ Paid Full ____ 9 Month ____

Registration Paid ____ Date _____