2021-2022 REGISTRATION INFORMATION

Thank you for your interest in North Raleigh United Methodist Preschool. We look forward to having you become a part of our preschool family!

REGISTRATION PROCEDURES:

1. Fill out a separate registration form for each child. Place the form and appropriate registration fee in the designated envelope in the marked box outside the Preschool building main door.

2. The registration fee is an administrative fee which is equal to one month’s tuition, but is **NOT** a tuition payment. It must accompany the registration form. Registration fees are **NON-REFUNDABLE** unless your child is placed on a waiting list or you move out of Wake County prior to August 31, 2021.

   Registration Fee:  
<table>
<thead>
<tr>
<th>Days</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-day</td>
<td>$225</td>
</tr>
<tr>
<td>3-day</td>
<td>$275</td>
</tr>
<tr>
<td>4-day</td>
<td>$335</td>
</tr>
<tr>
<td>5-day</td>
<td>$375</td>
</tr>
</tbody>
</table>

   Make checks payable to NRUM Preschool

3. Families of currently enrolled children must be up-to-date with tuition payments in order to register for the upcoming year.

KEY DATES:

Registration due by **9:30 a.m.** on the designated day listed below.

January 2021

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</thead>
<tbody>
<tr>
<td></td>
<td>Current Students</td>
<td>Church Members and Siblings of current students</td>
<td>Siblings of former students and General Public</td>
<td></td>
</tr>
</tbody>
</table>

A list of registered students will be posted by **Monday, February 1, 2021** at your child’s classroom door.
NRUM PRESCHOOL ADDITIONAL INFORMATION

NRUM Preschool classes are from 9:15 a.m. – 1:00 p.m. All children bring their own lunch from home each day. No additional fees for lunch time, it is all included!

We follow the Wake County School’s age cut-off date of August 31 for enrolling children. We reserve the right to maintain a reasonable girl/boy ratio. Minimum class size must be met in order for a class to be offered.

WE ARE NOT AN ALLERGY FREE PRESCHOOL. Parents of children who may require medical attention of any kind (including medication or procedure) should contact the director in advance for complete policies.

All students are required to use a tote style bag (please no zippered, backpack or drawstring bags). You may use any tote bag of your choice.

Tuition payments are due by the 1st of each month, we reserve the right to charge a late fee of $20 if your tuition is not paid in full by the 5th of each month and if not resolved over consecutive months your child may not be able to attend preschool.

Tuition Discount: A 5% discount will be offered to families who prepay for the entire year by May 7, 2021. A 5% discount is also offered to families who have more than one child enrolled in NRUM Preschool at the same time. The tuition for the younger sibling will be discounted.

ALL CHILDREN ENTERING THE 3, 4 and 5-YEAR OLD CLASSES MUST BE FULLY POTTY TRAINED by the beginning of the first day of preschool in the fall.

Proof of immunization is required prior to the start of the school year. This preschool does NOT accept any NC exemptions for immunizations.

You can always receive up to date information on our preschool by visiting our website:

www.nrumpreschool.org

We look forward to having your family be a part of our preschool family!
Please let me know if you have any questions.

Terri Schaffer
Interim Director

8501 Honeycutt Road
Raleigh NC 27615
919-870-6616

email: preschool@nrumc.org
Please attach a separate check, payable to NRUM Preschool, with the corresponding Registration Form for each child registering. All children must be age of class choice by August 31, 2021. *Classes will be available only if the minimum class enrollment requirement is met.

<table>
<thead>
<tr>
<th>Classes: Indicate your 1st and 2nd choices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twos: _______ T / Th _______ M / W / F</td>
</tr>
<tr>
<td>Threes: _______ T / W / Th _______ M – Th</td>
</tr>
<tr>
<td>Fours/Fives: _______ M – Th _______ M – F*</td>
</tr>
</tbody>
</table>

**Registration Fee:** Although the non-refundable registration fee is equal to one month’s tuition, it is a separate administrative fee and does NOT count towards tuition.

<table>
<thead>
<tr>
<th></th>
<th>2 days: $225</th>
<th>3 days: $275</th>
<th>4 days: $335</th>
<th>5 days: $375</th>
</tr>
</thead>
</table>

Child’s Name: __________________________________________________________ /

First                      Middle     Last                                  Name called

Child’s Date of Birth: _____/____/_____  Age on 8/31/2021: ________  Please Circle:  Male  Female

Home Address: __________________________________________________________

Preferred E-mail Address: ______________________________________________/

Mom                                                   Dad

Mother’s Name: __________________________________________________________ /

Preferred Phone

Mother’s Place of Work /

Work Phone   Other Phone

Father’s Name: __________________________________________________________ /

Preferred Phone

Father’s Place of Work /

Work Phone   Other Phone

Are you a member of NRUM Church? ____________  If not, would you like to receive info from NRUM Church? ______________

Has THIS child ever attended any other daycare/preschools? If so, name: ________________________________________________

Names and ages of siblings: ________________________________ /_______,  ______________________________ /________

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______________________</td>
<td>______</td>
</tr>
</tbody>
</table>

Registration Form 2021-2022.doc

Office Use: Ck #_________  Amt _________  Date _________

Tote Del: _______  Sibling ____________________________
Child’s Name: _____________________________________________________________________________

First | Middle | Last

Any allergies? ___________________________________________________________________________

*The following information is very helpful to our teachers in helping them to best care for your child.*

Any concerns about your child’s general or developmental health? ___________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

With whom does your child like to play? _____________________________________________________________________________________________

________________________________________________________________________________________

Please explain any speech problems: _____________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Any unusual fears? _____________________________________________________________________________________________

________________________________________________________________________________________

Does your child have trouble handling anger? _____________________________________________________________________________________________

________________________________________________________________________________________

What calms your child? _____________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Is there any additional information about your child, which might be helpful to their teachers in working with your child? _____________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

*We reserve the right to create classes based on teacher recommendations and to provide a desired boy/girl ratio. Parent requests for teachers and classmates are not guaranteed.*

*All children entering the 3 or 4’s classes must be completely potty trained.*
Photo Release

Child's Name: __________________________________________

(Please initial your preference)

_________ Yes, I give permission for my child's photo or other illustrating materials to be used in slide shows, bulletin boards, newsletters, website (ex: Shutterfly, Smilebox), class keepsakes and displays. Names will not be used on any photos in newsletters, our website, or any other applications on the Internet. I understand that usage of any photos and/or illustrating materials will be without payment or compensation.

_________ No, I do not give permission for my child's photo or other illustrating materials to be featured in slide shows, bulletin boards, newsletters, website (ex: Shutterfly, Smilebox), class keepsakes and displays. I understand that my child will not be able to participate in any class photos or any pictures taken at the preschool, including any NRUM PRESCHOOL programs that are recorded or photographed for school purposes. (Photographs taken by professional photographers at the preschool are at your discretion.)

4’S Classes Only - Church Bus Authorization

Please complete the below information for students entering the 4-year old classes only.

Each 4-year old class rides the church bus and visits the Cypress Retirement Center during the school year. They will also ride the church bus to Honeycutt Park for Park Day. ** Subject to change**

This is to certify that my child __________________________________________,

_________ Yes, has my permission to participate in all school activities and field trips planned and supervised by the school staff and to ride the NRUMC bus to off-site field trips.

_________ No, does not have my permission to participate in all school activities and field trips planned and supervised by the school staff and to ride the NRUMC bus to off-site field trips. I will have to arrange for any transportation to and from the location for my child in order for them to participate.
Registration Form 2021-2022.doc

REGISTRATION FORM CONTINUED - Page 4

(Child's Name) __________________________________________________________ Date of Birth________________

RESPONSIBLE PARTIES TO CALL IF PARENTS CANNOT BE REACHED:

(Physician) (Address) (Phone)

(Friend or Family) (Address) (Phone)

(Friend or Family) (Address) (Phone)

Please list anyone who has permission to pick up this student from North Raleigh United Methodist Church Preschool:

(Name) (Address) (Phone)

(Name) (Address) (Phone)

Is there anyone who is NOT authorized to pick up this student from NRUM Church Preschool?  YES / NO (Circle one)

If YES, who may NOT pick up this student: ____________________________ ______________________________

Registration Fees:

<table>
<thead>
<tr>
<th></th>
<th>2-day</th>
<th>3-day</th>
<th>4-day</th>
<th>5-day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$225</td>
<td>$275</td>
<td>$335</td>
<td>$375</td>
</tr>
</tbody>
</table>

Non-Refundable Registration Fee Enclosed:  $______________

By signing below, I authorize the staff of North Raleigh United Methodist Preschool or North Raleigh United Methodist Church to provide and/or seek emergency medical care for my child in the case of an emergency. I also agree to the following:

- I understand that the Registration Fee paid is a non-refundable fee (unless I move out of Wake County before August 31, 2021 or my child is put on a wait list).
- I understand that by registering my child I agree to pay tuition monthly for the duration my child is enrolled at the preschool.
- I also understand that my child must be completely potty trained upon entering the 3’s or older classes. I am aware that additional medical and emergency forms and proof of immunization are required prior to the start of the school year.
- I understand that this preschool does NOT accept any NC Exemptions for immunizations.
- Finally, I agree to the permissions, releases and authorizations as indicated above.

Parent/Guardian Signature ___________________________________________ Date: ________________

Registration Form 2021-2022.doc
The reverse page needs to be completed and turned into the preschool before your child starts in September.

- All parents must complete the top part of the form
- Your child’s doctor will complete the bottom part of the form.
- Information must be based on a doctor’s visit between:
  - September 1, 2020 and August 31, 2021.

It can be mailed, hand delivered or faxed.

Fax: 919-341-3446

NRUM Preschool
8501 Honeycutt Rd.
Raleigh, NC 27615

Attn: Terri Schaffer, Interim Director
Children’s Medical Report and Immunizations

This form does NOT need to be turned in with registration but completed by the beginning of the school year. Immunization documentation and exam dates must be between 9/1/20 and 8/31/2021.

Name of Child: _____________________________ Age: _______ Child’s Birthday: ____________
Name of Parent or Guardian: ____________________________
Address of Parent or Guardian: ____________________________ Street __________________ City ____________________________ State/Zip ____________________________

Medical History
1. Previous hospitalization? Yes ______ No ______ If yes, why? __________________________________________________________
2. Is child allergic to anything? Yes ______ No ______ If yes, what? _______________________________________________________
3. Any previous diseases or illness? Yes ______ No ______ If yes, what? ___________________________________________________
4. Any operations? Yes ______ No ______ If yes, what? ______________________________________________________________
5. Any physical handicaps? Yes ______ No ______ If yes, what? _________________________________________________________
6. Is the child under the care of a doctor, other than for routine care? Yes ______ No ______ If yes, for what reason? ____________

1. Any history of developmental delay? Yes ______ No ______ If yes, explain: _______________________________________________
2. Any history of convulsions/seizures? Yes ______ No ______ If yes, explain: _____________________________________________
3. Any history of diabetes in the family? Yes ______ No ______ If yes, explain: ___________________________________________
4. Any history of heart problems? Yes ______ No ______ If yes, explain: _______________________________________________
5. Is your child taking any medications, if so please list: ______________________________________________________________

Signature of Parent or Guardian: ____________________________ Date: ________________

Physical Examination - This examination must be completed and signed by a licensed physician or his/her authorized agent who is currently approved by the NC Board of Medical Examiners.

Weight: __________% _______ Height: __________% ________ HEENT: ________ Heart: ________
Lungs: ________ Abd: ________ GU: ________ Ext: ________ Skin: ________
Teeth: ________ Neuro: ________

Results of PPD, if indicated: ____________________________________________
Recommendations: ______________________________________________________

Print name of Physician or authorized agent ____________________________ Signature of Physician or authorized agent ____________________________ Date of last Physical Exam ______________

Office Address ____________________________ Office Phone Number ____________________________

Immunization History: The health official must enter the date each immunization was received in the spaces below or provide on attached sheet.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
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</thead>
<tbody>
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<td>DTaP/DTP</td>
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<td>Hep B</td>
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<td>Hep A</td>
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<td>MMR</td>
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<td>Virivax</td>
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<tr>
<td>Other</td>
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