

# Broadmoor Methodist Day School

Thank you for your interest in Broadmoor United Methodist Church Day School. We know that choosing a preschool for your child is an important decision for you. The goal of our Day School is to offer an educational program which will enhance a child's growth spiritually, intellectually, emotionally, socially, and physically.

The Day School's curriculum provides an exciting year of growing and learning. We offer a developmentally appropriate program with activities focusing on whole language development, large and small motor development, sensory awareness, math concepts, music, art, and social development.

Children must be three by September 30 to enter the Pre-K 3 program and four by September 30 to enter the Pre-K 4 program. **Children must be toilet trained.**

## **REGISTRATION DATES**

January 9 - 27	Current Day School & Early Learning Center families, Broadmoor Buddies, and Broadmoor UMC families
January 30	Open Registration

## **CLASSES OFFERED**

Pre-K 3 (three day)	Tuesday, Wednesday, Thursday	9:00 – 12:00
Pre-K 3 (five day)	Monday through Friday	9:00 – 12:00
Pre-K 4 (five day)	Monday through Friday	9:00 – 12:00

**“Lunch Bunch”** – an optional extended care program is offered Monday – Thursday from noon until 2:00 p.m. at a charge of \$6.00 per day. This program can be utilized “as needed” and does not require advance registration.

## **REGISTRATION/MATERIALS FEE (due with application and non-refundable)\***

Pre-K 3 (three day)	\$200.00
Pre-K 3 (five day)	\$250.00
Pre-K 4 (five day)	\$250.00

\*includes a Day School t-shirt and book bag

## **MONTHLY TUITION**

Pre-K 3 (3 day)	\$200.00
Pre-K 3 (5 day)	\$250.00
Pre-K 4 (5 day)	\$250.00

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CHILD \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

	MOTHER	FATHER
<b>NAME</b>		
<b>ADDRESS (street )</b>		
<b>(city, state, zip)</b>		
<b>HOME TELEPHONE #</b>		
<b>CELL PHONE #</b>		
<b>EMPLOYER</b>		
<b>WORK TELEPHONE #</b>		
<b>EMAIL ADDRESS</b>		

Person with whom the child lives \_\_\_\_\_

Child's Doctor \_\_\_\_\_  
Child's Dentist \_\_\_\_\_

Doctor's Phone # \_\_\_\_\_  
Dentist's Phone # \_\_\_\_\_

Individuals to contact in case of an emergency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_  
Phone # \_\_\_\_\_  
Phone # \_\_\_\_\_

Does your child have any food allergies?      Yes      No  
Does your child have any other allergies?      Yes      No  
Does your child have any dietary restrictions?      Yes      No

Please explain any "yes" answer here: \_\_\_\_\_  
\_\_\_\_\_

My child has permission to be released to the following individuals in addition to the emergency contact persons listed above. (Please notify these individuals that they may be asked to show proof of identity.)

\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_  
Phone # \_\_\_\_\_

I authorize BUMC Day School to secure emergency treatment for my child. Acceptance of this enrollment form and the **non-refundable registration fee** of \$ \_\_\_\_\_ assures your child a place in our \_\_\_\_3 day PK-3 \_\_\_\_5 day PK-3 or \_\_\_\_5 day PK-4 program.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## INFORMATION SHEET

Child's Name \_\_\_\_\_  
(name child likes to be called)

Mother \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**EMERGENCY INFORMATION:** Please provide the names of *at least two adults, other than the parents, who may be responsible in case the parents cannot be reached.*

1. \_\_\_\_\_ Relation to child \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

2. \_\_\_\_\_ Relation to child \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

3. \_\_\_\_\_ Relation to child \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

### **MEDICAL INFORMATION/ALLERGIES (ESPECIALLY FOOD ALLERGIES)**

\_\_\_\_\_

### **SPECIAL INFORMATION ABOUT YOUR CHILD**

What experiences has your child had and how does he react away from his parents?

\_\_\_\_\_

What do you hope your child gains from this experience?

\_\_\_\_\_

What are your child's particular interests?

\_\_\_\_\_

Does your child have siblings? \_\_\_\_\_

T-shirt size: \_\_\_\_\_ 2-4 (X-Small) \_\_\_\_\_ 6-8 (Small) \_\_\_\_\_ 10-12 (Medium)