

JACK & JILL PRESCHOOL  
Woodlawn United Methodist Church  
431 S. Woodlawn, Derby, KS 67037  
2019-2020 Enrollment Form

Child's Full Name \_\_\_\_\_ Sex M/F \_\_\_ Child's Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Parents/Guardians \_\_\_\_\_ Marital Status of child's parents: \_\_\_\_\_

Mother \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail \_\_\_\_\_

Father \_\_\_\_\_ Cell # \_\_\_\_\_

E-mail \_\_\_\_\_

Member of Woodlawn UMC yes/no \_\_\_\_\_ Church Affiliation \_\_\_\_\_

~ Is there a court order that prevents a family member(s) from being in contact with the above child?

Yes/no \_\_\_\_\_ If yes, please explain \_\_\_\_\_

- Class Preference:
- |   |   |
|---|---|
| <input type="checkbox"/> <b>M/W/F morning (4 year olds)</b><br>9:00-11:30am<br>\$120.00 per month | <input type="checkbox"/> <b>M/W/F afternoon (4 year olds)</b><br>12:30-3:00pm<br>\$120.00 per month |
| <input type="checkbox"/> <b>M-F morning (4 year olds)</b><br>9:00-11:30am<br>\$195.00 per month   | <input type="checkbox"/> <b>M-F afternoon (4 year olds)</b><br>12:30-3:00pm<br>\$195.00 per month   |
| <input type="checkbox"/> <b>T/TH morning (3 year olds)</b><br>9:00-11:30am<br>\$90.00 per month   | <input type="checkbox"/> <b>T/TH afternoon (3 year olds)</b><br>12:30-3:00pm<br>\$90.00 per month   |
| <input type="checkbox"/> <b>M/W/F morning (3 year olds)</b><br>9:00-11:30am<br>\$120.00 per month |   |

Registration Fee: A registration Fee of \$70.00 (includes some school supplies, HWOT workbook & field trip fees) per child is payable now—a registration fee of \$30.00 for each additional child per family. **These fees are NON REFUNDABLE.**

\*We have tuition assistance available on a first come/first serve basis for those families who qualify.

Please circle **yes or no** for each item listed below.

I hereby give permission for Jack & Jill Preschool to release **MY**:

Phone # ( **yes/no** ), home address ( **yes/no** ), email address ( **yes/no** ) for the Preschool Directory.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Office use only
Enrollment Fee Paid: Date _____ CK# _____
Received by _____