

WEST DES MOINES UNITED METHODIST EARLY LEARNING PRESCHOOL
720 GRAND AVENUE 279-8897
WEST DES MOINES, IA 50265
nsetchell@wdmumc.org

Dear Parents of Currently Enrolled Children,

Thank you for registering your child at the West Des Moines United Methodist Early Learning Preschool for the next school year.

FORMS NEEDED BY JULY 1:

The following forms are enclosed and must be completed and returned by July 1—

Enrollment Form

West Des Moines Community Schools Home Language Survey—please note—this is an updated form from the survey completed last year

Allergy and Medical Emergency Action Plan—if applicable

Medical Emergency Action Plan Medication Authorization—if applicable

FORMS ON FILE: Since your child is currently enrolled in preschool, the following forms are already on file—

1. Certificate of Immunization Card—a new card does not need to be completed unless your child has any new vaccinations. If so, please provide us with an updated card.
2. Physician's Medical Report—in compliance with state law, we are required to have a Physician's Medical Report on file for each child dated within the last twelve months. If the current Physician's Medical Report expires before October 1, a new form has been included. If the current Physician's Medical Report expires after October 1, a new form will be sent home when an updated report is needed.
3. Copy of your child's Birth Certificate

OTHER ADMISSION REQUIREMENTS:

1. Children must meet the following age requirements—
3 Year Old Classes-children must be 3 years old by September 15, in order to enroll for the 2019-20 school year
2 Year Old Class-children must be 2 years old by September 15, in order to enroll for the 2019-20 school year
Young 2 Year Old Classes-children must be 18 months old by September 1, and be able to drink from a cup in order to enroll for the 2019-20 school year
2. A \$100.00 Registration Deposit is required at this time for Preschool classes—it is non-refundable
3. September tuition is due by July 1

PARENT ORIENTATION: A Parent Orientation for **parents only** will be held in August. Information will be mailed in July to confirm your child's class assignment and provide you with the Parent Orientation date.

CHILD ORIENTATION: We feel the first hours and days your child spends in our preschool are very important. We do spend time and place emphasis on the orientation of the child. **The first week of school (3 year old and 2 year old classes) or first two weeks of school (young 2 year old classes) will be shortened to facilitate your child's adjustment to preschool.** Information about the specific times for the Child Orientation will be sent to you in July.

PRESCHOOL COST:

Registration Deposit		\$100.00
3 Year Old Monthly Tuition	Monday/Tuesday/Wednesday am & pm	165.00
3 Year Old Monthly Tuition	Thursday/Friday am	135.00
2 Year Old Monthly Tuition	Monday/Tuesday/Wednesday am	215.00
Young 2 Year Old Monthly Tuition	Monday/Wednesday, Tuesday/Thursday, & Thursday/Friday am	145.00

Please send the Registration Deposit for your child as soon as possible if you have not already done so. This will ensure a spot for your child in preschool.

If you have any questions or would like to arrange a visit, please call me at 279-8897 or email me at nsetchell@wdmumc.org or Teresa Young at tyoung@wdmumc.org.

Thank you for choosing to attend West Des Moines United Methodist Early Learning Preschool again for the next school year. We are glad your child will be returning to our school.

Cordially,

Nancy M. Setchell
Director Of West Des Moines United Methodist Early Learning Preschool

ENROLLMENT FORM
WEST DES MOINES UNITED METHODIST EARLY LEARNING PRESCHOOL
720 GRAND AVE. WEST DES MOINES, IA 50265 515 279-8897
nsetchell@wdmumc.org

Child's Name _____ Child's Date of Birth _____ Gender _____
 Primary Home Language _____

My child has an Allergy Yes No

If yes, please explain _____

Please list any special medical needs that your child may have _____

*If your child has an allergy or medial condition you will be given an Action Plan to complete.

EMERGENCY INFORMATION

In the event parents are unreachable, please list Alternate Numbers in case of emergency:

Name	Relationship	Phone #	Cell #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

In the event that my child may require emergency medical, dental, or surgical care while I am unable to be reached, I hereby give my consent to medical, dental, or surgical treatment to:

Doctor/Clinic Name _____	Phone _____
Doctor Address _____	City, Zip _____
Dentist Name _____	Phone _____
Dentist Address _____	City, Zip _____

*If your child has not been to the dentist, yours may be listed

Hospital Preferred: (circle one)	Blank Children's	Broadlawns	Lutheran
	Methodist (downtown)	Methodist West (60 th St)	
	Mercy (downtown)	Mercy West Lakes (60 th St)	

Insurance Company Policy Name _____

I agree to pay all the costs and fees contingent on emergency care or treatment for my child as secured or authorized under this consent.

PICK UP PERMISSION INFORMATION

My child has permission to participate in all field trips (Preschool Pre-K's) and outdoor activities of the Preschool. If he/she is not to participate in a given activity, please notify the Teacher/Director in writing.

I hereby give permission for my child to leave school with the following persons named below. It is the responsibility of the parent to notify the Preschool, in writing, of any changes.

Name/Relationship	Name/Relationship
1. _____ Mother	3. _____
2. _____ Father	4. _____

*Please note, a pick up restriction of either parent can only be done with a court order. These documents must be kept in the child's file. If there is a separation, divorce, or other custody issue of which we should be aware, please explain _____

Are there any persons who may **NOT** pick up your child? Yes No

If yes, please list _____

PRIMARY HOUSEHOLD INFORMATION (Where child resides)

Name _____
 Relation to Child _____
 Address _____
 City, Zip _____
 Phone _____
 Employer _____
 Work Phone _____

Name _____
 Relation to Child _____
 Address _____
 City, Zip _____
 Phone _____
 Employer _____
 Work Phone _____

SECONDARY HOUSEHOLD INFORMATION (Additional legal guardians who do not live at primary household.)

Name _____
Relation to Child _____
Address _____
City, Zip _____
Phone _____
Employer _____
Work Phone _____

Name _____
Relation to Child _____
Address _____
City, Zip _____
Phone _____
Employer _____
Work Phone _____

FAMILY/CHILD HISTORY

Marital Status: Married ___ Divorced ___ Separated ___ Other ___

Please list all brothers and sisters in the household (include last names and schools attending)

Name _____ Date of Birth _____ School _____
Name _____ Date of Birth _____ School _____
Name _____ Date of Birth _____ School _____
Name _____ Date of Birth _____ School _____

Has this child attended preschool or child care before? Yes No

If yes, please list center and dates attended _____

Has this child received services from Heartland AEA or any other agency? Yes No

If yes, please describe _____

Is this child on an IEP or have they been? (Individualized Education Plan) Yes No

If yes, for what reason? _____

Does this child have any health or developmental concerns? Yes No

If yes, please describe _____

What Elementary School will this child attend? _____ (If unknown, leave blank)

The following is for federal procedures of identifying race and ethnicity.

Is this child Hispanic/Latino? Yes No

Race (please mark one or more): American Indian/Alaska Native _____ Asian _____
White _____ Black or African American _____ Native Hawaiian/Pacific Islander _____

PHOTOGRAPH/NAME INFORMATION

I hereby give permission to the Preschool to use photographs of my child to be displayed in the classroom and/or hallway of the Preschool. My child's first name will only be displayed inside his/her classroom: Yes No

*If our Preschool would like to include your child's photograph in our Website, Brochure, and/or local newspaper, you will be contacted for permission.

FAMILY EMAIL ADDRESS

Email address _____ * PLEASE PRINT

____ Yes, I authorize you to include my email address on my child's classlist

____ No, I do not have an email address, or I do not want my email address included on my child's classlist

I have read and completed the above information regarding Emergency Information, Medical Consent, Pick-up Permission, and Photograph/Name Permission to the best of my knowledge.

I consent that the information completed on the Certificate of Immunization Card, Physician's Medical Report, Enrollment Form, Birth Certificate, Home Language Form, Allergy And Medical Emergency Action Plan (if applicable), and Allergy And Medical Emergency Action Plan Medication Authorization (if applicable) is accurate to the best of my knowledge. I understand that this information will be used by staff at the West Des Moines United Methodist Early Learning Preschool in order to facilitate the best possible school learning experience for my child.

Parent/ Guardian Signature _____ Date _____

HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: Male Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? Yes No
If yes, in which state? _____
If no, in what other country? _____

2. Has your child attended any school in the United States for any three years during their lifetime? Yes No
If yes, please provide school name(s), state, and dates attended:
Name of School _____ State _____ Dates Attended _____
Name of School _____ State _____ Dates Attended _____
Name of School _____ State _____ Dates Attended _____

3. What language is spoken by you and your family most of the time at home? _____

4. If available, in what language would you prefer to receive communication from the school? _____

5. Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to question number 5 above, please answer the following questions:

6. What language did your child learn when he/she first began to talk? _____

7. What language does your child most frequently speak at home? _____

8. What language do you most frequently speak to your child? (Father) _____
(Mother) _____

9. Please describe the language understood by your child. (Check only one)
A. Understands only the home language and no English.
B. Understands mostly the home language and some English.
C. Understands the home language and English equally.
D. Understands mostly English and some of the home language.
E. Understands only English.

Parent or Guardian's Signature

Date

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	

Student Race and Ethnicity Reporting

Student Name: _____ Date Form Completed: _____

Date of Birth: _____ Male Female

Person Completing This Form: Parent/Guardian Student Other: _____

The U.S. Department of Education has implemented new standards for school districts to report student race and ethnicity. Your answers to the following will be held strictly confidential and data will be used only in the aggregate.

1. Is your child of Hispanic, Latino, or Spanish ethnicity: Yes No
Includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.

If you answered "Yes" to question #1, you may also check one or more of the racial categories in question #2. If you answered "No", please check one or more of the following racial categories.

2. Racial Categories:

- American Indian or Alaska Native
Origins in any of the original peoples of North, Central, and South America who maintain a tribal affiliation or community attachment.
- Asian
Origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.
- Black or African American
Origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander
Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White
Origins in any of the original peoples of Europe, the Middle East, or North Africa.

Please complete the entire form and return it to:

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____