

SRUMPS

2024-2025 School Registration

Please complete this form for 2024-2025 school year registration. Once your application is approved you will be billed for the registration fee of \$75 siblings \$50 to secure your placement.

Childs Full Name _____ Nickname_____

Date of Birth _____ Age as of 9/30/24 _____

		M-F	MWF	T TH				M-F	MWF	T TH
MDO: (12-24 mths)	Half Day 7:30-1:00	_____	_____	_____	Full Day 7:30-5:30	_____	_____	_____	_____	
Two's (2- 3 yrs)	Half Day 7:30-1:00	_____	_____	_____	Full Day 7:30-5:30	_____	_____	_____	_____	
Three's: (3-3 1/2 yrs)	Half Day 7:30-1:00	_____	_____	_____	Full Day 7:30-5:30	_____	_____	_____	_____	
Four's: (3 1/2 -4 yrs)	Half Day 7:30-1:00	_____	_____	_____	Full Day 7:30-5:30	_____	_____	_____	_____	
Pre-K* (4-5 yrs)	Half Day 7:30-1:00	_____	_____	_____	Full Day 7:30-5:30	_____	_____	_____	_____	

* students must attend all five days

Family Information

Guardian 1 Name: _____ Phone: _____

E-mail: _____ Employer _____

Address: _____

Guardian 2 Name: _____ Phone: _____

E-mail: _____ Employer _____

Address: _____

Sibling(s) Name & Age: _____

Previous School Attended _____

Health Information

Child's Physician: _____

Physician's Phone: _____

Allergies: _____

Yes

No

Childhood Diseases: _____

Immunizations Current: _____

A current physical and immunization record is required to start the school year. If you are new to the program you will need to send this in for summer by the first day of school. If you are continuing the year we should already have one on file.

Emergency Contact

Name: _____ Phone: _____

Name: _____ Phone: _____

My child may be released to the people listed below: (ie. grandparents, sitter, neighbor ect.)

Name: _____ Relationship _____

Phone: _____

Name: _____ Relationship _____

Phone: _____

Enrollment Agreement

I am enrolling my child in South Roanoke United Methodist Weekday Preschool/MDO Program for the 2024-2025 School Year, by doing so make a commitment to SRUMPS. I understand that my application fee is non-refundable and that I will be responsible for payments of tuition and school fees as established by the Preschool Committee of SRUMPS. I agree to follow the policies, procedures, and practices of the preschool. Should my needs change and I withdraw my child from the program, I will notify the director as soon as possible, or by August 1, 2024 in order to avoid payment of the first month of tuition. If notification is received after August 1, 2023 I will be responsible for my first month's tuition payment.

Signature and Date _____