



## SRUMPS Summer Registration

Please complete this form for summer registration. Once your application is approved you will be billed for the registration fee of \$50, siblings \$30 to secure your placement.

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of 9/30/23 \_\_\_\_\_

<b>MDO:</b> (12-24 mths)	Half Day 7:30-1:00	M-F	MWF	T TH	Full Day 7:30-5:30	M-F	MWF	T TH
		_____	_____	_____		_____	_____	_____

<b>Two's</b> (2-3 yrs)	Half Day 7:30-1:00				Full Day 7:30-5:30			
		_____	_____	_____		_____	_____	_____

<b>Three's:</b> (3-3 1/2 yrs)	Half Day 7:30-1:00				Full Day 7:30-5:30			
		_____	_____	_____		_____	_____	_____

<b>Four's:</b> (3 1/2 -4 yrs)	Half Day 7:30-1:00				Full Day 7:30-5:30			
		_____	_____	_____		_____	_____	_____

<b>Pre-K</b> (4-5 yrs)	Half Day 7:30-1:00				Full Day 7:30-5:30			
		_____	_____	_____		_____	_____	_____

### Family Information

Guardian 1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Employer \_\_\_\_\_

Address: \_\_\_\_\_

Guardian 2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Employer \_\_\_\_\_

Address: \_\_\_\_\_

Sibling(s) Name & Age: \_\_\_\_\_

Previous School(s): \_\_\_\_\_

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### Health Information

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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.

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### Emergency Contact

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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: \_\_\_\_\_

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### Enrollment Agreement

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I am enrolling my child in South Roanoke United Methodist Weekday Preschool/MDO Program for the Summer 2024, 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 May 1, 2024 in order to avoid payment of the first month of tuition. If notification is received after May 1, 2024 I will be responsible for my first month's tuition payment.

Signature and Date \_\_\_\_\_