

Drexel Hill United Methodist Nursery School
600 Burmont Road
Drexel Hill, PA 19026
610-259-1444
Email: dhumns@verizon.net

Welcome to the Drexel Hill United Methodist Nursery School! Thank you for choosing our school. We will do our best to provide your child with a positive experience. Below are a few things that you might have some questions about. If your questions are not answered, please do not hesitate to call Tuesday through Friday , 9 a.m. until 11:30 a.m., at 610-259-1444. We can also be reached by email at dhumns@verizon.net.

1. Your child will not be officially enrolled until we have received the registration fee (\$50) and one tuition payment credited as May, 2022. September's tuition is due on or before September 1, 2021.
2. If you have any requests regarding room assignments, please make a notation at the top of the registration form.
3. If your plans should change and you do not send your child to our school, please contact us as soon as possible to allow a child on the waiting list the opportunity to begin with the other children.
4. We must have the physical form before your child starts school. When it is completed, please mail it to us and mark it – Attention: Nursery School.
5. Class assignments and school start date will be mailed to you in August.
6. When you have completed the registration form you can mail to:

Drexel Hill United Methodist Church
Attention: Nursery School
600 Burmont Road
Drexel Hill, PA 19026

Have a great summer!!

Denise McCarthy
Jennifer Ryan
Co-Directors

Drexel Hill United Methodist Nursery School
Tuition Contract 2021 – 2022
610-259-1444
Email: dhumns@verzon.net

Parents' Names: _____

Child's Name: _____ Date of Birth: _____

Address: _____

Phone and email addresses: _____

Registration Policies

1. The \$50. Registration fee is non-refundable. First payment (credited as May, 2022) and registration fee are to be included with the completed registration forms. May, 2022 tuition is non-refundable if you withdraw prior to the start of the school year. September tuition is due on or before September 1, 2021.
2. The yearly tuition payments have been divided into nine payments of \$198 for the three day class and \$230 for the four day class.
3. Tuition is due the first of each month. If not paid by that date, a statement will be mailed reminding you that your account is past due.
4. Tuition will be considered late if payment is not received by the fifth of the month at which time a late fee of \$25 will be added to your bill.
5. After the first of the following month, if tuition isn't paid, services will not be provided to your child.
6. A fee of \$25 will be charged for all checks returned for insufficient funds.
7. Post dated checks will be assessed the late fee if the date of the check is past tuition due date.
8. There are no refunds for school closings due to weather or other problems.
9. There are no refunds for extended absences or any unnotified mid-month withdrawals.
10. It is important that we receive timely payments in order to meet our financial obligations.
11. If you are having financial difficulties, please contact Kurt Rogenmuser at 610-565-2901 to discuss.

Cancellation Policies

Once school has started mid-year withdrawals require 15 day written notice to get the last payment refunded.

PLEASE MAKE A COPY FOR YOUR RECORDS

Parents' Signatures: _____ Date: _____

Drexel Hill United Methodist Nursery School Application

Please check one: _____ 3 day program (T,W,TH), 9:15 a.m. – 11:45 a.m.

_____ 4 day program (T,W,TH,F) 9:00 a.m. – 11:30 a.m.

Year of enrollment: _____ Date of application: _____

Child's name: _____ Date of birth: _____

Parents' names: _____

Cell phone _____ email: _____

Cell phone: _____ email: _____

Siblings: (names and ages) _____

Family present in home: _____
(adults and children)

Others present in home: _____

How did you hear about the Drexel Hill United Methodist Nursery School? _____

Pediatrician: _____ Phone #: _____

Child's general health since birth: _____

Any recent illnesses: _____ Special Needs: _____

Allergic conditions: _____ Physical handicaps: _____

Drexel Hill United Methodist Nursery School

Pre-School Development History

Child's name: _____ Form completed by _____

Is your child taking any medication? _____

Does your child have any allergies? _____

Does your child tire easily? _____

Does your child become easily excited? _____

The child's request word or words for using the bathroom _____

Sleep habits: number of nighttime hours _____ nap _____

Are both parents in good health? _____

Does anyone help you take care of your child on a regular basis? _____

Is your child right or left handed, or undecided? _____

EMOTIONAL BACKGROUND

What type of discipline works best with your child? _____

How does your child react to babysitters and new people and situations? _____

What kinds of things can your child do by him/herself? (include feeding, dressing, washing hands, using the toilet, etc.)

Do you have behavior problems with your child? _____

How do you handle or prevent them? _____

Are you aware of any fears or anxieties your child has? Explain: _____

Pre-School Development History (page 2)

What previous group experience has your child had and what were his/her reactions? _____

Does your child find it difficult or easy to share possessions with others? _____

Circle the words that best describe your child.

confident	insecure	anxious	responsible
self-reliant	leader	follower	cooperative
loving	fearful		

SOCIAL BACKGROUND

of brothers _____ # of sisters _____ # and age of playmates: _____

How does your child get along with other children? _____

In what situation does your child need the most help? _____

Is your child more at home with adults or children? _____

Names and kind of pets in the home? _____

Does your child have a good/poor relationship with pets? _____

SPECIAL INTERESTS

Is your child interested in books? _____

What subjects does he/she ask questions about? _____

How much time does he/she spend watching TV? _____

What are your child's special interests or abilities? _____

What play materials holds his/her attention the longest? (indoor) _____

(outdoor) _____

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Authorization Form

I hereby grant permission for my child to use all of the play equipment and participate in all the activities of the School.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care for my child if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact you through any of the persons listed on the Emergency Contact Card your completed for us.
4. If we cannot contact you or your child's physician, we will do any or all of the following:
 - a. Call another physician or paramedics
 - b. Call an ambulance
 - c. Have the child taken to an emergency hospital in the company of a staff member.
5. The School will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

I hereby grant permission for my child's clothing to be changed by a staff member should he/she have a toilet accident or get sick.

Signed: _____ Date: _____
(parents'/legal guardian)

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Physical Form

Name of child _____ Sex _____ Date of Birth _____

Address _____ Phone _____

Parents' names _____ Phone _____

Name of Physician _____ Phone _____

In Case of Emergency notify: _____ Phone _____

IMMUNIZATION RECORD (give dates and last doses):

DTaP _____

HEP B _____

PCV13 _____

MMR _____

HIB _____

IPV _____

VARICELLA _____

HEP A _____

Influenza (yearly) _____

ILLNESSES (Please check all which apply):

Hepatitis A ()

Hepatitis B ()

Chicken Pox ()

Measles ()

Rheumatic Fever ()

Mumps ()

Rubella ()

AIDS ()

HIV ()

Covid 19 ()

other _____

Physical defects (sight, hearing, heart, etc.) _____

Allergies: _____

Special needs, including nervous habits (toileting, eating, etc.) _____

I have examined _____ and in my opinion he/she is in good condition and able to attend nursery school for the 2021/2022 school year.

Physician's Signature _____ Date _____

Physician's Stamp/Seal

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ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. *COVID-19 is extremely contagious* and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and mask wearing and have, in many locations, restricted the number of people who can congregate.

The Drexel Hill United Methodist Nursery School has put in place preventative measures to reduce the spread of COVID-19; however, *DREXEL HILL UNITED METHODIST CHURCH cannot guarantee* that attendees will not become infected with COVID-19 while present in our building facilities. Further, your presence in church facilities *could increase your risk and your family's risk of contracting COVID-19.*

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child may be exposed to or infected by COVID-19 by being present in Church facilities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Drexel Hill United Methodist Church may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Church employees, Nursery School personnel, volunteers, members, attendees and others present in Church facilities.

In consideration for my child being permitted to use the Church facilities, I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to family members or myself (including, but not limited to personal injury, disability, and death) illness, damage loss, claim, liability, or expense of any kind, that I or my child(ren) may experience or incur in connection to our presence in Church facilities ("claims").

On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless the Church and Nursery School, their employees, trustees, volunteers, members, agents and representatives, of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the Church and Nursery School, its employees, trustees, volunteers, members, agents and representatives, whether a Covid-19 infection occurs before, during or after our presence in Drexel Hill United Methodist Church facilities.

List the names and ages family members covered by this waiver

1. _____
2. _____
3. _____
4. _____

If I have listed any children above, I certify that I am the legal parent or guardian of such children and have the legal authority to sign this document on my children's behalf.

Signature: _____

Print Name: _____

Date: _____