

Drexel Hill United Methodist Nursery School

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. I am going to list a few things that you might have some questions about. If your questions are not answered, please don't hesitate to call me Monday through Friday, 9 a.m. until 11:45 a.m. at 610-259-1444. We can be reached by email also at

1. Your child will not be officially enrolled until we have received the registration fee (\$50) and one tuition payment credited as May 2019. September's tuition is due on or before September 1st.
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: Debby Rogenmuser.
5. Class assignments and letters for orientation will be mailed to you in August.
6. When you have completed the registration form you can bring it to school or mail it and again mark it Attention: Debby Rogenmuser.
7. Our mailing address:

Sept. thru May
D.H. United Methodist Nursery School
Attention: Debby Rogenmuser
600 Burmont Road
Drexel Hill, PA 19026

Summer mailing
Debby Rogenmuser
14 Fairfax Village
Media PA 19063

Our email:
Our website:

Have a Great Summer!

Debby Rogenmuser
Director

DREXEL HILL UNITED METHODIST NURSERY SCHOOL
TUITION CONTRACT 2018-2019
610-259-1444 (email: dhumns@verizon.net)

Parents' Names: _____
(Father-First & Last) (Mother-First & Last)

Child's Name: _____ Birth Date: _____

Address: _____ Telephone: _____

_____ Zip Code: _____

email address: _____

REGISTRATION POLICIES

1. The \$50. registration fee is non-refundable. First payment (credited as May, 2019) is to be included with the completed registration forms. May, 2019 tuition is non-refundable if you withdraw prior to the start of the school year. September tuition is due on or before September 1st.
2. Checks are made payable to Drexel Hill United Methodist Nursery School (DHUMNS).
3. Physician's statement must be sent no later than September 1st.
4. Mail to: Drexel Hill United Methodist Nursery School
600 Burmont Road
Drexel Hill, PA 19026
5. The Registration Packet pre-enrolls your child. **When the fees and the above are received, your child is officially enrolled.**

TUITION POLICIES

1. Our tuition is quoted on a monthly basis; however, it is a yearly agreement which has been divided into nine monthly payments for convenience only.
2. The yearly tuition payments have been divided into nine payments of \$135 for the two day class, \$185 for the three day class, \$215 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
600 Burmont Road
Drexel Hill, PA 19026

Please check one: _____ Two Day Program 9:15 – 11:45)
 _____ Three Day Program 9:15 – 11:45)
 _____ Four Day a.m. Program (Tues/Wed/Thurs/Fri. – 9:15 – 11:45)

Year of Enrollment: _____ Date of Application: _____

Child's Name: _____ Date of Birth: _____

Home Address: _____ Telephone: _____

Father's Name: _____ Occupation: _____

Business Address: _____ Telephone: _____

Mother's Name: _____ Occupation: _____

Business Address: _____ Telephone: _____

Brothers & Sisters: (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? _____

Church Affiliation: _____

Pediatrician: _____ Telephone: _____

Address: _____

Child's general health since birth (describe): _____

Any recent illnesses: _____ Special Problems: _____

Allergic Conditions: _____ Physical handicaps: _____

Drexel Hill United Methodist Nursery School

Pre-School Development History

Child's Name: _____ Form completed by: _____

HEALTH

Is your child taking any medication? _____ any allergies? _____

Does your child tire easily? _____

Does he become easily excited? _____

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

Sleep habits: # of nighttime hours _____ nap _____

Are both parents in good health? _____

Are there any other members of your child's immediate family with a serious health problem?

Does your child have any contagious illness that could impact other children or staff (Malaria, Hepatitis A, Hepatitis B, HIV, AIDS, etc)? If yes, what illness? _____

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? _____

What previous group experience(s) has your child had, and what were his/her reactions?

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 alone, washing hands, using the toilet, etc. _____

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600 Burmont Road
Drexel Hill, PA 19026
610-259-1444

Authorization Form

I hereby grant permission for my child to use all of the play equipment and participate in all of 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 Information Form you 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 or she have a toilet accident or get sick.

Signed: _____
(Parents'/legal guardian)

Date: _____

**DREXEL HILL UNITED METHODIST NURSERY SCHOOL
PHYSICAL FORM**

Name of child _____ Sex _____ Date of Birth _____

Address _____ Phone _____

Father's Name & Business Address _____

_____ Phone _____

Name of Physician _____ Phone _____

In Case of Emergency (no one at home) notify: _____

_____ Phone _____

IMMUNIZATION RECORD (Give Dates of Last Doses):

DTP _____ HEP B _____

Polio _____ MMR _____

HIB _____ Other _____

ILLNESSES (Please check all which apply):

Hepatitis A () Hepatitis B () Chicken Pox () Measles ()

Rheumatic Fever () Mumps () Rubella () AIDS ()

HIV () Other _____

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

Allergies: violent food dislikes _____

Is child subject to colds, ear aches, or other conditions? _____

Special problems, 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
2018/19 SCHOOL YEAR.

Physician's Signature _____ Date: _____

Physician's Stamp/Seal