East Cross United Methodist Church - Early Childhood Center's

2021 – 2022 School Year **Parent Day Out Classes**

Preliminary Enrollment Form

Parent Day Out (PDO) classes are designed for children ***16 months of age through 2-year-olds*** and they meet on Mondays and Wednesdays, 9:30 AM – 3:00 PM. Children will be placed in age-appropriate classes which are generally led by two adult teachers that lead and care for all of the children!

- *Note: Children who are 3 and 4 years of age by September 1st will be enrolled into our age-appropriate Preschool classes!*

Our School-Year session/classes will begin on Monday, August 23rd

Monthly fees will be as follows:

1 day per week (Mon. ***OR*** Wed.) $100 / month

2 days per week (***Both*** Mon. & Wed.) $160 / month

*Our **Come-and-Go Open House will be held on Friday, August 20th from 10:00 AM – 11:00 AM**, for currently enrolled children and their families. It is a time to meet the teachers, get acquainted & excited before the first day of classes!*

***Please Note**: Our program follows the Bartlesville Public School system calendar – so generally speaking, when they are not in session/closed, we too are likely not to be in session; please check the "Parent Handbook" received at Open House for clarification!*

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Child's First *and* Last Name: ____________________________________ Child's gender: ***MALE*** ***FEMALE***

Date of Birth: ______________________________

We request that our child attend the following*: (School-Year session is effective Aug. 2021 – May 2022)*

Monday's ***ONLY*** **(9:30 AM – 3:00 PM) ______**

Wednesday's ***ONLY*** **(9:30 AM – 3:00 PM) ______**

<u>BOTH</u> **Mondays *AND* Wednesdays (9:30 AM – 3:00 PM) _______**

<u>ANNUAL ENROLLMENT FEE</u>: The ***Non-Refundable*** **fee of $40** for your first child and **$15** for *each additional child from the same family* is ***due at the time this form is submitted*** which ensures *and* reserves your child a place in their age-appropriate classroom!

<u>IMMUNIZATION RECORDS</u>: We are **required** by DHS to have a copy of **every child's most recent immunization record**. Plan on submitting this at the time of enrollment or at least **prior** to the first day they attend class!

***Please note**:*

- *These classes fill up very quickly (we have very small child-to staff ratios), and when a class becomes fully enrolled, we can hold your child's enrollment (without a fee) until if / when we can place them into their age-appropriate classroom. It is strongly suggested; do not delay in submitting this form!*
- *We are limited in our ability to serve children with serious learning disabilities. Therefore, it is important that we know in advance the special needs of your child. We will consider the acceptance of children with special needs on a case-by-case basis. Our staffing resources are very limited which limits our ability to meet the needs of some children.*

Parent's Names: ____

Address: ____________________________________City (*if other than Bartlesville*): _____________________________

Home Phone Number: ____________________ Cell(s): ____

ALL Available Email Addresses *(if we do not already have these on file)***:** _____________________________________

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For Office Use Only:

Cash Amount: $________________________

Check Amount: $ __________, Ck #________

Online Electronic Pmt: $_________________

Date rec'd: ___________________________