



Sharonville UMC Preschool
3751 Creek Road, Sharonville, OH 45241
513-563-8278
sharonvillepreschool.org



Senior Pastor
Rev. Clara Kwon

Preschool Director
Alyson Land

Dear Parents,

We are thrilled that you have chosen Sharonville UMC Preschool for your child's preschool journey! Enclosed you will find our enrollment packet, which contains all the forms that need to be completed. These forms help us ensure a safe, organized, and supportive environment for every child in our care.

Please review and complete the following documents:

- Child Enrollment Form
- Child Medical Statement and Immunization Records – must be updated every 12 months
- Pick-Up Authorization Form
- Permission Form
- Child/Family Information
- Tuition Agreement/Supply Fee Form
- ACH Auto Draft Authorization Form (*optional for monthly tuition)

A tiered annual supply fee is due with the first tuition payment and covers shared classroom materials such as art supplies, paper goods, and curriculum resources. Please see attached tuition/supply fee guide for more information.

The **Enrollment Packet** for the 2026-2027 school year will need to be completed by the following dates:

- **Returning families – April 16th (during spring conferences)**
- **New families – May 1st along with first tuition payment.**

The supply fee and first tuition payment for the 26/27 school year are due by May 1, 2026 – cash (exact change) or checks only, made payable to SUMC Preschool. ACH auto draft will be available starting in September for monthly tuition.

If you have any questions while completing the packet or need assistance, please don't hesitate to reach out. We are happy to help! Thank you for choosing Sharonville UMC Preschool. We are honored to be part of your child's early learning experience and look forward to a wonderful year ahead.

Sincerely,
Alyson Land, Director
(513)-563-8278
director@sharonvillepreschool.org

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth		First Day at Program/Home	
Home Address				City	
State		Zip Code	Home Telephone Number		
Parent/Guardian Name #1			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip		
Email Address (if applicable)			Cell Phone (if applicable)		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address			City		
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Parent/Guardian Name #2			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip		
Email Address (if applicable)			Cell Phone		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address			City		
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Emergency Contacts: Parents <u>cannot be listed</u> as emergency contacts. List the name of <u>at least one person</u> who can be contacted in the event of an emergency or illness if <u>you cannot be reached</u>. Any person listed should be able to assist in contacting you. At least one person listed must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.					
Name			Name		
City		State	City		State
Telephone Number		Relationship to Child	Telephone Number		Relationship to Child
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State	Telephone Number		

Child's Name

Allergies, Special Health or Medical Conditions, and Medical Foods

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/home.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

- No
 Yes - *check all that apply* Food Medication Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms to take action if a reaction occurs, or give emergency medication to your child? (*check one*)

- No
 Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Does your child have a developmental delay or special health or medical condition? (*check one*)

- No
 Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (*check one*)

- No
 Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Is your child currently using any medication or medical food? (*check one*)

- No
 Yes - please explain

If yes, does this medication or medical food need to be administered at the child care program/home?

- No
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

- No
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No
 Yes - written instructions from the child's health care provider must be on file.
 N/A - program does not provide meals or snacks to the child.

Child's Name

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.

Not applicable

List any additional information about your child that would be useful for staff to know, such as fears or ways that your child prefers to be comforted.

Not applicable

List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.

Not applicable

List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.

Not applicable

Child's Name

Diapering Statement

Is your child toilet trained? Yes (If yes, skip to Emergency Transportation Authorization section)
 No (If no, fill out the following):

The program's policy is to check diapers every ____ hours. Please indicate if you want your child's diaper checked according to the program's policy or another:

I agree with the program's schedule I do not agree, please check my child's diaper every ____ hours.

Emergency Transportation Authorization

Give <u>Permission</u> to Transport		OR Do not sign both	<u>Do Not Give Permission</u> to Transport	
Program or Home Name			Program or Home Name	
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.			does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:	
Parent's Signature	Date		Parent's Signature	Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. Yes No (check one)

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.

Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note:

This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15, 5101:2-13-15, and 5101:2-14-04. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.

Ohio Department of Job and Family Services
CHILD MEDICAL STATEMENT FOR CHILD CARE

Child's Name (<i>print or type</i>)	Date of Birth
Note: Sections A and B must be completed by the examining Health Care Practitioner (Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner):	
Section A- EXAMINATION	
√ The above named child has been examined.	
√ The above named child is in suitable condition for participation in group care (i.e. free of infectious disease, mentally and physically fit to be in group care).	
√ The above named child does not have allergies OR is allergic to the following (<i>please list in space below</i>):	
<i>Check below, if applicable:</i>	
<input type="checkbox"/> Additional information that will assist the child care program in providing appropriate child care for the above named child (special health care and developmental considerations) accompanies this form.	
Optional: Measurements and Recommended Assessments/Screenings	
Height _____	Vision _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Weight _____	Lead _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
BMI _____	Hearing _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
	Dental _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
	Other: _____
Notes:	
Signature of Examining Health Care Practitioner	Date of Examination
Name of Examining Health Care Practitioner	Telephone Number
Street Address	City, State and Zip Code

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD INCLUDING DATES (MM/DD/YYYY FORMAT) OF DOSES OF ALL IMMUNIZATIONS.

IMMUNIZATION (Complete ONLY ONE SECTION below)	
Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases:	
Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus.	
Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER:	Initials of Examining Health Care Practitioner
<input type="checkbox"/> The above named child has been immunized against the diseases listed above.	
<i>If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(s):</i>	
	Date
Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S):	Signature of Parent
<input type="checkbox"/> I have declined to have my child immunized for reasons of conscience, including religious convictions against all of the diseases listed above or against the following disease(s):	
	Date



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PERSONS AUTHORIZED TO PICK UP CHILD

Child's Name _____ Date of birth _____

Name _____	Name _____
Relationship to child _____	Relationship to child _____
Phone # _____	Phone # _____
Address _____	Address _____
City _____	City _____
State _____ Zip Code _____	State _____ Zip Code _____

Name _____	Name _____
Relationship to child _____	Relationship to child _____
Phone # _____	Phone # _____
Address _____	Address _____
City _____	City _____
State _____ Zip Code _____	State _____ Zip Code _____

I give permission to the people listed above to transport my child to and from Sharonville UMC Preschool.

Parent signature _____ Date _____



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PERMISSION FORM

Child's Name _____ Date of Birth _____

Please circle YES or NO for each item and sign and date below.

YES NO My child has permission to go on a walk or participate in any activity on school grounds during the 2026/2027 school year at Sharonville UMC Preschool.

YES NO My child has permission to have her/his photograph taken and posted on our preschool website, Facebook and social media pages.

YES NO My child has permission to have her/his photograph taken and posted on a classroom ClassDojo account.

YES NO I would like to be included on the class roster. The roster would include child's name, parent/guardian name, address, email and cell phone number.

YES NO My child has permission to play in Fellowship Hall (muscle room) at Sharonville UMC Preschool.

Parent/Guardian Signature _____ Date _____



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Child/Family Information

Child's Name	Nickname (if any)
Who is in the child's immediate family?	
Who lives at home with your child?	
Are there any pets at home? If so, what are they and what are their names?	

Please check all the words that best describe your child's personality and behavior.

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> active | <input type="checkbox"/> easily angered | <input type="checkbox"/> loving |
| <input type="checkbox"/> adventurous | <input type="checkbox"/> emotional | <input type="checkbox"/> mellow |
| <input type="checkbox"/> affectionate | <input type="checkbox"/> energetic | <input type="checkbox"/> outgoing |
| <input type="checkbox"/> anxious | <input type="checkbox"/> excitable | <input type="checkbox"/> prefers adult attention |
| <input type="checkbox"/> bossy | <input type="checkbox"/> friendly | <input type="checkbox"/> quiet |
| <input type="checkbox"/> busy | <input type="checkbox"/> gives in easily | <input type="checkbox"/> sensitive |
| <input type="checkbox"/> calm | <input type="checkbox"/> happy | <input type="checkbox"/> serious |
| <input type="checkbox"/> cautious | <input type="checkbox"/> hesitant | <input type="checkbox"/> shares well |
| <input type="checkbox"/> cheerful | <input type="checkbox"/> insecure | <input type="checkbox"/> social |
| <input type="checkbox"/> content | <input type="checkbox"/> jealous | <input type="checkbox"/> spontaneous |
| <input type="checkbox"/> creative | <input type="checkbox"/> likes routines | <input type="checkbox"/> stubborn |
| <input type="checkbox"/> curious | <input type="checkbox"/> loud | |



Are there any other personality and behavior characteristics that would be useful to know about your child?

Is this your child's first preschool experience? Please circle one: YES or NO

What might you and/or your child be anxious about as he/she starts preschool this year?

What might you and/or your child be excited about as he/she starts preschool?

Describe activities that your child enjoys

What are three goals for your child in preschool?

1.

2.

3.

What other information/concerns would be helpful for the staff caring for your child to know?

Parent Signature _____ Date _____



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2026-2027 Tuition Agreement

Child's Name: _____
Date of Birth: _____

Payment Terms

Tuition payments are due on the first of every month. Payments are made by ACH auto draft, checks made payable to SUMC Preschool, or cash (exact change only). A **late fee of \$10** will be charged if payment is not received by the 5th of the month (excluding when the 1st falls on a holiday). Registration fees, supply fees and pre-paid May tuition are not refundable.

Absences and Holidays

Tuition is based on enrollment, not attendance. Therefore, no refunds or credits will be given for absences due to illness, vacation, or other reasons.

Late Pick-Up Policy

Whether foreseen or unforeseen, a "late fee" will be charged when a child is picked up later than 10 minutes past the stated dismissal time. A fee of \$10 per child will be charged for late pickups starting at 10 minutes. There will be an additional fee of \$1 per minute after the initial 10 minute mark.

Withdrawal Policy

Parents are asked to give a written notice of withdrawal to the Director at least 30 days prior to the child's last day of school. With 30 days' notice, prorated refunds may be issued only if a replacement for the withdrawing child is found before the withdrawing child leaves and school is fully enrolled.

Agreement

By signing below, I acknowledge that I have read, understand, and agree to the terms outlined in this tuition agreement.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Sharonville UMC Preschool

ACH Auto Draft Authorization Form

Processing Fee: A processing fee of 1% of the tuition invoice amount will be charged per transaction.

I authorize **Sharonville UMC Preschool** to electronically debit my bank account according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States law.

Terms of Billing:

- One-time payment on **September 1, 2026** for the amount of \$_____
- Monthly, starting on **September 1, 2026** and on the 1st of each month through April 2027 for the amount of \$_____

Customer Bank Account Information:

Bank Name: _____

Name on Account: _____

Routing Number: _____

Account Number: _____

Account Type: Checking Savings

Account Holder Type: Personal Business

This payment authorization is to remain in effect until I, _____, notify **Sharonville UMC Preschool** of its cancellation by giving written notice in enough time for the business and receiving financial institution to have a reasonable opportunity to act on it.

Student name(s): _____

Customer Signature: _____

Customer Printed Name: _____

Date: _____



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Tuition 2026-2027

AM CLASSES 9:00-12:00	ANNUAL	MONTHLY
2 DAYS AM	\$2,025.00	\$225.00
3 DAYS AM	\$2,421.00	\$269.00
4 DAYS AM	\$3,051.00	\$339.00
5 DAYS AM	\$3,537.00	\$393.00

FULL DAY 9:00 - 3:15 pm	ANNUAL	MONTHLY
2 DAYS	\$3,816.00	\$424.00
3 DAYS	\$4,149.00	\$461.00
4 DAYS	\$4,473.00	\$497.00
5 DAYS	\$4,806.00	\$534.00

*Tuition payment #1 for the 2026-2027 school year is due May 1, 2026. Payment #2 will be due September 1, 2026 and on the first of every month through April 1, 2027.



Annual Supply Fee 2026-2027

Classes	Annual Supply Fee
2 DAY	\$30
3 DAY	\$35
4 DAY	\$40
5 DAY	\$45

As we continue to grow and improve our program, we regularly review our policies to ensure the best possible experience for our students and families. Thank you for all your responses to the survey sent out a couple of months ago – it helped us gather so much valuable information.

Beginning the 2026-2027 school year, we will be transitioning from a traditional school supply list to an annual supply fee (tiered based on how many days a week your child attends school). The supply fee will be due May 1, 2026 along with the first tuition payment. This way, we can adequately purchase supplies for the school year during the summer months.

This change allows us to simplify the enrollment process for families by eliminating the need to shop for classroom supplies. Instead, the school will provide all shared materials, ensuring that every child has access to the same high-quality resources throughout the year. By purchasing supplies in bulk, we can maintain consistency in our classrooms, select materials that best support our curriculum, and ensure items are readily available when needed.

Families will still be responsible for providing a few personal items for their child (such as a backpack, extra clothes, and nap items).

We believe this change will create a more streamlined and equitable experience for everyone while supporting a well-organized and engaging classroom environment.

As we realize this is an adjustment for some families, we are offering some flexibility during this transitional year. If you would prefer to buy supplies in lieu of the fee this year, please contact or stop by the office by April 16, 2026 for a copy of the supply list for your child's class. Supplies will be due May 1, 2026 along with the first tuition payment. This way, we can adequately purchase supplies for the school year during the summer months.

If you have any questions or concerns, please feel free to reach out. We appreciate your continued support and partnership.