



**St. John United Methodist Church**

Joy Spratt, Director of Preschool  
4536 Teays Valley Road  
Scott Depot, WV 25560  
304-757-6343

Dear Parent,

Thank you for requesting an application for St. John United Methodist Preschool. In September 2024, we will offer two programs:

\*A 3-year-old program on Tuesday/Thursday from 9:00am to 12:00 pm.

\*A 4/5-year-old program on Monday - Thursday from 8:30am to 12:30 p.m.

Your child must be 3 or 4 years old by July 1, 2024, to be enrolled in their respective class. All children must be potty-trained prior to the beginning of the school year.

If you wish to visit our classroom with your child prior to making a commitment, you may schedule a time by calling Joy Spratt at 304-415-2039 or by email at [spratt6@suddenlink.net](mailto:spratt6@suddenlink.net).

The payment schedule is \$125.00/month for the 3-year-old class and \$250.00/month for the 4-year-old class. A \$50.00 application fee must accompany each application to assure your child a place in our program.

It is our goal to provide a positive and fun experience in a Christian environment. We accept all children on a first come basis without regard to race, sex, or religious preference.

A completed application and registration fee can be mailed to the address shown above.

We look forward to hearing from you and working with your child.

Sincerely,

*Joy Spratt*

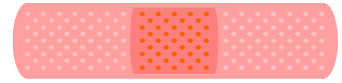
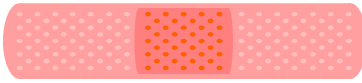
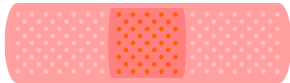
Joy Spratt,  
Director/Teacher  
St. John UMC Preschool

Acceptance of this enrollment form and the registration fee of 50.00 assures your child a place in our preschool. In return, we expect that you will honor your enrollment for the term of Sept. 2024 - May 2025, unless you move from Scott Depot, or some unusual circumstance makes a mutual agreement to dissolve the contract the most advantageous for the child.

I have read the policy statement and agree to abide by these policies. I agree to honor this enrollment contract as described above. In case I do need to remove my child from the program, I will give two weeks' notice, or pay for that time.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Amount of Registration fee: \$50.00  
Monthly tuition: 3 yr. old class: \$125.00  
4/5 yr. old class: \$250.00



### **Emergency Treatment**

In the event of an illness or accident, which requires immediate medical treatment at a time when a parent cannot be located, I give permission for

Joy Spratt, Director of St. John UMC Preschool,  
(Name of center)

or other center personnel designated by the director, to authorize such treatment. I will not hold the Center or medical personnel responsible. This is done with the understanding that every attempt will be made to contact the parents/legal guardian, the child's physician, and other persons listed for emergency contact.

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Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

\*Please attach a copy of the child's immunization record to this form.

**ENROLLMENT AGREEMENT**

Class: 3 year old \_\_\_\_\_ 4/5 year old \_\_\_\_\_

Your child's age by July 1, 2024: \_\_\_\_\_

Full name of child \_\_\_\_\_

Name child is called \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

Full name of father \_\_\_\_\_

Full name of mother \_\_\_\_\_

Mailing address:

\_\_\_\_\_ Street or Box \_\_\_\_\_ Town \_\_\_\_\_ zip code \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell-phone: \_\_\_\_\_

**Known Allergies:** \_\_\_\_\_

Please list any allergies (especially food) your child has:

\_\_\_\_\_

**Emergency names and phone numbers (other than parents):**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Friends or relatives:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Names, relationship, and phone numbers of persons other than parents to whom we may release your child.**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

## **FAMILY INFORMATION**

You can help us plan for your child's needs, understand concerns and responses, and support and encourage your child, if you provide the following information. The information will remain confidential, and we hope you will update it when needed.

Please list names and relationship of all persons living in your household.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Other significant persons in your child's life (not in household: Stepfamilies, grandparents, best friend, babysitters, etc.) list.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Does your child have a pet?

Name: \_\_\_\_\_ Kind: \_\_\_\_\_  
\_\_\_\_\_

Have there been births, deaths, adoptions, or other changes in the family structure which has affected your child? If so, describe briefly what happened, and the effect on your child.

Please tell us how you explained this event to your child.

What opportunities does your child have to play with other children?

Neighborhood\_\_\_\_\_ Sunday School/church\_\_\_\_\_ cousins\_\_\_\_\_

Nursery school or other classroom experiences\_\_\_\_\_ Other\_\_\_\_\_

What are your child's favorite play activities?

Do you consider your child hard or easy to manage?

What methods of discipline have you found most effective?

What fears does your child have? How are they expressed?

What do you and your child enjoy doing together?

What trips, vacations, or other family experiences are remembered with the most pleasure?

What special happening is your child apt to tell us about?

How much television does your child watch each day?

What are his/her favorite programs?

How much sleep does your child require daily?

Does your child nap regularly?\_\_\_\_\_ Usual bedtime:\_\_\_\_\_

Is there any information you feel we need to know that was not covered in the application?