



Bexley United Methodist Preschool  
Registration & Release Form

Year 2020/21 \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Male or Female?

Mothers Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

I am enrolling my child for: \_\_\_\_\_ Part-day Preschool (9:00-12:30) \_\_\_\_\_ Full Day Preschool (8:00-4:00)

Days desired:            Monday    Tuesday    Wednesday    Thursday    Friday

If enrolling for full day, will your child nap? \_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ Maybe, please have them try. I understand that they will be allowed to get up, if they have not fallen asleep within 30 minutes.

Are you a registered church member of Bexley United Methodist Church? Yes/No

Has your child attended preschool or childcare elsewhere? Yes/No  
If yes, where: \_\_\_\_\_

Does your child have any food allergies or special conditions that we should be aware of? Yes/No  
Please describe if yes, \_\_\_\_\_



I/We do hereby designate the following persons to have authority to pick-up the above-mentioned child from BUMP upon showing proper ID and do hereby hold BUMP, its employees, agents and assignees harmless from any and all claims for releasing above child to one or more of such persons.

Name	Address	Phone	Relationship to child
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Please see reverse side for Parent Signature and Registration Release.

If parents are living separately, are there custody or court papers in place that detail the child's living and/or visitation agreements? Yes/No/ NA

(If there is a custody agreement in place or court orders, BUMP will need a copy of those orders by your child's first day of school so that we are in compliance. In the absence of any custody papers or court orders, BUMP will allow both parents equal access to their child.)

If parents are living separately, do you want duplicate information sent home? Yes / No / NA  
Please note address: \_\_\_\_\_  
\_\_\_\_\_

Being the parent or legal guardian of above child do hereby make this application to register said child with Bexley United Methodist Preschool (BUMP) at 2657 E. Broad St., Bexley, OH 43209 an organization under the auspices of the Administrative Council of the Bexley United Methodist Church for enrollment in the program described below. I do agree to pay the tuition on the manner, time and place as set forth herein. I agree and understand that the annual deposit is nonrefundable as are all tuition payments. Tuition paid in advance for a full year will be pro-rated if our family withdraws prior to the end of the year. BUMP does not discriminate on the basis of race, religion, sex, national origin or disability. **Please initial each bullet point below.**

- \_\_\_ I hereby give permission for above child to use play equipment and to participate in all activities provided by the program. On behalf of myself and above child release and hold BUMP, its employees, agents and assignees harmless from any and all claims arising out of injuries, damages and claims associated with above child's participation in any preschool activity, including, but not limited to the negligence, if any of BUMP.
- \_\_\_ I have received the BUMP Parent Handbook and agree to all the policies outlined within as well as the page entitled "Center Parent Information Required by Ohio Administrative Code" (form #JFS 01237 dated 9/2011) which is the last page in the Parent Handbook.
- \_\_\_ I agree to allow my child to be photographed or videotaped by BUMP for the following reasons: to be used in my child's portfolio or as a classroom display, for BUMP promotional purposes, brochures, by student teachers assigned to BUMP for use in a college class project, or on BUMP's website (bexleychurch.org) with any exceptions noted below:

\_\_\_\_\_

The below signature is representative of both parents/legal guardians regarding the terms listed above.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Church Member:	Yes / No	Sibling :	Yes / No	
Half day 9am-12:30:	M T	W R F	Deposit Paid:	
Full day 8am-4:00 pm:	M T	W R F	Check # _____ or	
Classroom Assigned:	Happy Face	Rainbow	Credit Card	
	Sunshine	Balloon		