

# AUMC PLAY-N-SHARE ENROLLMENT APPLICATION

Registration Fee \$125/first child & \$75/sibling

Child's Name \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_  
(Last) (First)

Name to be used in class \_\_\_\_\_ Birth Date \_\_\_\_\_

Age by July 31 \_\_\_\_\_

All classes meet from 9 a.m. to 1 p.m.

**2's & 3's classes** – children may attend one, two or three days per week

**Pre-K class** - children may attend two to five days per week

1<sup>st</sup> choice - Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

2<sup>nd</sup> choice - Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Every effort will be made to place your child on the requested days, but there is no guarantee due to the number of children applying and the number of spots available. If you have a specific need, please list it here:

Play-N-Share requires children to be immunized as per CDC recommendations. Are your child's immunizations up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

We often have many great photo opportunities throughout the day. Any photos taken will be used internally and may be posted in the classrooms and hallways. We would like your permission to post some of these same photographs to our private Facebook group specifically set up for our 2023-2024 families. When photographs are used on social media, children are never identified by name.

Yes \_\_\_\_\_ No \_\_\_\_\_

Local Church Home \_\_\_\_\_

Please return completed form with the registration fee to:

**Play-N-Share Director, AUMC Play-N-Share, 6850 E. US Hwy. 36, Avon, IN 46123**

**or e-mail to [playnshare@avonumc.com](mailto:playnshare@avonumc.com).** Once everyone has registered, you will receive a letter confirming your registration and your child's placement.

# CHILD PROFILE

**Child's Name** \_\_\_\_\_ **Male** \_\_\_ **Female** \_\_\_  
(Last) (First)

**Name to be used in class** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Address** \_\_\_\_\_  
(Street) (City) (Zip code)

**Primary e-mail address** \_\_\_\_\_

**Home Phone #** \_\_\_\_\_ **Mom's Cell #** \_\_\_\_\_ **Dad's Cell #** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Occupation** \_\_\_\_\_

Parents are \_\_\_ together \_\_\_ separated \_\_\_ divorced

Child lives in the home with: \_\_\_\_\_

Language, other than English, spoken by student \_\_\_\_\_ by parent \_\_\_\_\_

Does your child have any food allergies or medical concerns? \_\_\_\_\_

## Please give the names and ages of child's siblings:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

**In case of an emergency**, please list any person who we may contact and/or release your child to other than child's parents:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

## Automatic Debit Authorization Form

AUMC Play-N-Share Preschool requires automatic tuition payments. Please fill out the Automatic Debit Authorization Form, attach a voided check (if available), and turn it in with your registration packet.

On the 5<sup>th</sup> day of each month, your tuition payment will automatically transfer from your preferred bank account into the Avon United Methodist Church's bank account. There will be ten monthly installments beginning on August 5 and ending on May 5.

Tuition payment is not subject to adjustments due to illness, vacation, absences, or weather closing. If you have any questions or concerns about Automatic Tuition Payments, please contact the Director at 317-272-1786 or [playnshare@avonumc.com](mailto:playnshare@avonumc.com).

I authorize AUMC Play-N-Share and Zipzap Processing Inc. to initiate debits from my checking or savings account. Please check one:

\_\_\_\_\_ Checking      \_\_\_\_\_ Savings

This authority will remain in effect from February 1, 2023 through May 17, 2024. I can stop payment of any entry by notifying my financial institution and AUMC Play-N-Share 3 days before my account is charged. I understand that debits will be processed on the 5<sup>th</sup> of each month.

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

Signature: \_\_\_\_\_

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

Routing Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**2023-2024 Registration fee:** 1<sup>st</sup> child (\$125) \_\_\_\_\_ Sibling (\$75) \_\_\_\_\_  
(Due at time of registration)

**Total Debit each month for the 2023-2024 school year:** \_\_\_\_\_  
(Beginning August 5, 2023 and ending May 5, 2024)

**EMERGENCY TREATMENT INFORMATION**

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Primary Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

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 the Play-N-Share Director, Avon United Methodist Church, 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 have been made to contact the parents, the child's physician, and other persons listed for emergency contact.

We give permission for our child to take part in all Play-N-Share activities, including indoor and outdoor games. We absolve Play-N-Share and the Avon United Methodist Church from liability to us or our child in the event of any injury to our child during any Play-N-Share activity, unless caused by the negligence of Play-N-Share or any of its employees.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLAY-N-SHARE REGISTRATION AGREEMENT**

At the time of registration, I agree to pay a non-refundable registration fee of \$125, and \$75 for each sibling. Tuition is due on the fifth day of each month. I know the program is dependent upon my payment and that tuition will be paid regardless of whether or not my child attends. If payment is not received by the first of the next month, the opening will not be guaranteed for the child.

Written notice of withdrawal should be received by the director at least two (2) weeks in advance. Tuition is payable for the entire two weeks.

I will be sure that my child is in good health when I bring him/her to the program each week. I know that any child with a fever, diarrhea, or vomiting within the last 24 hours, excessive runny nose, excessive cough, or any communicable disease is a sick child. I understand that medication cannot be given to my child by the staff according to state law.

I understand Play-N-Share is a Christian preschool and my child will be exposed to and involved in learning biblical stories.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_