

Enrollment Form 2026-2027

Child's Name _____ Known As _____

Sex _____ DOB _____ Age _____ Siblings _____

Mother's Name _____ Cell _____

Father's Name _____ Cell _____

E-mail _____

Complete Address _____

Who does child live with _____

**Please advise director of any custody issues - must have latest order on file before school begins*

Please acknowledge the following: Please read carefully

- HUMC Preschool may authorize the physician of their choice to provide emergency care in the event no one on the emergency contact list can be reached
- Vaccination record in compliance with NC guidelines as found here is required:
[Immunization Requirements for Child Care Facilities | Division of Public Health](#)
- Medical Health Form is due within 30 days of the child starting classes
- My child may have their picture taken for private social media classroom accounts, etc.
- I do not wish for my child to be photographed outside of the 2 regular portraits
**Please note that we do live stream our Spring program and graduation for deployed parents. Applies to all.*
- My child's first language is English. If not, which language _____
- A separate Emergency Card is required for each child and will be filled out at Open House.
- Tuition is due the 5th of each month; \$25 late fee applies
- New ACH forms must be completed at the start of each year. We cannot carry over.
- Late pick up fees apply if your child is picked up late (Policy in handbook)

Significant Allergies / Medical Conditions _____

Any Developmental Delays _____

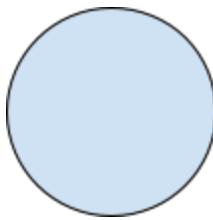
Emergency Contact _____ Cell _____

Emergency Contact _____ Cell _____

Emergency Contact _____ Cell _____

Pediatrician _____ Phone _____

Dentist _____ Phone _____



Parent Signature _____ Date _____

HUMC Preschool does not discriminate on the basis of gender, race, or religion.

ACH Authorization Form to Withdrawal Tuition

**Withdrawals will take place on or about the 5th of each month
Must be filled out at the beginning of each year, not ahead of time.**

Name
Address
Phone
E-mail
Name on Bank Account

Bank Name
Bank Address
ACH Routing Number
Account Number

Account Type

Checking
 Saving

- Please provide the 9-digit bank routing number from a check.
- A voided check attached to this form will help ensure that all numbers are transposed properly.
- Please notify us in writing with any bank or account changes.

Certification:

I certify that the information on this form is true and correct, and that I, as the owner of this account hereby authorize the Haymount UMC Preschool to electronically withdraw funds on or about the 5th of each month for my child's tuition and lunch bunch costs. This form remains in effect until written notice is received to cancel or amend it, or the last tuition payment of the school year.

Authorization:

Printed Name _____ Signature _____ Date _____

- \$8 bank fee for failed ACH attempt - \$25 late fee may apply- \$12 fee to rerun ACH a second time