

Welcome to 1st Step Learning Center

(A ministry of the Troy United Methodist Church)

A quality preschool program offering classes for children two, three and four years old.

Two Year-old Program

Classes: Monday and Wednesday or Tuesday and Thursday

Morning Session: 8:15 – 11:15 a.m.

Tuition: \$1035 annually

Payable \$115 monthly

Due the first Tuesday each month

Three and Four Year-old Programs

Classes: Tuesday, Wednesday, and Thursday

Morning- Session: 8:15 - 11:15 a.m.

Afternoon Session: 12:15 - 3:15 p.m.

Tuition: \$1215 annually

Payable \$135 monthly

Due the first Tuesday of each month

We consider it a privilege to enroll your child in our preschool program. To ensure registration, the attached forms must be completed in their entirety. **To reserve your child's position in class, complete the initial registration form and turn it into the Coordinator's office along with the \$65 registration fee.** The other forms may be completed and turned in prior to or on the first day of school. This provides us with all the necessary information to ensure that your child will have a safe and enjoyable learning experience at 1st Step. For your convenience, six enrollment steps have been outlined below. Simply follow each step to complete the enrollment process.

Step 1

Registration Form: Please complete all spaces on this form. This enables 1st Step to locate you or the person of your choice if you are needed while your child is at school. Class placement is based upon your child's age as of September 1 of the current school year. Otherwise, classroom requests are accepted and taken into consideration when putting your child in a class.

Step 2

Hospital Form: This form must be completed before the hospital will treat your child in your absence. Please note: **This form must be notarized** as required by Anderson Hospital.

Step 3

Allergy Form: We may be cooking and tasting new foods throughout the year. Please make us aware, of any food allergies your child may have.

Transportation Form: Anyone who will be transporting your child from 1st Step Learning Center should be listed here. **If someone other than those listed on this form needs to fill in, you must inform us ahead of time.** This policy will ensure the safety of your child.

Permission to Photograph: This form just gives 1st Step Learning Center permission to publish your child's picture in various preschool related documents and on the website. Please see the form for more details.

Step 4

Physical Examination: A current medical form must be on file for all 1st Step students. This includes a checkup and immunization record. We must be aware of any medical problems or physical limitations of students at the time of their registration.

Step 5

Handbook Slip: Please read the handbook in its entirety as it contains important and new information. Once you have read the handbook, sign the last page and return it to 1st Step with the rest of the registration papers.

Step 6

Registration Fee: A \$65 **non-refundable** registration fee is due at the time of enrollment. This fee is used to purchase school supplies, eliminating the need for parents to provide items at the onset of the school year. **Please note:** No child is registered at 1st Step Learning Center until this fee has been paid.

Notice

All 1st Step Learning Center classes are filled on a first come, first serve basis. **Please be aware that your child is not permitted to attend classes until all of the six preceding steps have been completed.** Any special accommodations must be arranged with the Coordinator. In addition, children in the 3 and 4 year-old program must be toilet trained.

If you have any questions or would like to arrange a tour of the 1st Step facilities, please feel free to call our Preschool Coordinator, Kim McGrath at 667-6241x13.

Sincerely,

Kim McGrath
Preschool Coordinator
1st Step Learning Center

Registration form
1st Step Learning Center

Child's Name _____ Nickname _____

Birth date: _____ Age (as of Sept. 1, 2012) _____ Home Phone _____

Address: _____ City _____ Zip Code _____

Mother's Name _____ Business Phone _____ Cellular _____

Mother's place of employment _____

Father's Name _____ Business Phone _____ Cellular _____

Father's place of employment _____

Church Affiliation _____ E-mail Address _____

Parents' Marital status _____

Please list the names and **ages** of siblings: _____

Name of adult who will assume responsibility if parents cannot be located:

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

3. _____ Relationship _____ Phone _____

Session Preference

2s Classes

3s and 4s Classes

Monday/Wednesday

8:15-11:15

Tuesday/Thursday

12:15-3:15

ANDERSON HOSPITAL
Illinois Rt. 162 & Old Edwardsville Rd.
MARYVILLE, ILLINOIS 62062
Phone (618) 288-5711

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR MINOR CHILD AT ANY MEDICAL FACILITY
AT ANY MEDICAL FACILITY

Date _____

Authorization is hereby given to 1st Step Learning Center
Name of Responsible Person

to consent to emergency treatment for my child _____
Name of Child

and to proceed with such treatment that may be necessary in that we the parents are not available at the time of the injury or illness.

Authorization is also given for admission to the hospital, if at the time of injury or illness, in our absence, admission to the hospital is advised by our private physician or a consulting physician of his choice.

Child's Birth Date: _____

Date of Child's Last Tetanus Immunization injection: _____

Child's Allergies and Chronic illness: _____

Full Name of Private Physician: _____

Telephone Number of Physician: _____

Address & Telephone Number where Parents might be reached: _____

As Parents, we promise to pay, whatever costs are not covered by:

Name of Insurance

Number on Card

1st Step Learning Center

Signature of Responsible Party during Parent's absence as named above

Signature of Child's Father

Signature of Child's Mother

Subscribed and Sworn to before me
this _____ day of _____,
20___. Witness my hand and official seal.
Notary Public _____
My Commission Expires: _____

Transportation Authorization

I, _____, hereby authorize the following people to transport my child from 1st Step. Should this change at any time I will notify 1st Step personnel in writing.

(list people eligible to pick up child on lines below)

Parent Signature

Date

Allergy Information

We may be cooking and making snacks this year. Please advise us if your child has any food allergies that we should be aware of.

My child, _____, is allergic to:

_____.

Parent Signature

Date

Permission to Photograph

1st Step is connected to Troy UMC website and a Facebook account in which we will be able to post pictures of your child's school day. Please sign below to allow your child's picture to be used in said website and/or preschool related publications. Your child's name will not be used unless you are contacted prior to the publication for approval.

Parent Signature

Date