



First United Methodist Church School for Little People

909 10th Street
Wichita Falls, TX 76301
Phone (940) 766-0575
Fax (940) 766-1411
Email: slp@fumcwf.org

2025-2026 Pre-K Enrollment Form

Director's Name _____ New Student _____ Returning Student _____

Child's Name _____ (Male/Female)

Date of Birth: ___/___/___ Ethnicity: _____

Child Lives With? ___ Both Parents ___ Mom ___ Dad ___ Guardian

Mother's Name: _____ Father's Name: _____

Address: _____ Zip _____ Address: _____ Zip _____

Mom's place of employment _____ Dad's place of employment _____

Mom's Work Phone _____ Dad's Work Phone _____

Mom's Mobile Phone _____ Dad's Mobile Phone _____

Mom's E-mail address _____ Dad's E-mail address _____

Preschool Class Choices:

Preschool classes meet from 8:30am-3:00pm.

Circle the requested Pre-K Class.

[Age as of September 1, 2025]

One year old, 5 days (M-F only) *One year old class is not eligible for 12:00 pm pick up.*

Two year old, 2 days (T/Th) Two year old, 3 days (M/W/F) Two year old, 5 days (M-F)

Three year old, 2 days (T/Th) Three year old, 3 days (MWF) Three year old, 5 days (M-F)

Four year old, 3 days (MWF) Four year old, 5 days (M-F)

****Please check box for 12:00 p.m. pick up ****

Early Bird care for drop-off before 8:30am.

Early Bird's

7:15 – 8:30	\$5.00 per day for each day scheduled
-------------	---------------------------------------

Mon.	Tues.	Wed.	Thurs.	Fri.
7:15-8:30	___	___	___	___

After School care for pick-up after 3:15.

After School

3:15 – 5:00	\$7.00 per day for each day scheduled
-------------	---------------------------------------

Mon.	Tues.	Wed.	Thurs.	Fri.
3:15-5:00	___	___	___	___

SLP closes at 5:00.



Smartcare is now the only method of payment processing for our Preschool tuition and fees. You must sign up for Smartcare to process payments and for touchless sign in and sign out. **Smartcare** lets you pay your tuition and fees automatically through Electronic Funds Transfer (ACH) from a Banking Account or Credit Card. This service benefits us by reducing the administrative time and cost associated with collecting tuition and fees and allows us more time with our children and teachers. Autopay also benefits you by eliminating the need to write checks, removing the worry of paying your bill on time and decreasing the chance of late fees. We encourage you to use a banking account as there is no fee when using this method of payment. Credit card payments are subject to an additional 2.85% convenience fee for each transaction.

Tuition is billed monthly on the 1st and late after the 10th. A \$10.00 late fee will be assessed if payment is not received by the 10th. When using autopay through **Smartcare** all tuition costs (Preschool, Early Birds and/or After School) for the month will be drafted on the 5th of each month beginning August 5 and ending May 5. Late fees will incur on all returned payments. A \$30.00 fee will be assessed on all payments returned due to non-sufficient funds (NSF). Incidental charges incurred will be billed to the account, and are payable upon receipt of statement.

School for Little People will no longer be collecting or entering your payment information. It is your responsibility to set up bill pay on your **Smartcare** account. Billing information **MUST** be setup by **August 1st** to ensure that the first payment can be processed on August 5th. Children will **NOT** be allowed to attend SLP until payment information is setup.

I have read, understand and agree to the above information.

Signature of parent or Guardian

Date



First United Methodist Church School for Little People

909 10th Street
Wichita Falls, TX 76301
Phone (940) 766-0575
Fax (940) 766-1411
Email: slp@fumcwf.org

2025-2026 Pre-K Enrollment Form

Permission for taking and/or using photographs or videos:

I (we) hereby grant to First United Methodist Church and School for Little People permission to take and use photographs or videos of my child. I (we) also grant to First United Methodist Church and School for Little People permission to use the finished photographs or videos for the purpose of education and/or membership promotion, including Facebook, and grant the right to publish and/or publicly exhibit the photographs or videos in any lawful and legitimate manner.

Signature of parent or guardian

Date

Sunscreen and/or Insect Repellant Consent 5A.16

I (we) give permission for the staff at FUMC School for Little People to apply sunscreen and topical insect repellent to my child during program hours.

****You may bring sunscreen and/or insect repellent for your child. Some sunscreens have insect repellent included. Please put your child's name on the bottle and give it to the caregiver for safe keeping.****

Signature of parent or guardian

Date

Field Trip Consent Form

The undersigned does hereby give permission for our (my) child, _____, to participate in activities, events, and field trips within walking distance that is a part of First United Methodist Church's School for Little People for the school term . The undersigned does absolve First United Methodist Church, School for Little People, and all other parties of any liability in the event of an accident.

Signature of parent or guardian

Date

Water Table Play

The undersigned does hereby give permission for our (my) child, _____, to participate in water table play in the classroom or on the playground.

Signature of parent or guardian

Date



**First United Methodist Church
School for Little People**

909 10th Street
Wichita Falls, TX 76301
Phone (940) 766-0575
Fax (940) 766-1411
Email: slp@fumcwf.org

2025-2026 Pre-K Enrollment Form

Emergency Information:

In the event of an emergency and a parent/guardian cannot be reached, I authorize School for Little People to obtain EMERGENCY MEDICAL TREATMENT. I authorize any representative of First United Methodist Church or School for Little People to administer first aid to and/or call 911 to transport _____ (child's name) to the nearest hospital or emergency treatment center. I authorize and hereby give my consent for any necessary medical treatment, emergency or otherwise, furnished by any licensed physician, hospital or emergency healthcare provider, and I agree to pay all medical fees incurred in connection with treatment of my child under the authority granted herein.

Signature of parent or guardian

Date

Doctor: _____

Clinic: _____

Address _____

Phone _____

Medical Insurance Provider: _____

Policy Number: _____

Group Number _____

Phone _____

Dentist: _____

Address _____

Phone _____

During an emergency School for Little People is authorized to contact the following person(s) when parent or guardian cannot be reached.

1.) Name _____

Address _____ City _____ State _____ Zip _____

Home # _____ Cell # _____ Work # _____

2.) Name _____

Address _____ City _____ State _____ Zip _____

Home # _____ Cell # _____ Work # _____



FUMC School for Little People 2025-2026 Health Form

909 10th Street
Wichita Falls, TX 76301
Phone (940) 766-0575
Fax (940) 766-1411
Email: slp@fumcwf.org

4C.2, 10D.10

Child's name _____ Birth date _____

Does your child have any food, medication or environmental allergies? No Yes (check all that apply)
Food Medication Environmental List allergies: _____

How should we respond if he/she has an allergic reaction? _____

Does your child have a special health or medical condition? No Yes - please explain _____

Is your child taking any medication? No Yes-if so, how is the medication administered, and will it need to be administered while in school? _____

Does your child have emotional, behavioral or physical needs? (Speech, hearing loss, learning disability, or other special diagnosis)
No Yes - please explain _____

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? No Yes - please explain _____

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?
No Yes - **If your child has special dietary needs, as prescribed medically, and not able to have the snack provided by the school, parents will be responsible to send a nutritional snack for their child.**

I verify the above information listed on this form is true, correct and complete. _____
Parent Signature

Health Statement: The above named child has been examined by a licensed physician during the past year and is physically able to take part in this school.

Physician's Signature _____ Date _____

Sight and hearing screenings: For children age 4 years old

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____	DATE _____		
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
SIGNATURE _____	DATE _____		

Family Information:

List siblings and ages _____

What is the primary language used in the home? _____

What is the language most often spoken by the student? _____

What experiences has your child had away from parents? _____

How does your child react away from parents? _____

Does your child have any special fears? _____

How does your child communicate his/her needs? _____

When your child gets upset, what helps him/her calm down? _____

Has your child attended a preschool or daycare before? If so describe your child's behavior at school. _____

How do you tell your child to stop a behavior that you don't approve of or that might be unsafe? _____

What do you hope for your child to gain from this experience? _____

What are your child's particular interests? _____

List pets and family hobbies _____

Are there special circumstances in your family we should be aware of? (Custody information, divorce, restraining orders, etc.) We must have a copy of all legal documents on file in order to enforce them. All information will be kept confidential.

Parents' religious preference _____

School for Little People Recommendation Form

All information is confidential and will be used for admission purposes only.

To the parent/guardian: Please submit this form to a teacher or director of the preschool/daycare your child currently attends. **Form must be sent to SLP in order to continue with the enrollment process.**

Child's Name: _____ Grade Level: _____

We give permission for my current preschool/daycare to release the information on this form to School for Little People where we are now enrolling. We understand that as parents we will not have access to this confidential information and that it will not become part of our child's permanent school record.

Date signed: _____ Parent Signature: _____

Teacher/Director, please complete this form and send the original or FAX a photocopy directly to the school. Your comments will be held in strict confidence, and will not be available for student or parent review.

Name of person completing this form: _____ Title: _____

Name of school/daycare: _____

Phone number: () _____

How many days a week does he/she attend your program? _____ Hours? _____

How long have you known the student: _____

Please Place a check (☐) in the box that best applies to the student:

	Exceeds Age Expectation	Age Appropriate	Possible area of Concern	Still developing	Comments
Engages with peers					
Relates to Adults					
Respect for others					
Shares well					
Demonstrates self-control/self-discipline					
Respect for authority					
Works independently					
Listens in a group					
Makes transitions easily					
Contributes appropriate remarks to discussions					
Speech Development					

MARK ALL THAT MOST CONSISTENTLY DESCRIBE THIS CHILD:

- | | | |
|--|---|--|
| <input type="checkbox"/> Enjoys large motor activities | <input type="checkbox"/> Patient | <input type="checkbox"/> Hits or bites |
| <input type="checkbox"/> Positive member of the classroom | <input type="checkbox"/> Positive interaction with peers | <input type="checkbox"/> Responsive to classroom limits |
| <input type="checkbox"/> Positive relationships with adults/teachers | <input type="checkbox"/> Responsive to teacher directions | <input type="checkbox"/> Aware of others' needs |
| <input type="checkbox"/> "Goes with the flow" | <input type="checkbox"/> Easily frustrated | <input type="checkbox"/> Resilient |
| <input type="checkbox"/> Physically hurtful when frustrated | <input type="checkbox"/> Enthusiastic about learning | <input type="checkbox"/> Short tempered |
| <input type="checkbox"/> Can't sit still | <input type="checkbox"/> Confident | <input type="checkbox"/> More of an observer than a participator |
| <input type="checkbox"/> Slow to warm up | <input type="checkbox"/> Defiant | |
| <input type="checkbox"/> Enjoys small motor activities | <input type="checkbox"/> Cheerful | |

Are the parents cooperative and involved in the school? _____

Please complete this form and return by fax to (940) 766-1411 or mail to SLP, 909 10th Street, Wichita Falls, TX 76301. Thank you!!



**First United Methodist Church
School for Little People**

909 10th Street
Wichita Falls, TX 76301
Phone (940) 766-0575
Fax (940) 766-1411
Email: slp@fumcwf.org

2025-2026 Pre-K Enrollment Form

*****A copy of your child’s birth certificate is needed for his or her first year at School for Little People.**

*****A copy of the child’s *current* shot record *must* be attached to this form. Up-to-date immunizations are required by state licensing in order to attend FUMC School for Little People.**

---Requirements for Exclusion from Compliance for Immunizations---

_____ I have attached a signed and dated affidavit stating that I decline for reasons of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.

*****A copy of the child’s Vision and Hearing Screening is needed for your child within thirty days after he/she turns four years old.**

---Requirements for Exclusion from Compliance for Vision/Hearing Screening---

_____ I have attached a signed and dated affidavit stating that the vision and hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Signatures:

Child’s Parent or Legal Guardian

Date Signed

Center Director

Date Signed



2025-2026 Pre-K Enrollment Form

909 10th Street
Wichita Falls, TX 76301
Phone (940) 766-0575
Fax (940) 766-1411
Email: slp@fumcwf.org

ENROLLMENT CHECKLIST

Detach and keep this form for your records.

Remember to enroll, a fully completed School for Little People Enrollment Form with all necessary signatures and paperwork in place, must be turned in with nonrefundable enrollment fee.

Pre-K Options

Smartcare Tuition Agreement for automatic payment withdrawal

Family Info

Photo Permission

Field Trip Consent

Emergency Information

Sunscreen and Insect Repellant Consent

Health Form

Sight & Hearing Screening (4 yr. Old)

Pick-Up Sheet

Shot Record (Required to attend SLP. Please submit any updates throughout the year)

Birth Certificate

Enrollment Fee (Non-refundable. Enrollment fee not applied to tuition)

Contract and Parent Handbook Signature Page (receive at Meet the Teacher)

Tuition and Fees for School for Little People

2025-2026

Enrollment Fee (<i>nonrefundable</i>) per child due at time of enrollment	\$195.00		
Yearly Supply Fee (<i>nonrefundable</i>) one-time charge paid by August 5th	T/Th \$40.00	MWF \$55.00	M-F \$80.00

Early Birds (subject to availability)	1 Day	2 Day	3 Day	4 Day	5 Day
Yearly Payment (7:15am-8:30am)	\$200.00	\$400.00	\$600.00	\$800.00	\$1000.00
Monthly Payment (7:15am-8:30am)	\$20.00	\$40.00	\$60.00	\$80.00	\$100.00

After Care (subject to availability)	1 Day	2 Day	3 Day	4 Day	5 Day
Yearly Payment (3:15pm-5:00pm)	\$280.00	\$560.00	\$840.00	\$1120.00	\$1400.00
Monthly Payment (3:15pm-5:00pm)	\$28.00	\$56.00	\$84.00	\$112.00	\$140.00

Scheduled Early Birds and After School charges will be added to the amounts listed below. Tuition may be paid in full or over a 10-month period from August 5th-May 5th. Tuition is payable by cash, check, Visa, MasterCard or Discover. A convenience fee 2.85% will be assessed each time a credit/debit card is used.

Pre-K Tuition	2 Day T/Th	3 Day MWF	5 Day M-F
Yearly Payment (8:30am-3:00pm)	\$2930.00	\$3780.00	\$6060.00
Yearly Payment (8:30am-12:00pm)	\$1600.00	\$2230.00	\$3540.00

Pre-K Tuition (8:30am-3:00pm)	2 Day T/Th	3 Day MWF	5 Day M-F
Monthly Payment	\$293.00	\$378.00	\$606.00

Pre-K Tuition (early dismissal 8:30am-12:00)	2 Day T/Th	3 Day MWF	5 Day M-F
Monthly Payment (8:30am-12:00pm)	\$160.00	\$223.00	\$354.00

DISCOUNTS

Siblings: If siblings attend, the older child pays full tuition, and the younger subsequent sibling(s) receives 3% off tuition.

Military: 3% off entire bill available to dependent children of **ACTIVE** members of the military. Military ID required to qualify.

****Discounts cannot be combined or used in conjunction with scholarship recipients.****