

AUMC PLAY-N-SHARE ENROLLMENT APPLICATION

Registration Fee \$140/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 classes – children may attend one, or two days per week

3's classes – children may attend two or three days per week

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

1st choice - Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

2nd 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 any specific needs, or requests, please list those 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. 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 5th 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.

I authorize AUMC Play-N-Share and Realm/Vanco Gift Processing to initiate debits from my checking or savings account. Please check one:

_____ Checking _____ Savings

This authority will remain in effect from now through May 16, 2026. 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 5th of each month.

Printed Name: _____

Signature: _____

Bank Name: _____

Routing Transit Number: _____

Account Number: _____

2025-2026 Registration fee: 1st child (\$140) _____ Sibling (\$75) _____
(Due at time of registration) select one: ACH TRANSFER PROVIDED CHECK

Total Debit each month for the 2025-2026 school year: _____
(Beginning August 5, 2025 and ending May 5, 2026)

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 \$140, 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, unless a life-threatening situation requires an EpiPen or rescue inhaler, then staff will be trained for life-threatening administration.

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 _____