



ACWORTH UNITED METHODIST CHURCH PRESCHOOL
REGISTRATION FORM
2022 - 2023 SCHOOL YEAR

READ ALL PAPERWORK BEFORE COMPLETING REGISTRATION

Registration Fees are Non-Refundable. We accept cash, check or credit card.

CHILD'S NAME Called

BIRTHDATE Male Female

PARENT'S NAME

ADDRESS

CITY ZIP PHONE

Are you a member of Acworth UMC?

Form with checkboxes for New Student and Returning Student

\*Each NEW student will receive a tote bag. Please complete tote bag form.

\*\*\*Additional bags can be ordered for \$15.00\*\*\*

Yearly tuition is spread out over 10 months and paid July- April

Toddler Class: T/Th (18-23 months by 9-1-22)

\*Registration: \$200 Monthly Tuition: \$180

\*Includes supply fee, materials for Bible, Music, and Storytime classes

Two Year Old Class: T/Th ( 2 years old by 9-1-22)

\*Registration Fee: \$200 Monthly Tuition: \$180

\*Includes supply fee, materials for Bible, Music, and Storytime classes

Two Year Old Class: M/W/F ( 2 years old by 9-1-22)

\*Registration Fee: \$200 Monthly Tuition: \$215

\*Includes supply fee, materials for Bible, Music, and Storytime classes

Three Year Old Class: M/W/F (3 years old by 9-1-22) and Potty Trained

\*Registration Fee: \$210 Monthly Tuition: \$215

\*Includes supply fee, materials for STEAM, Bible, and Music classes

Three Year Old Class: T/W/TH (3 years old by 9-1-22) and Potty Trained

\*Registration Fee: \$210 Monthly Tuition: \$215

\*Includes supply fee, materials for STEAM, Bible, and Music classes

Three Year Old Class: T/Th (3 years old by 9-1-22) and Potty Trained

\*Registration Fee: \$200 Monthly Tuition: \$180

\*Includes supply fee, materials for Bible and Music classes

Three Year Old Class: M-Th (3 years old by 9-1-22) and Potty Trained

\*Registration Fee: \$210 Monthly Tuition: \$235

\*Includes supply fee, materials for STEAM, Bible, and Music classes

Four Year Old Class: M/W/F (4 years old by 9-1-22)

\*Registration Fee: \$210 Monthly Tuition: \$215

\*Includes supply fee, materials for STEAM, Bible, and Music classes

Four Year Old Class: M-Th (4 years old by 9-1-22)

\*Registration Fee: \$210 Monthly Tuition: \$235

\*Includes supply fee, materials for STEAM, Bible, and Music classes

Four Year Old Class: M-F (4 years old by 9-1-22)

\*Registration Fee: \$210 Monthly Tuition: \$265

\*Includes supply fee, materials for STEAM, Bible, and Music classes

Early Five Year Olds: M-F (5 by Dec. 31)

\* Registration Fee: \$210 Monthly Tuition: \$265

\*Includes supply fee, materials for STEAM, Bible, and Music classes

Please indicate your first choice with a #1 and your second choice with a #2, in case your first choice is not available.

Registration is on a First Come Basis

I understand that students enrolled in our 3 year old classes and up must be fully potty trained. \_\_\_\_\_

initials

I have read and understand the Acworth United Methodist Church Preschool 2022-23 Discipline Policy. I have a copy for my files.

Child's Name \_\_\_\_\_

Guardian Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### DISCIPLINE POLICY

**The Acworth United Methodist Church Preschool Committee has established a discipline policy. Our objective is to teach children self-control and responsibility. We insist on an orderly environment and the cooperation of the children in our program. We need and desire a positive relationship between home and school. We cannot accept behavior which is distracting, disruptive or which might habitually inflict bodily harm or personal injury to themselves or other children enrolled in our program. When necessary, we employ proven methods (time out, talking with the director) of dealing with unacceptable behavior.**

**In the interest of safety of all, students who injure or endanger themselves or other students (biting, scratching, hitting, etc.) will bring home to their parents a written warning which must be signed by the parent and returned to the preschool director. Following two written warnings, a conference will be held between the parents, teacher, and preschool director, and the parents will be asked not to return their child to school for one week. If a third incident occurs, the parents will be asked not to return the child to school that month. Should a fourth incident occur once the student returns to school, the parents will be asked to withdraw their child for the remainder of the school year. No prepaid tuition will be refunded for time missed, but the child will be allowed to register for the next school year at the same time as returning students. This will assure their place in the program for subsequent school years.**



**ACWORTH UNITED METHODIST PRESCHOOL**  
**4340 COLLINS CIRCLE**  
**ACWORTH, GA 30101**  
**770-975-8754**

**INFORMATION FORM 2022– 2023**

Child's Name \_\_\_\_\_ Called \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Phone \_\_\_\_\_ Cellular \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Phone \_\_\_\_\_ Cellular \_\_\_\_\_

Parents are: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

If divorced or separated, please describe custody and /or visitation agreement concerning your child as it may pertain to preschool:

\_\_\_\_\_

\_\_\_\_\_

Please list other people in your home:

Name	Age	Relationship	School Attending
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\_\_\_\_\_

\_\_\_\_\_

Church Affiliation: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_. If referred by a friend, please let us know so we can thank them. \_\_\_\_\_

Does your child have any non-food allergies? If so, list \_\_\_\_\_ **If an inhaler is necessary, a permission form must be filled out and the inhaler left at school**

Does your child have any food allergies? \_\_\_\_\_. If yes, what food(s)? \_\_\_\_\_  
\_\_\_ Minor allergy \_\_\_ Serious allergy \_\_\_ Parent Preference \_\_\_ Religious reasons \_\_\_ Other

Describe your child's typical reaction to this food. \_\_\_\_\_

Should this food be avoided in all forms and even in small amounts? \_\_\_\_\_

Does your child require the use of an Epi Pen? \_\_\_\_\_ If yes, **we must have an Epi Pen at the school at all times and a completed form.**

What actions would you like us to take if we observe what appears to be an allergic reaction?

\_\_\_\_\_  
Any special medical history or needs we should be aware of:

\_\_\_\_\_  
Do you have concerns regarding your child's speech? \_\_\_\_\_ If yes, has he or she been evaluated? \_\_\_\_\_ If yes, when and where? \_\_\_\_\_

In case of Emergency, please notify (other than parents: these people should be local). These people are authorized to pick up my child in my absence.

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
3. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Medical Care Providers to Contact in case of Emergency:

Dr. \_\_\_\_\_ Phone \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone \_\_\_\_\_

I give consent for any member of Acworth United Methodist Preschool, Ministry staff, Church staff, or any qualified medical personnel to act on my behalf in securing and administering necessary emergency medical care and treatment for my child while on church property. If necessary, my child should be transported to \_\_\_\_\_ Hospital.

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Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name of Insurance Company \_\_\_\_\_  
Name of Primary Ins. Holder \_\_\_\_\_  
Contract or Group Number \_\_\_\_\_  
Mailing Address \_\_\_\_\_



**Acworth United Methodist Church Preschool  
Information Sheet  
2022-2023**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ (Age as of Sept. 1) \_\_\_\_ yrs. \_\_\_\_ mo.

1. May we include your phone number and address on the class list? \_\_\_\_\_

2. What are your child's interests?

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3. What group activities is your child involved in? (sports, story time, Sunday School etc.) ? \_\_\_\_\_

4. Does your child have a pet? \_\_\_\_\_

5. Does he/she sleep well at night? \_\_\_\_\_

6. What does your child like to eat? \_\_\_\_\_

7. Does your child take a nap? (Usual time?) \_\_\_\_\_

8. Is your child potty trained? \_\_\_\_\_

9. Is there any particular thing or situation that makes your child anxious?

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10. What is your child's favorite television show?

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11. Does your child have a favorite book? \_\_\_\_\_

12. What discipline technique works best with your child at home?

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13. Primary language spoken at home? \_\_\_\_\_

14. What games does your child like to play? \_\_\_\_\_

15. Has your child had previous preschool experience? If so where and when did they attend? \_\_\_\_\_

16. Is your child right handed \_\_\_\_\_ Left handed \_\_\_\_\_ Unsure \_\_\_\_\_

17. What are your expectations regarding your child's preschool experience at Acworth UMC Preschool?

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18. Do you have any questions for the director or the teacher? If so, please list. \_\_\_\_\_

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Thank you for taking the time to complete the information sheets. We are looking forward to a successful year at AUMC Preschool.

## Financial Commitment 2022-2023 School Year

I understand that my financial commitment to Acworth UMC Preschool includes a registration fee as well as tuition. \_\_\_\_\_

Initials

I understand that the registration fee is nonrefundable. \_\_\_\_\_

Initials

I understand that my child is enrolling for the entire school year and that tuition is based on an annual fee, paid in ten installments, and is not a fee per day or a fee per month. Refunds will not be given for sick days, inclement weather, holidays, or circumstances beyond our control. \_\_\_\_\_

Initials

I understand that the first tuition payment is due by July 1, 2022. \_\_\_\_\_

Initials

I understand that beginning in August, the remaining nine payments will be due on the 10<sup>th</sup> of the month preceding the month of attendance. (August 2022-April 2023) Payments received after the 10<sup>th</sup> of the month are considered late and a \$15 late fee will be added. \_\_\_\_\_

Initials

I understand that if I decide to withdraw my child, a thirty day written notice is required. \_\_\_\_\_

Initials

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date