

Financial Commitment 2024-2025 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, 2024 _____
Initials

I understand that beginning in August, the remaining nine payments will be due by the 10th of the month preceding the month of attendance. (August 2024-April 2025) Payments received after the 10th of the month are considered late and a \$15 late fee will be added. _____
initials

I understand that children cannot continue in our program if accounts become over 30 days past due. _____
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



ACWORTH UNITED METHODIST CHURCH PRESCHOOL

REGISTRATION FORM

2024 – 2025 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?

* New students will receive a tote bag which is included in the registration fee.

Please complete the tote bag form.

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

| |
|--|
| <input type="checkbox"/> New Student |
| <input type="checkbox"/> Returning Student |

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

| Age as of Sept. 1, 2024 | Days | Registration Fee *New Students (includes tote bag) | Monthly Tuition | Please place a #1 and a #2 by your first and second choice |
|--|--|--|-----------------|--|
| 18-23 months-Toddler Class | Tuesdays/Thursdays 9:15-1:15pm | \$210 *\$225 (new students) | \$190 | |
| 2 years old: 2s Class | Tuesday/Thursday 9:15-1:15pm | \$210 *\$225 (new students) | \$190 | |
| 2 years old: 2s Class | Monday/Wednesday/Friday 9:15-1:15pm | \$210 *\$225 (new students) | \$220 | |
| 3 years old: 3s Class Must be potty trained | Tuesday/Thursday 9:15-1:15pm | \$210 *\$225 (new students) | \$190 | |
| 3 years old: 3s Class Must be potty trained | Monday/Wednesday/Friday 9:15-1:15pm | \$225 *\$240 (new students) | \$220 | |
| 3 years old: 3s Class Must be potty trained | Monday-Thursday 9:15-1:15pm | \$225 *\$240 (new students) | \$240 | |
| 3 years old: 3s Class Must be potty trained | Monday-Friday 9:15-1:15pm | \$225 *\$240 (new students) | \$275 | |
| 4 years old: 4s Class | Monday/Wednesday/Friday 9:15-1:15pm | \$225 *\$240 (new students) | \$220 | |
| 4 year old: 4s Class | Monday-Thursday 9:15-1:15pm | \$225 *\$240 (new students) | \$240 | |
| 4 year old: 4s Class | Monday- Friday 9:15-1:15pm | \$225 *\$240 (new students) | \$275 | |
| 5 years old by Dec. 31 Early 5s Class | Monday-Friday 9:15-1:15pm | \$225 *\$240 (new students) | \$285 | |

Registration fee due _____

Total amount due _____ Check # _____ Date Received _____

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 2024-25 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.

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?

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?

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

11. Does your child have a favorite book? _____

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

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?

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

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



ACWORTH UNITED METHODIST CHURCH PRESCHOOL

4340 COLLINS CIRCLE

ACWORTH, GA 30101

770-975-8754

INFORMATION FORM 2024- 2025

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 |
|------|-----|--------------|------------------|
|------|-----|--------------|------------------|

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.

Parent's Signature _____

Date _____

Name of Insurance Company _____

Name of Primary Ins. Holder _____

Contract or Group Number _____