

Canton First United Methodist Church Preschool- Enrollment Agreement

FAMILY INFORMATION:

Child's age as of September 1st _____

Child's full name _____ Name called _____

Sex (circle) M F *Date of Birth _____ Home Phone _____

Home address _____ City _____ Zip _____

Father's name _____ Home Phone _____ Work Phone _____

Address (if different from above) _____

Employer _____ Cell phone/pager _____

Mother's name _____ Home Phone _____ Work Phone _____

Address (if different from above) _____

Employer _____ Cell phone/pager _____

*Child must be of age by September 1st for the class entered. Children entering 3-year-old classes should be fully potty trained.

CHILD'S HEALTH INFORMATION:

Please list any allergies or medical conditions your child may have _____

Please list any medications your child takes regularly _____

The Certificate of Immunization Form 3227 must be on file within 30 days of child's entering the Program.

Does your child have any special needs or receive any resource help?* Please specify _____

*CFUMC Preschool may be limited in professional staff prepared and trained to give assistance to students with specific learning disabilities, emotional disturbances, special needs, hyperactive behavior, or severe visual/hearing impairments. Please state any difficulties of which we should be cognizant.

Pediatrician's name and phone number _____

RELIGIOUS INFORMATION:

What church do you attend? _____ Are you a member? _____

List any areas of involvement _____

The preschool is a ministry of Canton First United Methodist Church. Bible concepts will be integrated into our learning themes and curriculum through songs, chapel, bible stories, centers and other developmentally appropriate activities. Do you support this? _____

OTHER INFORMATION:

List all schools the applying child has attended and the dates _____

Does the applying child have any siblings that currently attend or are applying to CFUMC Preschool? Please list name(s) and age(s) _____

What is your preference of class days? 1st choice _____ 2nd choice _____

Are there any family situations or special concerns that we should know in order to best care for your child? _____

How were you referred to this program? _____

For Office Use Only:

Registration Fee: _____ Ck# _____ Date Received _____

Days _____ Monthly Tuition _____ Teacher _____

Other _____ Postcard Mailed _____

Preschool Registration Conditions

CFUMC Preschool classes are filled as openings are available in the following order of preference: Currently enrolled children and their siblings (CFUMC members,) Currently enrolled children and their siblings (non-members of CFUMC,) CFUMC members not currently enrolled, and the General Public.

This completed enrollment agreement form and a check for the Registration Fee may be returned to the Preschool Office. The Registration Fee is equivalent to one month's tuition of the class your child will attend in the school year. Families registering more than one child in the Preschool and/or the Parents Morning Out will have the lesser of the two registration fees waived.

Requests for specific class days will be considered. Please list your first and second choice of days on the front of this application. Class rosters will be determined based on gender ratio, birth date, and overall best interest of the classroom. You will receive confirmation by phone or in writing regarding your child's class placement. Specific teacher requests cannot be guaranteed and teachers will be assigned to individual classes during the summer. Class placement of all preschool children is left to the discretion of the Director and the Preschool Administrative Staff.

Acceptance of this completed enrollment agreement and the registration fee in the amount of one month's tuition assures your child a place in our program through the first day of the school year. If the student will not be present on the first day of school, it is the parent/guardian's responsibility to notify the school prior to that date or it will be assumed that the student will not be attending and the next student on the waiting list may fill his/her place.

It is assumed you are enrolling your child for the entire Preschool year. As a result, teacher contracts and budgets are set accordingly. *If for any reason you wish to withdraw your child from the Preschool program after submitting your application and Registration Fee, you may do so in writing by May 31st. Your Registration Fee will be refunded less a \$50 Administrative and Processing Fee. After May 31st, the Registration Fee is non-refundable.*

Tuition Policies

The parents will pay the Preschool in advance on the first school weekday of August and by the tenth of each month beginning in September and ending with April. Children enrolled after September will be responsible for a pro-rated May tuition payment. Parents may pay the entire year in advance by calculating the product of the monthly tuition amount by nine months. Preschool hours will be from 9:00 am to 12:00 noon each preschool day per week, except for Friday, Saturday, Sunday and the holidays and closing included in the Cherokee County School Calendar. Responsibility for the timely payment of tuition will be that of the parent or guardian who signs this enrollment agreement. If the parent or guardian sees that the tuition or fees cannot be paid on time, he or she has the responsibility to make acceptable arrangements for the delayed payment with the Director BEFORE the payment is due. A late fee of \$10 will be charged for payments made after the fifteenth of the month or for any returned checks. No refunds will be made for absences. Failure to pay tuition for two months of Preschool is reason for immediate dismissal from this Program.

I have read the above Registration Information and agree to abide by these policies.

Parent's Signature _____

Date _____

Canton First United Methodist Church Preschool
A Certified Preschool Program of Excellence for Young Children
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