

Registration Agreement 2022-2023

Thank you for your interest in FUMC Preschool!

Please read through the following information carefully, check all appropriate places, sign and return to the preschool office along with a \$75 non-refundable registration fee. Forms can be mailed to FUMC Preschool 201 S. Road St. Elizabeth City, NC 27909 or dropped off in the mailbox located next to the church glass door entrance.

If you are placed on a waiting list, your registration fee is held until you are placed in a class. If you are not placed, then it is returned to you. The first month's tuition must be received by **May 1st** in order to finalize your child's spot in a class. If you register after May 1st September's tuition will be due when you register. A copy of your child's birth certificate and immunization records must be received before the school year begins.

Your child will not be admitted to preschool without a current (dated within 1 calendar year) immunization record.

Classes are filled in the following order:

1. Children of FUMC members who are currently enrolled
2. Children of FUMC staff and FUMC Preschool Board Members
3. Children who are currently enrolled and their siblings
4. Children of FUMC members who are not presently enrolled
5. Siblings of FUMC Preschool Alumni
6. General Public

Once accepted, we ask that you honor this registration agreement for the 2022-2023 school year.

Tuition portion will be refunded for notice given by July 1st. The registration fee is non-refundable.

WHAT CLASS DO I SIGN UP MY CHILD FOR?

If your child will be 16 months-23 months on or before August 31, 2022 (MUST be walking, able to drink out of a cup and go without a morning nap), then he/she will be placed in the Toddler Time/Inchworm class.

If your child turns two on or before August 31, 2022 (born before August 31, 2020), then he/she will be placed in the 2 year old Ladybug Class.

If your child turns three on or before August 31, 2022 (born before August 31, 2019), then he/she will be placed in the 3 year old Dragonfly or Firefly Class.

If your child turns four on or before August 31, 2021 (born before August 31, 2018), then he/she will be placed in the 4 year old Butterfly or Bee Class.

AVAILABLE CLASSES

If the class you have chosen is unavailable, you will be placed on the waiting list for the next available spot. **Please indicate whether you would be interested in a second choice by putting a 1 beside your first choice and a 2 beside your second choice.**

Toddler Class

Monday, Tuesday, Wednesday _____

Tuition is \$175 per month

Two Year Old Class (Born before August 31, 2020)

3 days (Monday, Tuesday, Wednesday) _____

Tuition is \$150 per month

2 days (Thursday & Friday) _____

Tuition is \$125 per month

Three Year Old Class (Born before August 31, 2019)

5 days (Monday-Friday) _____

Tuition is \$235 per month

3 days (Monday, Tuesday, Wednesday) _____

Tuition is \$150 per month

2 days (Thursday & Friday) _____

Tuition is \$125 per month

Four Year Old Class (Born before August 31, 2018)

5 days (Monday-Friday) _____

Tuition is \$235 per month

3 days (Monday, Tuesday, Wednesday) _____

Tuition is \$150 per month

2 days (Thursday & Friday) _____

Tuition is \$125 per month

2022-2023 Registration Agreement

Full name _____

Name child is called _____ Male _____ Female _____

Birthdate _____

Full name of parent/guardian _____

Full name of parent/guardian _____

List any custody/family arrangements that we should know (i.e. child resides with a step-parent or grandparent). _____

Mailing address _____

Street

City

Zip

Phone numbers:

Home _____

Mom's Cell _____ Mom's Work _____

Dad's Cell _____ Dad's Work _____

Specify the **cell** phone number you prefer to be used for communications about school closings or delays: _____

E-mail address _____

Physician _____ Phone _____

Health information (allergies, medical concerns, speech therapy, developmental delays, etc.)

Emergency Contacts (parents will be called first)

1. _____

Name

Phone

2. _____

Name

Phone

Emergency Treatment

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 Ashley Ramsamooj, Director of FUMC Preschool, or for other preschool personnel designated by the director, to authorize such treatment. I will not hold the preschool nor medical personnel responsible. This is done with the understanding that every attempt will have been made to contact parents, the child's physician, and other persons listed for emergency contact.

X Parent signature _____

Photo Release

In the event that my child's picture is taken at a preschool related program, I give permission to FUMC to publish pictures in publications pertaining to the church. Such publications include bulletin boards, newsletters and our website. UNDER NO CIRCUMSTANCES WILL A CHILD BE IDENTIFIED BY NAME IN ANY PUBLICATION.

X Parent signature _____

Approved Pick-Up List

FUMC Preschool will only release your child to the following people, unless you have given prior approval.

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

Please check any that apply:

My child is currently enrolled at FUMC Preschool

I am a member of First United Methodist Church

I am a FUMC Staff Member

My child is a sibling of a current FUMC Preschool student

My child is a sibling of a FUMC Preschool Alumnus

I have read the registration agreement and have completed the information above. I agree to honor the enrollment. In the event my child needs to be withdrawn from the preschool after July 1st or at any time during the term, I am responsible for giving 2 weeks notice and paying for 1/2 month tuition.

Class requested _____

Class age _____

Days per week _____

Signature _____ Date: _____

Parent or Legal Guardian