
Wynnton Methodist Preschool Registration and Enrollment Packet

Thank you for your choosing Wynnton Methodist Preschool. Please complete one packet for each child attending the program. Packets must be submitted to the WMP director in person to finish the registration process.

Each packet contains:

1. Social Information Sheet
2. WMP Enrollment Agreement
3. Authorized Pick-up List
4. Georgia Exempt from Licensure Form
5. Publicity Consent Form

Parents will also need bring the following for enrollment:

1. Parents' state issued, photo identification
2. Georgia DPH Form 3231, with a future expiration date
3. Non-refundable \$95 registration fee
4. If enrolling in Pre-K, non-refundable \$120 curriculum fee

Available WMP Classes

Description	Age by September 1 st	Enrollment Availability
Infants	3 to 12 months	2 days per week
Toddlers	12 to 24 months	2 days per week
Twos	2 years	2 to 5 days per week
Threes	3 years (must be potty trained)	2 to 5 days per week
Pre-K	4 years (must be potty trained)	5 days per week

WMP 2024-2025 Tuition Rates

2 days - \$230 3 days - \$260 4 days - \$280 5 days - \$300



Wynnton Methodist Church
2412 Wynnton Road
P.O. Box 5469
Columbus, GA 31906

Wynnton Methodist Preschool Social Information Sheet

Fall/ Spring: _____ Summer: _____ Age ___ years old by September 1, 20__.

Potty trained: No Yes Allergies: No Yes If yes, please explain in medical section.

Circle preferred days of attendance: Mon Tues Wed Thurs Fri

Is this your child's first preschool experience? No Yes If yes, please explain:

Child's Name _____ DOB _____

Father's Name _____ Cell # _____

Father's Employer _____

Mother's Name _____ Cell # _____

Mother's Employer _____

Home Address _____ City _____ State _____ ZIP _____

Alternate # _____ Email Address _____

Emergency Contact (other than parent) _____

Contact # _____ Relationship to student _____

Child's Medical Information

List and explain all allergies: _____

Does your child take ANY medications? No Rx OTC Please explain: _____

Child's Doctor: _____ Phone # _____

In case of emergency, can your child be transported by ambulance? No Yes

I UNDERSTAND IT IS MY RESPONSIBILITY TO INFORM THE WYNNTON METHODIST PRESCHOOL DIRECTOR OF ANY AND ALL CHANGES WITHIN 30 DAYS.

Printed Name: _____

Signature: _____ Date: _____

FOR PRESCHOOL USE ONLY: Date Registered: _____ Class: _____

Wynnton Methodist Preschool

Enrollment Agreement

Date of Enrollment _____ Class _____
Child's Name _____ DOB _____
Parent(s) Name _____ Contact # _____
Home Address _____ City _____ State _____ ZIP _____

The following conditions involved in the care of the above named child are understood and agreed upon between Wynnton Methodist Preschool and the above named parent(s).

Wynnton Methodist Preschool agrees to:

1. The school will exercise reasonable care and judgement in all matters related to the welfare and safety of the child.
2. In the case of an accident or illness of the child, the staff will promptly take such reasonable measures as are in their best judgement and the interest of the child and will notify the parent(s) as soon as possible.

The parent(s) agrees:

1. To pay the school in advance by the 10th of each month the sum of \$ _____ for the care of their child _____ days per week. Any payment received after the 10th of the month will be assessed a \$10 fee for each week payment is late. Accounts delinquent by 40 days will remove the child from the program.
2. To provide 30 days written notice to withdraw the child. The parent is responsible for one month of tuition listed above if the child is withdrawn without notice, regardless of the child's attendance.
3. To collect the child timely at the end of the school day. The parent agrees to pay a late pick-up fee of \$5 per minute per child after 1:05 pm.
4. There are no refunds for sickness, vacation, holidays, biting exclusion from school, or other temporary absences. Days are not exchangeable and cannot be made up.
5. In all emergencies, Wynnton Methodist Preschool has permission to take such reasonable measures as are in the judgement of the worker, necessary to the welfare and safety of the child. If the parent cannot be reached or if there is not enough time to notify the parent in advance (due to the nature of the injury or illness), the director will make the decision about the best way to care for the child.
6. Liability for the acts of the child while under the care of Wynnton Methodist Preschool is solely the parent's responsibility.
7. Wynnton Methodist Preschool is not liable for accidents or illness occurring to the child while he/she is in the care of the school which are not a direct result of negligence.
8. The parent(s) agree the \$95.00 registration fee is non-refundable in all circumstances.
9. The parent(s) acknowledge that he/she has read and understands this agreement and has received a copy of the information and rules for Wynnton Methodist Preschool and assumes responsibility for the following rules and regulations set forth herein.

Parent Printed Name: _____ Parent Printed Name: _____
Parent Signature: _____ Parent Signature: _____
Director Signature: _____ Date: _____

FOR PRESCHOOL USE ONLY: Paid registration: No Yes Wynnton Methodist Church Member: No Yes

Wynnton Methodist Preschool

Authorized Pick-up List

Child's Name _____ Date _____

Parents' Names _____

The people listed below have my authorization to pick-up my child at Wynnton Methodist Preschool. I will inform my child's teacher and/or director each time a special pick-up is necessary. I understand that my child will only be released to individuals listed below. I also realize alternate pick-up persons will be required to provide proper identification each time they pick-up my child. If an individual is not listed on the form, a phone call WILL NOT be sufficient to release the child to that individual.

Signature: _____

Name _____

Relationship to child _____

Phone # _____

Name _____

Relationship to child _____

Phone # _____

Name _____

Relationship to child _____

Phone # _____

Name _____

Relationship to child _____

Phone # _____

Wynnton Methodist Preschool

Exempt from Licensure Form

Our program is exempt from state licensure under the following criteria issued by the Georgia Department of Early Care and Learning: Bright from The Start Services:

Nursery schools, playschools, kindergartens or other educational programs for children ages 2 thru 6 which operate for no more than four (4) consecutive hours per day.

Parents Morning Out or similar programs which operate for no more than four (4) consecutive hours per day for no more than two (2) days per week or which limit attendance to no more than eight (8) hours per week per child.

As a non-profit organization, Wynnton Methodist Preschool is proud to offer the highest quality care for our students in a warm, safe and clean environment. All of our staff has undergone thorough background checks and are CPR and First Aid certified with additional training in fire prevention, evacuations, and fire safety. We continue to meet all local requirements pertaining to all county building, zoning, and fire codes. Please contact the preschool director, Melissa Derby at (706) 249-2260 or email mderbypreschool@gmail.com with any further questions or concerns.

I, _____ acknowledge I have been informed this program is not a licensed child care facility. I understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from State licensure requirements.

Signature _____ Date _____

Name(s) of children registered:

1. _____
2. _____
3. _____

Wynnton Methodist Preschool Publicity Consent Form

Please complete either the top or bottom portion of this form.

I hereby give permission to Wynnton Methodist Preschool to use photographs or videos of my child in ministry publicity. I understand publicity may be printed or digital. I further acknowledge publicity materials are potentially utilized internally throughout Wynnton Methodist Preschool or online via the preschool's website and social media. I understand that my child's name will not be disclosed.

Signature _____ Date _____

Child's Name _____ Class _____

I decline permission to Wynnton Methodist Preschool to use photographs or videos or my child in ministry publicity.

Signature _____ Date _____

Child's Name _____ Class _____