

Wynnton United Methodist Preschool

REGISTRATION PROCEDURES:

Complete one registration form for each child.
Please fill out each form completely

Below is a list of the current classes being offered.

Class	Age by Sept. 1st	Days available
Infants	3-12 months	May enroll for 2 days a week
Toddlers	12-24 months	May enroll for 2 days a week
Two's	2 years old	May enroll for 2,3,4,5 days a week
Three's	3 years old (must be potty trained)	May enroll for 2,3,4,5 days a week
Pre-K	4 years old	Pre-K is Monday-Friday

The **NON-REFUNDABLE \$95.00** registration fee is due at the time of registration. This is payable by check or cash. Please make check payable to: Wynnton Methodist Preschool.

PLEASE NOTE: Pre-K students pay the \$95.00 registration fee plus a \$100.00 Abeka curriculum fee. Only the registration fee is due at the time of registration.

2023-2024 Tuition Rates August 2023-May 2024

2 DAYS	\$200.00
3 DAYS	\$230.00
4 DAYS	\$250.00
5 DAYS	\$270.00

Paid Registration _____

Wynnton Church Member () YES () NO

WYNNTON UNITED METHODIST PRESCHOOL ENROLLMENT AGREEMENT

Date of Enrollment _____

Class _____

Child's Name _____

Date of Birth _____

Parent's Name _____

Best Contact Number () _____

Address _____

City _____

State _____

ZIP _____

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

Wynnton United 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 teacher will promptly take such reasonable measures as are in her best judgement and the interest of the child, and will notify the parent(s) as soon as possible.

The parent(s) agrees that:

1. He/She will pay the school in advance by the **10th of the month** the sum of \$ _____ for the care of their child for _____ days each week. Any payment received after the 10th of the month will be assessed a \$5.00 late fee for each week that it is late.
2. He/She agrees to give the school a one month's written notice in case of the child's withdrawal or pay for that month if the child is withdrawn without 30 days written notice.
3. In all emergencies, Wynnton United 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.
4. Liability for the acts of the child while under the care of Wynnton United Methodist Preschool is solely the parent's responsibility.
5. Wynnton United 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.
6. The parent(s) agree that the \$95.00 registration fee is non-refundable in all circumstances.
7. 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 United Methodist Preschool and assumes responsibility for the following rules and regulations set forth herein.

DATE _____

Parent _____

Director _____

Parent _____

Melissa Derby

FOR PRESCHOOL USE ONLY: Date Registered: ____/____/____

CLASS: _____

Wynnton United Methodist Preschool SOCIAL INFORMATION SHEET

**Fall:___ Summer:___ Allergies__(Y)__(N) If Yes see below

Age by September 1st 202__ __ years old

CIRCLE THE DAYS YOU WANT YOU CHILD TO ATTEND M, Tu, W,Th, F

Is this your child's first experience in a preschool program? Y_____ N_____

Please list any programs your child has previously attended _____

Child's Name: _____ **DOB:** ____/____/____

Father's Name _____ **Cell # ()** _____ - _____

Father's place of employment _____

Mother's Name _____ **Cell# ()** _____ - _____

Mother's place of employment _____

Home phone: () _____ - _____

Home address _____

City _____ **State** _____ **Zip** _____

E-Mail Address _____

Emergency Contact (not Mother or Father)
_____ **relationship** _____

Emergency phone () _____ - _____

CHILD'S MEDICAL INFORMATION:

**** Please list and explain any ALLERGIES**

Is your child on ANY routine prescribed or OTC medication?

Yes:_____ NO:_____ If YES, please list and explain.

Child's Doctor: _____ **phone ()** _____ - _____

In Case of Emergency, can your child be transported by ambulance: Y or N

**I UNDERSTAND IT IS MY RESPONSIBILITY TO INFORM THE DIRECTOR
OF WYNNTON UNITED METHODIST PRESCHOOL OF ANY CHANGES:**

Signature: _____ **Date:** _____

Printed name: _____

Child's Name _____

Date: _____

Please list people authorized to pick up your child:

Name _____

relationship _____

number () _____ - _____

Name _____

relationship _____

number () _____ - _____

Name _____

relationship _____

number () _____ - _____

Name _____

relationship _____

number () _____ - _____

Name _____

relationship _____

number () _____ - _____

Wynnton United 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 United 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 feel free to contact our preschool director, Melissa Derby at (706) 324-2032 or email mderbypreschool@gmail.com if you should have further questions or concerns.

I, _____ acknowledge that I have been informed that 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.

Parent Signature _____ Date _____

Name(s) of children registered:

1. _____

2. _____

3. _____

PHOTO AND VIDEO PERMISSION FORM

I hereby give permission to Wynnton Methodist Preschool to use photographs or videos of my child in ministry publicity. I understand the publicity may be either printed or electronic. I understand that my child's name will not be disclosed.

Parent signature _____ Date _____

Child's name _____ Class _____