Application for Enrollment 2023-2024

Bethlehem First UMC Preschool & Kindergarten

709 Christmas Ave.

# Bethlehem, GA 30620

**770-867-3724**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What name does your child go by? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_ Age as of **9/1/23**: \_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_ Subdivision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Marital Status: Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_

If divorced, please describe custody and visitation agreement for the child. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your child attend a school last year? Yes \_\_\_ No \_\_\_ If so, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact/Release Information:** Your child will not be released to anyone except parents, legal guardians, or the person listed below (upon producing a valid State Driver’s License).

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Registration Fee, Schedule of Classes, and Tuition

All class registration fees are the same as one month’s tuition.

To register a child for a particular class, the child must be that age on or before September 1st.

Please check the class that you are enrolling your child for:

\_\_\_\_\_\_2-year program, Tuesday/Thursday, $1215 ($135 per month)

\_\_\_\_\_\_2-year program, Monday/Wednesday/Friday, $1395 ($155 per month)

\_\_\_\_\_\_3-year program, Monday/Wednesday/Friday, $1395 ($155 per month)

\_\_\_\_\_\_3-year program, Tuesday/Thursday, $1215 ($135 per month)

\_\_\_\_\_\_4-year PreK, Monday thru Friday, $1800 ($200 per month)

\_\_\_\_\_\_4-year PreK, Monday/Wednesday/Friday, $1575 ($175 per month)

\_\_\_\_\_\_5-year Kindergarten, Monday thru Friday, $2070 ($230 per month)

## Payment Policy

* Registration fee is due upon enrollment. This **non-refundable fee** is equal to one month’s tuition.
* **First tuition payment is due on August 1.**
* Subsequent month’s tuition is due the 1st of each month.
* There is a $20 late fee for any tuition paid after the 7th of the month.
* There is a $25 fee for all returned checks.
* Church usage fee $45 – Due by May 1st
* **Supply Fee for 2 and 3 day classes - $35, 4yr PreK - $55 -Due by July 1st**
* **Supply/Curriculum Fee for Kindergarten - $75 –Due by July 1st**

## Enrollment Agreement

Acceptance of this enrollment form and the **non-refundable registration fee** assures your child a place in our preschool. In return, we expect that you will honor your enrollment for the 2023 -2024 school year.

I agree to give one month’s notice or pay one month’s tuition if I intend to withdraw my child during the school year.

I agree to honor this enrollment as described above. By signing this agreement, I guarantee that all information is correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature Date

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my permission for him/her to attend and participate in the activities and events sponsored by Bethlehem First United Methodist Preschool. I release Bethlehem First United Methodist Church and Preschool, Pastor, Preschool Director, staff and adult volunteers from liability in case of accidental death and/or injury.

I further authorize these to seek and provide the best medical care available for my child in case of a medical emergency. This may include contacting the child’s doctor.

I fully understand that I am responsible to provide and update a medical history on my child to assist in properly taking care of my child in case of a medical emergency. I will note any restrictions my child might have during these activities.

Please list any allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any prescribed medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any health conditions: (such as nosebleeds, motion sickness, fainting, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child is under the care of a physician for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child’s physician is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By my signature, I certify that I have read and fully understand the contents of this document. My signature also certifies that I have provided true information.

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

# Parent Signature Date

## Permission Slip

\_\_\_\_\_\_\_ Yes, I give my permission for my daughter/son’s picture to be included in newspaper articles/fliers and/or our website about our school.

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

Parent Signature Date

**Payment Schedule for 2023- 2024**

Parent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Annual Tuition \_\_\_\_\_\_\_\_

Class Placement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Amount Due** | **Date Due** | **Amount Paid** |
| Registration Fee – equal to one monthly Installment (sibling - $75) |  | At Registration |  |
| Facility Use Fee/Per Child - $45 |  | May 1 |  |
| Supply Fee/Per Child  $35 - $55 - $75 |  | July 1 |  |
| Installment #1 |  | August 1 |  |
| Installment #2 |  | September 1 |  |
| Installment #3 |  | October 1 |  |
| Installment #4 |  | November 1 |  |
| Installment #5 |  | December 1 |  |
| Installment #6 |  | January 1 |  |
| Installment #7 |  | February 1 |  |
| Installment #8 |  | March 1 |  |
| Installment #9 |  | April 1 |  |

**You have 3 payment options:**

**Option #1** – 1 Payment with a 5% discount

\_\_\_\_\_\_\_\_ Due August 1st

**Option #2** – 3 Payments with a 3% discount

\_\_\_\_\_\_\_\_ Due August 1st

\_\_\_\_\_\_\_\_ Due November 1st

\_\_\_\_\_\_\_\_ Due February 1st

**Option #3** – 9 payments; no discount

\_\_\_\_\_\_\_\_ Due on the first of every month beginning August 1st.

**I understand the payment schedule and that the registration fee is non-refundable.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date