

Snellville United Methodist Church Preschool & Kindergarten

Registration Form 2023-2024

2428 Main St East, Snellville, GA 30078 www.snellvilleumc.org Office: 678-430-6010

Fax: 678-430-6011

Check all that apply: Church/Preschool Staff SUMC Member Re-enrolling New Enrollee Sibling attends
 Current Church Affiliation _____ Referred by: _____

Child: First Name _____ Middle _____ Last _____ Name Called _____

Date of Birth _____ Age as of September 1, 2023 _____ Gender _____

Child resides with: Both Parents Mom Dad Other, Please Specify Whom _____
 If there is a separation or divorce settlement in the family, please provide a copy for the student's permanent record.

Primary Contact: First Name _____ Middle _____ Last _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Place of Employment _____ Work Address _____ Work Phone _____

Secondary Contact: First Name _____ Middle _____ Last _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Place of Employment _____ Work Address _____ Work Phone _____

Class Preferred	Class	Age	Days	Registration Fee	Monthly Tuition
	2 Day	Toddler	T, Th	\$250	\$200
	3 Day	Two	T,W,Th	\$250	\$255
	5 Day	Two	M-F	\$300	\$280
	3 Day	Three	T,W,Th	\$250	\$255
	5 Day	Three	M-F	\$300	\$280
	5 Day	Four	M-F	\$300	\$280
	5 Day	Kindergarten	M-F	\$350	\$305

Please note:

- We follow Gwinnett County birthday cutoff date of September 1st.
- If applicable, all preschool classes will have two teachers.
- SUMC Preschool & Kindergarten closely follows Gwinnett County Public Schools calendar. Kindergarten and all Preschool classes begin Monday, August 21. Early Release days will dismiss at 11:40am. We are closed on Good Friday, March 29. We will dismiss early on December 15 at 11:40am. We conclude for the summer a few days prior to Gwinnett County.

Signature parent/guardian _____

Date _____

**Snellville United Methodist Church Preschool & Kindergarten
Child Information & Permission to Pick-Up Form
School Year 2023-2024**

Child's Name	Date of Birth	Teacher's Name
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Street Address	City	State	Zip
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Mother's Name	Home Phone	Cell Phone	Work Phone
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Father's Name	Home Phone	Cell Phone	Work Phone
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In Addition To Parents Listed Above, Authorized Individuals to Whom My Child May Be Released:

Name	Cell Phone	Relation to Parent	Relation to Child
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Name	Cell Phone	Relation to Parent	Relation to Child
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Name	Cell Phone	Relation to Parent	Relation to Child
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Name	Cell Phone	Relation to Parent	Relation to Child
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Parents should advise the authorized individuals listed above that they will be required to present their Driver's License for verification prior to the release of the child.

Only those persons listed above will be allowed to pick up the child unless prior written notification is submitted.

SUMC Preschool & Kindergarten cannot legally deny access to either parent/guardian unless we have a legal restraining order, current custody decree, or specific schedule of court ordered visitation rights on file. If the situation is unclear, we request that the family resolve their differences through the legal system.

Carpool Tags are issued each school year for every family enrolled in the school. A \$5 fee will be charged for each carpool tag not returned at the end of the school year or upon withdrawal from the program.

Assigned Carpool Tag # _____

Assigned Carpool Tag # _____

I have read the SUMC Preschool & Kindergarten Policy and Procedures Handbook and agree to abide by the terms, provisions, obligations and requirements. I understand that the school is exempt from licensing by the Georgia Department of Early Care and Learning. I have been informed that Snellville United Methodist Church carries liability insurance but I have released any claim as noted by my signature on my child's Registration Form. I also agree to return all carpool tags assigned to me by SUMC Preschool & Kindergarten. If carpool tags are not returned, I acknowledge that I will be assessed a charge.

Parent Signature

Date



Permission to Dispense "Occasional" Over the Counter External Preparations

I understand that no medications will be administered at SUMC Preschool & Kindergarten except for inhalers and Epi-pens for severe allergic reactions. I understand that a completed Emergency Treatment Form, signed by my Child's physician must be on file before any medication will be given at school. I understand that a change in the dosage amount will require a new form. I understand that medication may not be sent to school with my Child or in his/her backpack. I am required to bring all medication to the Preschool Office and give it to an administrator.

If it should become necessary, I hereby give any SUMC Preschool & Kindergarten staff member permission to administer the following topical treatments or external preparation to my Child in accordance with the directions on the label of the container.

Please initial each topical medication or preparation for which you are giving permission.

- | | |
|--|---|
| <input type="checkbox"/> Band-aids | <input type="checkbox"/> Antiseptic first aid spray (e.g. Bactine) |
| <input type="checkbox"/> Saline wound wash | <input type="checkbox"/> Non-Prescription ointment (e.g. A&D
or Desitin) |
| <input type="checkbox"/> Baby Wipes | <input type="checkbox"/> Anti-Itch Cream (e.g. Benadryl) |
| <input type="checkbox"/> Petroleum Jelly | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Lotion | |
| <input type="checkbox"/> Sunscreen | |
| <input type="checkbox"/> Insect Repellent | |
| <input type="checkbox"/> Baby Powder | |
| <input type="checkbox"/> Antibiotic Cream (e.g Polysporin) | |

Child's Name

Parent/Guardian Signature

Date

Dear Parents,

As part of our goal to provide the best environment and care for your child we would like to know if your child suffers from any known allergies. Please indicate below which allergies affect your child. Thank you very much for your help and please feel free to contact the Preschool Office if you have any questions.

Common Airborne Allergens

<input type="checkbox"/> Cockroaches	<input type="checkbox"/> Mold	<input type="checkbox"/> Pet (dander, fur, feather)
<input type="checkbox"/> Dust Mites	<input type="checkbox"/> Pollen	

Common Food Allergens

<input type="checkbox"/> Cow's milk	<input type="checkbox"/> Wheat	<input type="checkbox"/> Tree nuts (cashews, walnuts)
<input type="checkbox"/> Eggs	<input type="checkbox"/> Fish (bass, cod, flounder)	<input type="checkbox"/> Shellfish (crab, lobster, shrimp)
<input type="checkbox"/> Peanuts		
<input type="checkbox"/> Soy		

If your child has a food allergy please indicate the severity of the allergy.

<input type="checkbox"/> Can not eat	<input type="checkbox"/> Can not inhale	<input type="checkbox"/> Can not touch
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Other Common Allergens

<input type="checkbox"/> Chemicals	<input type="checkbox"/> Insect stings	<input type="checkbox"/> Medicines
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Typical Reactions

<input type="checkbox"/> Excessive fatigue	<input type="checkbox"/> Skin reactions (eczema, hives, rash)	<input type="checkbox"/> Intestinal (stomach cramps, diarrhea)
<input type="checkbox"/> Headache	<input type="checkbox"/> Respiratory (wheezing, rapid or shortness of breath, cough)	
<input type="checkbox"/> Mood changes		
<input type="checkbox"/> Runny nose		
<input type="checkbox"/> Itchy, watery eyes		

Does your child require the use of an Epi-Pen for treatment of an allergy listed above? Yes or No
If yes, please come to the Preschool Office to sign appropriate paperwork and drop off your child's medication.

Comments

Child Name

Parent Signature

Date

Media Release – Please Choose EITHER Grant or Deny

SUMC Preschool & Kindergarten requests your permission to photograph your Child during the year participating in various school activities. Photographs may be used on bulletin boards within the classroom/school, the school yearbook, and may be used for promotional materials. No child will be identified in any photos displayed in promotional material. Children will be identified in the school yearbook in their class group photo.

_____ (Initial here) I do hereby **GRANT** permission for my Child’s photograph to be used by SUMC Preschool & Kindergarten for the purposes listed above. I release any claims or rights that I or my Child may have to the use of the photographs as a result of his/her participation in the Preschool & Kindergarten Program.

_____ (Initial here) I do hereby **DENY** permission for my Child’s photograph to be used by SUMC Preschool & Kindergarten.

Classroom Directory Information – Please Choose EITHER Grant or Deny

I give my consent for SUMC Preschool & Kindergarten to publish my Child’s name, parents’ name, address, telephone number, and family email in a Classroom Directory that will be distributed only to my Child’s class.

_____ (Initial here) I do hereby **GRANT** permission for my Child’s name, parents’ name, address, telephone number, and family email to be published in a Classroom Directory.

_____ (Initial here) I do hereby **DENY** permission for my Child’s name, parents’ names, address, telephone number, and family email to be published in a Classroom Directory. **Please print my Child’s name only.**

Permission to Use the Internet (Children Enrolled in Four Year Old – Kindergarten Classes Only)

Recognizing the fundamental role technology plays in the 21st Century, SUMC Preschool & Kindergarten supports and encourages the appropriate and responsible use of technology in student learning. I understand that SUMC Preschool & Kindergarten will take reasonable measures to protect students and ensure that technology use aligns with educational objectives.

Change of Enrollment Information

I understand that it is my responsibility to inform SUMC Preschool & Kindergarten of any changes to the information on the Emergency Treatment Form and other forms in the registration packet, including, but limited to: address, phone numbers, medical conditions, and pick-up authorizations.

Functions and Activities

As the parent/guardian of my Child attending SUMC Preschool & Kindergarten, I understand, acknowledge and assume that there are certain risks associated with activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

In consideration of SUMC Preschool & Kindergarten providing services, activities, and ministries for my Child, I hereby release SUMC, SUMC Preschool & Kindergarten and its teachers, administrators, employees, volunteers, and agents from any claim that my Child may have against them as the result of injury or illness incurred during the course of participation in the activities. This release of liability shall include, without limitation, any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the Child’s or my family or estate, heirs, representative, or assigns may have against SUMC, SUMC Preschool & Kindergarten and its teachers, administrators, employees, volunteers, and agents. I further agree to indemnify and hold harmless SUMC, SUMC Preschool & Kindergarten and its teachers, administrators, employees, volunteers, and agents from any and all claims arising from my Child’s participation in its activities and programs, or as a result of injury or illness of my Child during such activities. By signing this form, I expressly warrant that the above named Child is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the Child or me participating in the activities, whether such risks are known or unknown to me at this time.

Authorization

I represent that I am the parent/guardian of the above named Child. I have read the above form and am fully aware of the contents thereof. I give permission for the Child named above to participate in the activities of SUMC Preschool & Kindergarten. Furthermore, I understand that my signature below certifies that the information contained herein is accurate and truthful.

Signature of Parent/Guardian

Date

**Snellville United Methodist Church Preschool & Kindergarten
Tuition Agreement 2023-2024**

Registration fees are due at the time of registration and are non-refundable. Currently enrolled families have the option to pay registration in full or make two equal payments, with one half being paid at the time of registration and the balance due paid on or before April 10, 2023. I understand that if the balance is not paid by April 10, my child's enrollment will be forfeited, and the spot filled. **The Registration fee for all new students is required in full at the time of enrollment.**

Financial Obligations

Tuition may be paid by automatic draft of checking, savings or credit card by enrolling in Tuition Express. Tuition Express is the preferred method of payment. There is no enrollment fee or cost to use Tuition Express; however, if payment is made using a debit/credit card there is a 3% transaction fee. Payments can also be made by cash, money order, check or credit card (Visa or Master Card). Please make checks payable to "SUMC Preschool". There is a \$25.00 fee for checks that are returned for insufficient funds. Once a check is returned for insufficient funds, all future payments must be made in cash or with a money order. Debit/Credit card payments will incur a 3% transaction fee.

I understand the nonpayment of tuition for two consecutive months, or the equivalent balance due, will result in the relinquishment of my child's place at SUMC Preschool & Kindergarten.

Tuition Payment Procedures

Tuition is due by the 1st^h of each month (August thru April), and tuition paid after the 1st will be assessed a \$30.00 late fee.

The first month of tuition for Kindergarten & Preschool is due May 1. For the following months, tuition will be paid one month in advance. For students enrolling after May 1, the first month of tuition is due at enrollment.

I understand that the absence of my child from class for part or all of any month does not reduce the tuition, nor does it change the method of payment as outlined. I further understand that tuition is calculated for the year, then averaged over the number of months of the school year: tuition is the same every month regardless of the number of days of class.

I also understand that in the event my child is withdrawn from class or asked to leave, no part of the tuition paid for the month in which the child is withdrawn is refunded. I understand that a 30-day notice is required to withdraw my child from the program. Every consideration is given to the child with special needs; however, SUMC Preschool & Kindergarten reserves the right to dismiss a child for reasons regarding behavior, emotional disturbances, and health reasons should it become necessary. Please be assured that dismissal would only come as a last resort.

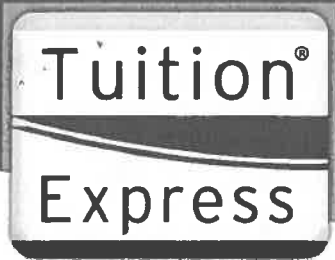
Holidays, snow days or any circumstance beyond our control that may result in school closings does not reduce the amount of tuition. In the event of inclement weather, school closings will be announced on local TV and radio stations. If Gwinnett County Public Schools are closed, we are also. If Gwinnett County Public Schools have a Digital Day scheduled for inclement weather, we are closed. SUMC Preschool and Kindergarten will NOT make up inclement weather days unless they exceed 5 days.

I have read the regulations regarding tuition payment procedures, I fully understand them, and agree to abide by them.

Child's Name

Signature of Parent/Guardian

Date



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® – a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below referenced credit card account (**Section A**) OR, initiate debit entries to my (our) Checking or Savings Account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name Phone #

Cardholder Address City State Zip

Account Number Expiration Date

Cardholder Signature Date

SECTION B (Bank Account)

Address City State Zip

Bank or Credit Union Name

Bank or Credit Union Address City State Zip Checking Savings

Routing Transit Number (see sample below) Account Number (see sample below)

For Official Use Only

Date Received
Employee Signature

