



## Preschool Enrollment 2024-2025 School Year

Thank you so much for your interest in our preschool. We would love the opportunity to work with you and your child this school year. Enrollment is on a first come first serve basis. Please return your form promptly to ensure your child's spot.

**\*\*Registration Fee and Forms must BOTH be submitted in order for your child to be considered enrolled.**

**Registration fee is \$150 for one child or \$250 for families with more than one child enrolled.**

**Registration fees are non-refundable.**

*A 20% DISCOUNT ON TUITION IS GIVEN TO EACH ADDITIONAL CHILD*

**\*\*Tuition is collected one month in advance, Due by the 5th of each month\*\***

**August is the only month that we prorate.**

**The first payment is due by July 1, 2024,  
which can be paid online, mailed or brought to the church.**

**Listed below are the class options and prices for the 2024-2025 school year**

**Each child will be placed in a class according to his or her age as of September 1st.**

### **2 and 3 Year Old Class**

2 days a week - \$260.00 per month

3 days a week - \$280.00 per month

4 days a week - \$300.00 per month

### **Pre- K / Kindergarten Prep**

3 days a week - 300.00 per month

4 days a week - \$325.00 per month

**\*\*Note: All 3's must be in pull-ups and actively attempting to potty train.**

**Pre-K must be fully potty trained by the first day of school.**

**There is a one-time Activity fee of**

**\$225.00**

The activity fee assist in covering the variety of activities children will participate in during the school year, including, parties, and any field trips.

**(Due by July 1st)**

### **Preschool Website:**

[www.newhopeumc.org/preschool](http://www.newhopeumc.org/preschool)

### **Church Office hours:**

Monday-Thursday 9:00 am - 2:00 pm

### **Address:**

New Hope United Methodist Church  
Attention: Preschool  
4815 Dawsonville Highway  
Gainesville, GA 30506

**\*\* August is the only month that is Prorated\*\***

**Break down of what is due by July 1st**

**2 & 3 Year Old Class August Prorated Tuition Plus Activity Fee**

2 days a week - \$130.00 (tuition) + \$225.00 (Activity Fee) = \$355.00

3 days a week - 140.00 (tuition) + \$225.00 (Activity Fee) = \$365.00

4 days a week - \$150.00 (tuition) + \$225.00 (Activity Fee) = \$375.00

**Pre-K / Kindergarten Prep Class August Prorated Tuition Plus  
Activity Fee**

3 days a week \$150.00 (tuition) + \$225.00 (Activity Fee) = \$375.00

4 days a week - \$162.50 (tuition) + \$225.00 (Activity Fee) = \$387.50



**TENTATIVELY**

**Open House:**

Thursday, August 15th

**First Day of School:**

Monday, August 19th



# Preschool Registration Form

## 2024-2025 School Year

**Child's Name** \_\_\_\_\_ Name child goes by: \_\_\_\_\_

First

Middle

Last

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_

Child lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

**Mother/Legal Guardian Name** \_\_\_\_\_

Address, if different from child's \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Employer Name \_\_\_\_\_ Email Address \_\_\_\_\_

**Father/Legal Guardian Name** \_\_\_\_\_

Address, if different from child's \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer Name \_\_\_\_\_ Email Address \_\_\_\_\_

## Preschool Enrollment 2024-2025 school year

Please Fill out the information below on what days your child will be attending for the 2024-2025 school year to help better place your child in a classroom.

My child \_\_\_\_\_ will be enrolling in the:

\_\_\_\_\_ **2 Year Old Class**

\_\_\_\_\_ **Pre-K Class**

\_\_\_\_\_ **3 Year Old Class**

\_\_\_\_\_ **Kindergarten Prep** (Age 5 by September 1, 2024)

They will be attending the following days:

\_\_\_\_\_ **Monday** \_\_\_\_\_ **Tuesday** \_\_\_\_\_ **Wednesday** \_\_\_\_\_ **Thursday**

### Allergies

Please list all Allergies that your child may have: (Foods, Medications, Insect Sting, Etc....)

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### **OTHER HEALTH CONCERNS:**

Are there any medical, emotional, or behavioral conditions of which we should be aware?

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### Emergency Contact Information / Pick Up Authorization

In case of emergency (your child is sick, injured, school closing, etc...), we will make every attempt to contact you. However, please list people we can call in the event we are unable to locate you.

**Your child will not be released to anyone not listed below.** We will require identification of each person when signing the child out of class.

Contact Name	Emergency Phone Number	Relationship to Child

### Permission Form

Child's name \_\_\_\_\_

I give permission for my child to be photographed or videotaped for activities essential to the preschool program, such as memory books, projects and class/hallway decoration. I understand enrolled preschool families may videotape or photograph my child as the class participates in activities.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

### AUTHORIZATION FOR TREATMENT:

*In case of an emergency, I understand every effort will be made to contact me. I hereby authorize and give my consent (only in case of an emergency) to the Director, Teacher, and/or staff of New Hope United Methodist Church to provide and/or arrange necessary related emergency transportation for my child to the nearest medical facility for immediate care. I authorize them to select medical personnel (including, under the supervision of, and on the advice of a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel) who may order X-rays, routine tests, medical or surgical diagnosis or treatment (including emergency care, hospitalization, anesthesia, surgery, or injections of medication). I will hold harmless New Hope United Methodist Church Preschool Program and staff, the overseeing committee, and/or any other individuals or agencies associated with this program, for any accident or injury that may occur to my child while attending New Hope United Methodist Church Preschool Program.*

**SIGNATURE OF LEGAL GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_