

#### 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

#### **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



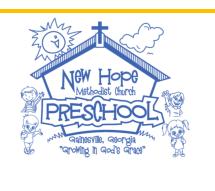
### **TENTATIVELY**

## **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			
mployer 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

	w on what days your child will be attending for the elp 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)				
OTHER HEALTH CONCERNS:				
Are there any medical, emotional, or behavioral conditions of which we should be aware?				

#### **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	<b>Emergency Phone Number</b>	Relationship to Child		
	Permission Form			
	rermission form			
Child's name				
I give permission for my child to be photographed of				
memory books, projects and class/hallway decoration. I understand enrolled preschool families may videotape or photograph my child as the class participates in activities.				
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:	DAT	E: