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A Program of Excellence for
Young Children

Office Use Only

- ◇ Registration Fee \$____.00 Date Paid & Initials _____
- ◇ Supply Fee Paid \$____.00
- ◇ Toddlers: M/W T/TH
- ◇ Twos: M/W T/TH
- ◇ Threes: T-TH
- ◇ Threes: M-TH
- ◇ Pre-K: M-TH

2018-2019 Registration Form

Date: _____

Student's Full Name: _____
Last First Middle Name child Goes By

Male ____ Female ____ Age: ____ Date of Birth: _____

Present Address: _____
Street City State Zip

Home Phone: _____ Mom Cell: _____ Dad Cell: _____

Email: _____

Last Name First Name Place of Employment Business Phone
 Father

 Mother

 Guardian

Marital Status: Married ____ Divorced ____ Separated ____ Single ____

With which parent does the child reside? _____

If different from child's, Relationship, Address & Phone #:

Active DUMC Member? ____ yes ____ no Church Affiliation: _____

How did you hear about us? _____

Members of Household

Brothers (Names/Ages): _____

Sisters (Names/Ages): _____

Others (Names/Ages): _____

Child's General Health and Developments

Allergies—Including food allergies: _____

List any medical concerns: _____

List any emotional concerns: _____

Note: Children in the Three and Pre-K Classes MUST be toilet trained.

Family Physician: _____ Phone: _____

Emergency Contact Information

The following persons may be called for an illness or emergency in the event the parent/guardian can't be reached.

1. Name: _____ Relationship: _____
Phone 1: _____ Phone 2: _____

2. Name: _____ Relationship: _____
Phone 1 : _____ Phone 2: _____

Persons Permitted to Remove Child

Note: Your child may be released to the individuals you list below. Please include anyone you may be carpooling with. For security reasons, your child will not be released to anyone without written permission and picture identification.

_____ mother _____ father
1. Name: _____ Relationship: _____
Phone 1: _____ Phone 2: _____

2. Name: _____ Relationship: _____
Phone 1 : _____ Phone 2: _____

3. Name: _____ Relationship: _____
Phone 1: _____ Phone 2: _____

4. Name: _____ Relationship: _____
Phone 1 : _____ Phone 2: _____

DUMC MMO/Preschool is an extension of the church's program of Christian education. It is governed by a Board of Directors from the church. An exciting program including art, music, science, social studies, computer tots, creative movement, readiness, free play, and weekly chapel will be included. We look forward to providing a loving, caring, Christian environment for your child. **Circle Class Requested**

Toddler Program (1 year by August 31, 2018): M/W T/TH

Two Yr Old Program (2 yrs old by August 31, 2018): M/W T/TH

Three Yr Old Program - 3 Day (3 yrs old by August 31, 2018): T-TH

Three Yr Old Program - 4 Day (3 yrs old by August 31, 2018): M-TH

Pre-K (4 yrs old by August 31, 2018): M-TH

Registration Fee (non-refundable and non-transferable): The fee is \$ 75.00 is due at the time of registration. **Supply Fee (non-refundable and non-transferable):** You may choose to purchase supplies from a list or pay the fee, payable to DUMC MMO, due the first day of classes. I understand that the Registration Fee and Supply Fee are non-refundable and non-transferable.

Parent Signature: _____

Parent Handbook and School Policies: I agree to read the DUMC MMO/Preschool Handbook and abide by all of the policies and procedures set forth by DUMC MMO/Preschool.

Parent Signature: _____

Authorization for Medication:

I understand that I must complete an Authorization Medication Form before my child will be given any medication while at DUMC MMO/Preschool. I understand that any change in the dosage will require a new form. If there are any adverse reactions, I will be notified. I also understand that I may not send any medication to school with my child or in my child's backpack. I understand that I must bring all medication to the mail school office and give it to a director.

Parent Signature: _____

Change in Enrollment Form:

I understand that I must provide DUMC MMO/Preschool with an updated enrollment information as soon as possible. This includes changes in phone numbers, cell numbers, addresses, living arrangements, and emergency contact information.

Parent Signature: _____

School Pictures/Video/Church Website/Facebook:

I give permission to include my child's photo in DUMC MMO/Preschool publications, videos, Church website and /or Facebook.

Parent Signature: _____

PARENT TUITION AGREEMENT FOR THE 2018—2019 SCHOOL YEAR

Financial Obligations: Tuition is based upon a nine (9) month program and budget. Tuition can be paid in one lump sum or tuition may be paid ahead at any time for any length of time. Tuition may also be paid monthly under the following terms: I understand that tuition is due in **NINE (9)** equal payments, with the **1st payment being due June 15, 2018. If a student should withdraw after July 15th the first payment is non-refundable. The 2nd payment will be due September 15th and on the 15th of each month from October 2018 thru April 2019.** Payments are considered late after the 20th, I understand that there is a \$35 late fee charge. Checks that are returned for "Insufficient Funds" will be subject to a \$30 fee, after two (2) such checks all future payments must be made with either **MONEY ORDER OR CASH. PLEASE MAKE CHECKS PAYABLE TO DUMC MMO** (child's name must be noted on the check)

Parent Signature: _____

Withdrawal From DUMC MMO: I recognize that DUMC MMO/Preschool assumes that students are enrolled for the entire school year and will therefore pay the entire annual tuition amount. If unforeseen circumstances require my student to withdraw from the program, I understand that DUMC MMO/Preschool school requires a **THIRTY (30)** day written notice. I understand that I am also responsible for a tuition payment to cover the last month which my student attends as well as a tuition payment for the 30 day notice period. Without a 30 day written notice of withdrawal, I understand that I am liable for the entire amount of the unpaid tuition for the year.

Parent Signature: _____

Tuition Payments: I, _____, agree that this document is a binding agreement between myself and DUMC MMO/Preschool. I understand that tuition for my

child, _____, for the 2018-2019 school year is as follows: (check one)

- ____ Toddler Program (2 day): \$1440.00; \$160.00 per month for nine (9) equal payments
- ____ Two Yr Old Program (2 day): \$1485.00; \$165.00 per month for nine (9) equal payments
- ____ Three Yr Old Program (3 day): \$1755.00; \$195.00 per month for nine (9) equal payments
- ____ Three Yr Old Program (4 day): \$1980.00; \$220.00 per month for nine (9) equal payments
- ____ Pre-K Program (4 day) \$2070.00; \$230.00 per month for nine (9) equal payments

I understand that nonpayment of tuition for two (2) consecutive months will result in the relinquishment of my child's placement at DUMC MMO/Preschool. I understand that no refunds or deductions will be made for temporary absences or illness.

Parent Signature: _____ Date _____

Notice of Exemption: I, _____, acknowledge that I have been informed that this program is not a licensed Child Care facility. I also 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.