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Director
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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

**2020-2021 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, 2020): M/W T/TH

Two Yr Old Program (2 yrs old by August 31, 2020): M/W T/TH

Three Yr Old Program - 3 Day (3 yrs old by August 31, 2020) T-TH

Three Yr Old Program - 4 Day (3 yrs old by August 31, 2020): M-TH

Pre-K (4 yrs old by August 31, 2020): 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 2020-2021 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, 2020. 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 2020 thru April 2021.** 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 2020-2021 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.