



ACWORTH UNITED METHODIST CHURCH PRESCHOOL
REGISTRATION FORM
2019 - 2020 SCHOOL YEAR

READ ALL PAPERWORK BEFORE COMPLETING REGISTRATION

Registration Fees are Non-Refundable. We accept cash, check or credit card.

CHILD'S NAME _____ Called _____

BIRTHDATE _____ Male _____ Female _____

PARENT'S NAME _____

ADDRESS _____ Subdivision _____

CITY _____ ZIP _____ PHONE _____

Are you a member of Acworth UMC?

New Student *
Returning Student

*Each NEW student will receive a tote bag. Please complete tote bag form.
Additional bags can be ordered for \$10.00

Classes offered

Toddler Class: T/Th (18-23 months by 9-1-19)
Registration: \$185 Monthly Tuition: \$160

Two Year Old Class: T/Th (2 years old by 9-1-19)
Registration Fee: \$185 Monthly Tuition: \$160

Two Year Old Class: M/W/F (2 years old by 9-1-19)
Registration Fee: \$185 Monthly Tuition: \$190

Three Year Old Class: M/W/F (3 years old by 9-1-19 and Potty Trained)
Registration Fee: \$185 Monthly Tuition: \$190

Three Year Old Class: T/Th (3 years old by 9-1-19 and Potty Trained)
Registration Fee: \$185 Monthly Tuition: \$160

Three Year Old Class: M-Th (3 years old by 9-1-19 and Potty Trained)
Registration Fee: \$185 Monthly Tuition: \$210

Four Year Old Class: M/W/F (4 years old by 9-1-19)
Registration Fee: \$185 Monthly Tuition: \$190

Four Year Old Class: M-Th (4 years old by 9-1-19)
Registration Fee: \$185 Monthly Tuition: \$210

Four Year Old Class: M-F (4 years old by 9-1-19)
Registration Fee: \$185 Monthly Tuition: \$235

Early Five Year Olds: M-F (5 by Dec. 31)
Registration Fee: \$185 Monthly Tuition: \$235

Please indicate your first choice with a #1 and your second choice with a #2, in case your first choice is not available.

Registration is on a First Come Basis
Note: Three Year Olds Must Be Potty Trained

I have read and understand the Acworth United Methodist Church Preschool 2019-20 Discipline Policy. I have a copy for my files.

Child's Name _____

Guardian Name _____

Signature _____

Date _____

DISCIPLINE POLICY

The Acworth United Methodist Church Preschool Committee has established a discipline policy. Our objective is to teach children self-control and responsibility. We insist on an orderly environment and the cooperation of the children in our program. We need and desire a positive relationship between home and school. We cannot accept behavior which is distracting, disruptive or which might habitually inflict bodily harm or personal injury to themselves or other children enrolled in our program. When necessary, we employ proven methods (time out, talking with the director) of dealing with unacceptable behavior.

In the interest of safety of all, students who injure or endanger themselves or other students (biting, scratching, hitting, etc.) will bring home to their parents a written warning which must be signed by the parent and returned to the preschool director. Following two written warnings, a conference will be held between the parents, teacher, and preschool director, and the parents will be asked not to return their child to school for one week. If a third incident occurs, the parents will be asked not to return the child to school that month. Should a fourth incident occur once the student returns to school, the parents will be asked to withdraw their child for the remainder of the school year. No prepaid tuition will be refunded for time missed, but the child will be allowed to register for the next school year at the same time as returning students. This will assure their place in the program for subsequent school years.



ACWORTH UNITED METHODIST PRESCHOOL
4340 COLLINS CIRCLE
ACWORTH, GA 30101
770-975-8754

INFORMATION FORM 2019– 2020

Child's Name _____ Called _____

Birthdate _____ Sex: M _____ F _____ Home Phone _____

E-mail address _____

Address _____

City _____ Zip _____

Mother's Name _____ Occupation _____

Employer _____ Position _____

Business Phone _____ Cellular _____

Father's Name _____ Occupation _____

Employer _____ Position _____

Business Phone _____ Cellular _____

Parents are: Married _____ Separated _____ Divorced _____ Widowed _____

If divorced or separated, please describe custody and /or visitation agreement concerning your child as it may pertain to preschool:

Please list other people in your home:

Name	Age	Relationship	School Attending
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Church Affiliation: _____

How did you hear about our program? _____

Does your child have any non-food allergies? If so, list _____ **If an inhaler is necessary, a permission form must be filled out and the inhaler left at school**

Does your child have any food allergies? _____ If yes, what food(s)? _____
___ Minor allergy ___ Serious allergy ___ Parent Preference ___ Religious reasons ___ Other

Describe your child's typical reaction to this food. _____

Should this food be avoided in all forms and even in small amounts? _____

Does your child require the use of an Epi Pen ? _____ If yes, **we must have an Epi Pen at the school at all times and a completed form.**

What actions would you like us to take if we observe what appears to be an allergic reaction? _____

Any special medical history or needs we should be aware of:

Do you have concerns regarding your child's speech? _____ If yes, has he or she been evaluated? _____ If yes, when and where? _____

In case of Emergency, please notify (other than parents: these people should be local). These people are authorized to pick up my child in my absence.

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

3. _____ Relationship _____ Phone _____

Medical Care Providers to Contact in case of Emergency:

Dr. _____ Phone _____

Dentist: _____ Phone _____

I give consent for any member of Acworth United Methodist Preschool, Ministry staff, Church staff, or any qualified medical personnel to act on my behalf in securing and administering necessary emergency medical care and treatment for my child while on church property. If necessary my child should be transported to _____ Hospital.

Parent's Signature

Date

Name of Insurance Company _____

Name of Primary Ins. Holder _____

Contract or Group Number _____

Mailing Address _____



Acworth United Methodist Church Preschool
Information Sheet
2019-2020

Child's Name _____ DOB _____ (Age as of Sept. 1) _____ Yrs. _____ mo. _____

1. May we include your phone number and address on the class list? _____

2. What are your child's interests?

3. What group activities is your child involved in? (sports, story time, Sunday School etc.)? _____

4. Does your child have a pet? _____

5. Does he/she sleep well at night? _____

6. What does your child like to eat? _____

7. Does your child take a nap? (Usual time?) _____

8. Is your child potty trained? _____

9. Is there any particular thing or situation that makes your child anxious?

10. What is your child's favorite television show?

11. Does your child have a favorite book? _____

12. What discipline technique works best with your child at home?

13. Primary language spoken at home? _____

14. What games does your child like to play? _____

15. Has your child had previous preschool experience? If so where and when did they attend? _____

16. Is your child right handed _____ Left handed _____ Unsure _____

17. What are your expectations regarding your child's preschool experience at Acworth UMC Preschool?

18. Do you have any questions for the director or the teacher? If so, please list. _____

Thank you for taking the time to complete the information sheets. We are looking forward to a successful year at AUMC Preschool.