

New Hope Preschool Enrollment 2018-2019

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. As you know we pride ourselves on small class size, so please return your form promptly to ensure your child's spot.

Please fill out the information below if you would like to enroll your child for the 2018 –2019 school year.

Listed below are the class options and prices for the 2018-2019 school year.

The Registration Fee is \$100 per child or \$175 for families with more than one child enrolled.

Registration fees are non-refundable if you must withdraw from our program.

A 10% DISCOUNT IS GIVEN TO EACH ADDITIONAL CHILD

2 Year Old Class

1 day a week - \$160.00 per month

2 days a week - \$180.00 per month

3 days a week - \$200.00 per month

4 days a week - \$220.00 per month

3 Year Old Class

2 days a week - \$180.00 per month

3 days a week - \$200.00 per month

4 days a week - \$220.00 per month

Pre K Class

2 days a week - 200.00 per month

3 days a week - 220.00 per month

4 days a week - \$250.00 per month

My child		will be enrolling
in the	class for next year	days a week.

There is a one time Activity fee of

\$100.00

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

**Please feel free to drop forms off to the church office or you are welcome to mail them to the church.

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

Address: New Hope United Methodist Church

Attention: Preschool 4815 Dawsonville Highway Gainesville, GA 30506 770-889-7440

Email: tbrown@newhopeumc.org



Preschool Registration Form 2018-2019

Child's Name			Name
First			
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 Add	dress
Father/Legal Guardian Name			
Address if different from child's			
Home Phone	Cell Phone		Work Phone
Employer Name		Email Ad	ddress

Nam	nes and Ages of Siblings		
Siblings Name:	Age:		
Please all Allergies that your child may have: (l	Allergies Foods, Medications, Insect Sting		
OTHER HEALTH CONCERNS: Are there any medical, emotional, or behavioral conditions of which we should be aware?			
Emergency Contact Information In case of emergency (your child is sick, injured, school closing, etc), we will make every attempt to contact you. However, please list several people we can call in the event we are unable to locate you.			
Contact Name	Emergency Phone Number	Relationship	

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:	
Pick Up Authorization Form		
Child's Nama		

The above named child may be signed out only by the following people (please **include both parents, if applicable**) for the 2018—2019 school year. We will require identification of each person when signing the child out of class. **Your child will not be released to anyone not listed below**. Changes to this list must be completed in writing, initialed and dated, in the Preschool office.

Name	Cell Phone Number	Relationship to Child	Initial & Date

Permission For	m
Child's name	
I give permission for my child to be photographed or videotaped for acmemory books, projects and class/hallway decoration. I understand en photograph my child as the class participates in activities.	1 1 0
Parent/Legal Guardian Signature	Date
Facebook Pag	e
Child's Name:	
As you all may know, or will know now, New Hope preschool he the ability to take pictures of children and post them on our page preschool.	
I know some parents won't want pictures of their children on the information about the children will be given out. If you do not wunderstand and hope you will still follow our page.	
Please sign this letter with consent to release your child's picture	on our Facebook page.
Parent/Legal Guardian Signature	Date