



Preschool Enrollment 2025-2026 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 tuition and Activity fee payment is due by July 1, 2025, which can be paid online, mailed or brought to the church.

Listed below are the class options and prices for the 2025-2026 school year

Each child will be placed in a class according to his or her age as of September 1st.

2 Year Old Class

2 days a week - \$275.00 per month

Monday /Wednesday
Or
Tuesday /Thursday

3 Year Old Class

3 days a week - \$300.00 per month

4 days a week - \$325.00 per month

Pre- K / Kindergarten Prep

3 days week - \$325.00

Tuesday, Wednesday, Thursday

4 days a week - \$350.00 per month

Monday - Thursday

****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

\$200.00

The activity fee assist in covering the variety of activities children will participate in during the school year,

(Due by July 1st)

Preschool Website:

www.newhopeumc.org/preschool

Preschool Hours:

Monday-Thursday 9:00 am - 1:00 pm

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



TENTATIVELY

Open House:

Thursday, August 14th

First Day of School:

Monday, August 18th

Online Payments

Online payments can be made on our website :

www.newhopeumc.org/preschool

Please select "Preschool Tuition" from the drop down menu.

There is a 2.9% fee if you choose to pay online. **Do not uncheck the "cover fees" box.**

New Students

If you are new to New Hope Preschool, be on the lookout for a welcome email from the following email address:

newhopepreschool4815@gmail.com.

You should receive this within 2-3 weeks of turning in your registration packet and paying your registration fee. This will be to welcome you to our school and to verify your contact information.





Tuition is determined on a yearly basis divided into 10 equal payments, August through May

2 Year Old Class Tuition

2 days a week - \$275.00 (Monthly) \$2,750.00 (Yearly)

3 Year Old Class Tuition

3 days a week - \$300.00 (Monthly) \$3,000.00 (Yearly)

4 days a week - \$325.00 (Monthly) \$3,250.00 (Yearly)

Pre-K / Kindergarten Prep Class Tuition

3 days a week - \$325.00 (Monthly) \$3,250.00 (Yearly)

4 days a week - \$350.00 (Monthly) \$3,500.00 (Yearly)



Tuition Payment Schedule

Date Due	Tuition for the Month of:
July 1st	August Tuition Plus Activity Fee Due
August 1st	September Tuition
September 1st	October Tuition
October 1st	November Tuition
November 1st	December Tuition
December 1st	January Tuition
January 1st	February Tuition
February 1st	March Tuition
March 1st	April Tuition
April 1st - Last Payment	May Tuition



Preschool Registration Form

2025 - 2026 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 _____

Allergies

Please list all Allergies that your child may have: (Foods, Medications, Insect Sting, Etc....)

Mother/Legal Guardian Name _____

Address, if different from child's _____

Home Phone _____ Cell Phone _____ Work phone _____

Employer 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 2025-2026 school year

Please Fill out the information below on what days your child will be attending for the 2025-2026 school year to help better place your child in a classroom.

My child _____ will be enrolling in the:

_____ **2 Year Old Class** They will be attending the following 2 days:
_____ **Monday \ Wednesday** **OR** _____ **Tuesday \ Thursday**

_____ **3 Year Old Class 3 days** They will be attending the following 3 days:
_____ **Monday** _____ **Tuesday** _____ **Wednesday** _____ **Thursday**

_____ **3 Year old class - 4 days**

_____ **Pre-K Class 3 days (Tuesday, Wednesday, Thursday ONLY)**

_____ **Pre-K Class (4 day)**

_____ **Kindergarten Prep (4 day only)** (Age 5 by September 1, 2025)

HEALTH CONCERNS:

Are there any medical, emotional, or behavioral conditions of which we should be aware?

Names and Ages of Siblings

Sibling's Name: _____ Age: _____

Sibling's Name: _____ Age: _____

Sibling's Name: _____ Age: _____

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	Emergency Phone Number	Relationship to Child

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:** _____

Permission Form

Child's name _____

I give permission for my child to be photographed or videotaped for activities essential to the preschool program, such as memory books, projects and class/hallway decoration. I understand enrolled preschool families may videotape or photograph my child as the class participates in activities.

Parent/Legal Guardian Signature

Date