

Application for Enrollment

Hinesville First United Methodist Church
Preschool and Kindergarten

A Safe Place to Grow!

203 North Main Street, Hinesville, GA. 31313
Telephone #: 912-368-3355 Email: hinesvillepreschool@gmail.com
Website: hinesvillefumcpreschool.com

Please return this application with a **non-refundable** enrollment fee. Make check payable to First United Methodist Church Preschool.

Child's Last Name _____ First _____ Middle _____

Name usually called _____ Male ___ Female ___ Birth date _____ Age today _____

Address _____ Zip code _____

Home phone # _____ Email Address _____

Mother's Name _____ Cell # _____

Father's Name _____ Cell # _____

Please put a check next to the desired program: Please indicate 1st, 2nd and 3rd choice if one or more options are offered. FUMC Preschool and Kindergarten reserves the right to change, combine, or cancel classes based on enrollment needs.

All classes meet from 9:00 to 1:00.

Kindergarten Program: 5 years old by September 1.
Must be fully potty trained. Out of pull ups/training pants. Able to wipe and use the bathroom independently.

___ 5 day (Monday through Friday)

Pre Kindergarten Program: 4 years old by September 1.
Must be fully potty trained. Out of pull ups/training pants. Able to wipe and use the bathroom independently.

___ 5 day (Monday through Friday)
___ 4 day (Monday through Thursday)

3 Year Old Program: 3 years old by September 1.
Must be fully potty trained. Out of pull ups/training pants. Able to wipe and use the bathroom independently.

___ 3 day Three Year Old Program (Tues. Wed. Thurs.)
___ 5 day Three Year Old Program (Monday through Friday)

2 Year Old Program: 2 years old by September 1.

___ 2 day Two Year Old Program (Tues. Thurs.)
___ 2 day Two Year Old Program (Mon. Wed.)
___ 3 day Two Year Old Program (Tues. Wed. Thurs.)

Potential Toddler Program if enough interest and staffing is available. Must be 12 months by September 1.

___ 2 day Toddler Program (Mon. Wed.)
___ 2 day Toddler Program (Tues. Thur.)

Parent/Guardian Information

Mother's Info:

Address/Home Phone (if different than 1st page) _____

Employer _____ Work Phone _____ Email _____

Father's info:

Address/Home Phone (if different than 1st page) _____

Employer _____ Work Phone _____ Email _____

Marital Status Of Parents (circle one): Married Divorced Separated Remarried

With whom does the child live? (Circle one): Both Parents Mother Father Guardian Other

Are parents members of Hinesville First United Methodist Church? Yes _____ No _____

If not, church affiliation: _____

Emergency Contact

Please list two adults other than parents to whom we may release your child if parents cannot be reached.

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Child Information

Other schools your child has attended. _____

Has your child ever been asked to leave a school? _____

Does your child throw fits or tantrums? _____ How often? _____ How long do tantrums last? _____

Briefly describe the tantrum _____

Are there any developmental delays or behavioral concerns? _____

Has your child ever received or is currently receiving services for speech, physical, behavioral, or occupational therapy?

Does your child have a medical diagnosis? _____

Current prescribed medications: _____

List any food/environmental allergies and describe what happens.

Are there any special foods or eating instructions? _____

Do you have any additional information on toileting, communication, etc., that may be helpful?

How did you hear about our program? _____

Hinesville FUMC Preschool & Kindergarten is an outreach ministry of the Hinesville First United Methodist Church and operates under the guidance of the church. **The school is exempt from state licensure.**

Non-Discriminatory Policy as to Students

Hinesville First United Methodist Church Preschool & Kindergarten admits students of any race, creed, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, and other school administered programs. **FUMC reserves the right to withdrawal any child who presents a risk to the health and safety of other children or staff, or any child whose needs cannot be met in our program. Refusal or inability to follow our policies may also result in disenrollment.**

Tuition

Tuition is an annual amount broken down into 10 monthly installments. First payment due in August. The last payment due on May 1st. Tuition does not include the cost of field trips, and school pictures. If payment is not received by the 15th of each month, a \$20 late fee may be added to your account. There will be no reduction of fees due to holidays, vacations, or illness. There is a \$25 returned check fee on all returned checks. A second check of insufficient funds may result in all future payments made in cash, money orders, or cashier's checks. **A tuition statement will be emailed each month prior to the monthly tuition due date. We reserve the right to refuse enrollment or dismiss any student for chronic delinquent payments.**

Withdrawal Policy

A 3 week advanced written notice is required. Withdrawal form available upon request.

Discounts

Multiple Child Discount: Families enrolling 2 or more children will receive a 10% discount.

Discount will be applied to the lower tuition rates.

Semester Discount: 2 payments of 50% each: Due by August 15 and January 15 to receive a \$100.00 discount. \$50.00 off in August and \$50.00 off in January.

Full Year Discount: Pay full year by August 15 to receive a \$200 discount.

Financial Commitment

By signing this enrollment form, you, as the signing parent or guardian, are personally accepting the responsibility for the timely and full payment of the enrollment fee and tuition for your child.

Parent Signature: _____ Date _____

Office Use Only

Date/time received _____

Received by _____

Check#/Cash _____ Amount _____

New Student Appointment: Date _____ Time _____