

Child's Name: _____ Age : _____



Brooks UMC Preschool
Application Enrollment Application
2017-2018

119 Morgan Mill Road
Brooks, GA 30205
770-719-7593

www.brooksumc.com

Notice of Nondiscriminatory Policy as to Students: Brooks United Methodist Church Preschool Education Program admits students of any race, color, national and ethnic origin to all the 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 or ethnic origin in administration policies and admission policies.

Our Mission

Brooks United Methodist Preschool is dedicated to providing an exceptional Christian environment starting at six weeks old. We are committed to providing a stimulating, cheerful environment for nurturing our young children's total growth and development: a place where children can experience structured freedom, personal acceptance and guidance from loving teachers. Our objective at Brooks United Methodist Preschool is to provide an environment where children can develop as individuals, acquire a comfortable, realistic concept of self, a sense of personal worth and a love of learning.

SCHOOL CALENDAR

Monday, August 7th – Open House 10 AM-12PM

Tuesday, August 8th – First day of school

Schedule follows the Fayette County School calendar.

PROGRAMS: Select 1:

2 and under (6weeks-2 years) 2 days_____ 3days_____ 4 days_____

3 Year Olds: 3 days _____ 4 days_____

Pre-K _____ (4 days only)

Kindergarten _____(4 days only)

STUDENT INFORMATION

Child's Name: _____

First

Middle

Last

Name Child Goes By: _____ Gender: _____ Birthday __/__/__

Address: _____

Street

City

Zip

Email _____

Home Phone: _____

PARENT/GUARDIAN INFORMATION

Mother's Name: _____

Place of Employment: _____

Occupation: _____

Business Phone: _____

Cell Phone: _____

Father's Name: _____

Place of Employment: _____

Occupation: _____

Business Phone: _____

Cell Phone: _____

RELEASE AUTHORIZATIONS

Name: _____ Relationship to Child: _____

Phone Number(s): _____

Name: _____ Relationship to Child: _____

Phone Number(s): _____

Name: _____ Relationship to Child: _____

Phone Number(s): _____

EMERGENCY AUTHORIZATION:

In case of emergency, whom should we contact if we cannot reach parents/guardians?

Name: _____ Relationship to Child: _____

Address: _____

Street

City

Zip

Phone Number(s): _____

Emergency Medical Contact:

Doctor: _____ Address: _____

Phone: _____ Hospital Preference: _____

MEDICAL INFORMATION:

Does your child have any allergies to foods and/or medication? _____

If yes, please list: _____

Are there any medical/mental/emotional issues or any special procedures required for the care of your child? If so, please explain:

INFORMATION ABOUT YOUR CHILD'S HOME

Names and Ages of Siblings: _____

Other Persons Living in the Home: _____

Child's Favorite Activities: _____

Pets: _____

Is the child left- or right-handed? Left Right Unknown

PHOTOGRAPH AUTHORIZATION-(please initial if you agree, mark an "X" if you do not agree):

Pictures of my child may be taken for use WITHIN BUMC Preschool. _____

Pictures of my child may be taken for use OUTSIDE BUMC Preschool. I understand this may include church publications and other forms of media. _____

CHURCH AFFILIATIONS

Religious Affiliation: _____ Church you attend: _____

Would you like more information about Brooks UMC? _____

AGREEMENT

Brooks United Methodist Preschool Program agrees to provide care from August-May and will follow the Fayette County School calendar for holidays with the exception of any extra days taken by the preschool (please check the Preschool Calendar).

Please initial:

_____ There is a registration fee of \$100.00 for all preschool classes and \$50.00 for Mother's Morning Out (this is a paper fee that is used toward general supplies and weekly readers, etc.) The fee for each additional child is \$75.00. There is also a one-time Special Events fee of \$25 due at registration. I understand that this fee is non-refundable and does not apply toward any monthly tuition. Fees may be subject to change.

_____ Tuition is due on the 1st of each month. A \$15.00 late fee will be charged after the 7th.

Monthly Fees: (The tuition fees are subject to change.)

PMO/2 year old class (2 days)	\$120
PMO/ 2 year old class (4 days)	\$185
3 year old class (3 days)	\$185
3 year old class (4 days)	\$185
Pre-K class (4 days required)	\$185
Kindergarten (4 days required)	\$200

_____ I acknowledge that my child must have a current immunization record on file and cannot be admitted without this form.

_____ I hereby authorize Brooks UMC Preschool Program to have my child transported to the listed physician or facility or any licensed physician or medical treatment center to treat my child in case of an emergency. I understand that in case of emergency requiring a trip to the emergency room, my child will be transported to Piedmont Fayette Hospital.

_____ I represent that I am the legal guardian of the child enrolled and acknowledge that it is my responsibility to keep all information and authorizations pertaining to my child up to date.

PARENT/GUARDIAN SIGNATURE

DATE

For office use only:

Registration Paid: _____ Tuition Paid: _____ Special Events Fee Paid: _____ Enrollment Date: _____