

giving the Spirit room to
New Covenant
United Methodist Church
• **Preschool** •

*** For Office Use Only ***

Date Received: _____ Class: _____

2011 - 2012 Preschool Registration Packet

Dear Prospective Preschool Parent,

Thank you so much for your interest in New Covenant United Methodist Church Preschool! We are blessed that you are interested in allowing us the opportunity to care for, teach and share Jesus with your child(ren). Please take a few minutes to review and complete this registration packet.

We recognize that preschool registration comes early in year, sometimes before plans are finalized. In order to allow us to offer all our participants the best experience possible, **all deposits are nonrefundable regardless of vacation plans, illness, school choice, etc.** If you are placed on a wait-list, we will hold your check until a spot becomes available; if no space is available by the start of school or if your plans change before a spot becomes available, your check will be returned to you.

Should you have any questions, please don't hesitate to contact us at preschooldirector@newcovenantumc.org or call 704.827.4468. Preschool tours will be given by appointment.

How To Register

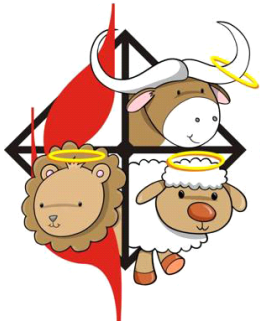
Return required material to the church office or mail them to: **New Covenant UMC, Attn: Preschool, 14514 Lucia-Riverbend Hwy., Mount Holly, NC 28120.** Space is available on a first-come, first-serve basis. Parents will be contacted via email, within 2 weeks of turning in the form/fee, whether or not a spot is available for their child. *Parents - if you have not contacted us via email before, please check your "SPAM" folder for this confirmation email; please also add "preschooldirector@newcovenantumc.org" to your "Safe Sender List" with your email provider.*

Registration Submission Checklist Please provide the following—registration is not complete until all is received.

- **Completed Registration Form** (One per child—**please return pages 3-5.**)
- **Non-refundable Registration Fee** (First child enrolled from a family - \$75.00, additional children \$50.00.)

Important Notes

- We follow the North Carolina guidelines for appropriate Kindergarten placement. The cut-off date for our 2, 3 and 4 year old programs is **August 31, 2011**. Children enrolled in our toddlers program (ages 18 - 23 months) must have a birth date **between 09/01/09 and 02/28/10**. **Children will remain in their same class for the entire school year.**
- Classes for the 2011-2012 school year will begin on **Tuesday, September 6, 2011** and end Thursday, May 24, 2012.
- **Class times are from 8:30am—12:00pm.**
- When completing this registration form, please be sure to include your **email address (required)** in the space listed, as we will use this as our main mode of communication for reminders and our classroom newsletters.
- **The first month's tuition is due Thursday, September 8th, 2011 (first week of school).** **A \$25 fee will be assessed for any payments more than one week late and any returned checks. Starting in October, each month's tuition payment is due by the 1st of each month.** Payments can be made by cash, check or money orders.
- A preschool parent packet containing critical information such as orientation date, drop-off and pick-up times, policies and procedures and other helpful information will be **emailed** to each registered preschool family along with a safe foods list (in handbook) and open house letter by **mid-August**. We are an "allergy conscious" facility (snacks and other foods must to be peanut/tree nut free).



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2011 - 2012 TUITION AND REGISTRATION FEES

Registration Information

- The annual registration fee covers student and classroom supplies, insurance needs, etc.
- Fee: First child enrolled from a family - \$75.00, additional children \$50.00
- Registration Fee must be paid at the time of registration. Space will be reserved for your child when we have received the completed application form and registration fee.
- **Registration Fees are NONREFUNDABLE.** (Please see letter for more details.)

Tuition Refunds and Cancellation Policy

- We ask that a parent give 30 days written and paid notice before canceling a child's spot.
- Should you cancel your child's spot after the first day of classes, the first month's tuition cannot be refunded. (Please be aware that often times, children who are on our wait list have found another preschool. Thus, a vacancy often means that a spot will remain open and tuition goals not met.)

Monthly Preschool Tuition (September 2011 – May 2012)

Hours are from 8:30 am—12:00 pm.

DAYS PER WEEK	MONTHLY TUITION
Toddlers (18 - 23 Months, D.O.B. between 09/01/09 and 02/28/10)	
3 (T, W, TH)	\$169.00
2 Year Olds	
3 (T, W, TH)	\$169.00
3 Year Olds	
3 (T, W, TH)	\$145.00
4/5 Year Olds	
3 (T, W, TH)	\$145.00

Sibling Discount — \$15 less/month (each additional sibling enrolled)
Reminder - We follow the North Carolina guidelines for appropriate Kindergarten placement. The cut-off date for our 2, 3, and 4 year old programs is August 31, 2011.

2011 - 2012 New Covenant UMC Preschool Student Application

Please complete ONE form per child.

Child's Full Name _____
Preferred Name _____
Child's Date of Birth _____
Address _____
Home Phone _____
Email (REQUIRED) _____

Does your family attend church? If so, where? _____
Father's Name _____
Mobile Number _____ Work Number _____
Mother's Name _____
Mobile Number _____ Work Number _____

If child is not living in home of parents, **name of guardian:** _____
Home Number _____ Work Number _____
Mobile Number _____

Are there special health conditions we should know about, such as allergies, or activities that should be avoided?

Are all inoculations up to date?* _____ * If not, a religious exemption form or note from your child's doctor is required.

In case of emergency and parents can't be reached please call the following:
Name & phone number: _____
Name & phone number: _____

Required Security: You must provide us with a "Code Word". This code word will be confidential and must be used by anyone authorized to pick up your child. * Code words are made up by you and provided by you alone.

Code Word: _____
The following people are permitted to sign in/out this child (parents/guardians listed are assumed) _____

How did you hear about the preschool? _____

Would you like your family's information shared in our school directory (name, email and phone # only)? Circle: Yes No

2011-2012 New Covenant UMC Preschool Class Registration Form

Child's Name _____

Child's D.O.B. _____

Parent/Guardian Name _____

Home Phone _____

Age Group (Based on age as of August 31, 2011):

Please circle:

18 - 23 months

2 years old

3 years old

4/5 years old

Optional: I would be interested in a 4 day option if one was available. (Toddlers, 2s, 3s, 4s)

Yes

No

Optional: I would be interested in enrolling my infant (ages 3 - 17 months), if a class was available.

1 Day

2 Day

Name(s) and Age(s) of Siblings who will also be enrolled this year:

Parent's Signature _____

Spots are available on a first-come, first-serve basis. If space is available, a spot will be reserved for your child ONLY when this form and registration fee are both received. Parents will be contacted via email, within 2 weeks of turning in a form/fee, whether or not a spot is available for their child. Fee Reminder: please make checks payable to "New Covenant UMC Preschool." Thank you.

2011 - 2012 NCUMC Preschool Participant Waiver

I understand that New Covenant United Methodist Church assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports programs, childcare programs, the use of any equipment or other activities. I expressly acknowledge that I assume the risk for any and all injuries and illnesses, which may result from his/her participation in this program. I acknowledge that my child has been medically cleared to participate in vigorous physical activities. I agree to hold harmless the church, its staff and volunteers for accidents or injuries arising out of his/her participation in the activity. I understand that no accident or medical insurance is provided for such occurrences.

While New Covenant United Methodist Church will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the church cannot accept children that are (1) of a danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to learn from and enjoy the programs. Any of the above reasons can be grounds for dismissal. A parent/guardian will discuss with the Director any special conditions or circumstances involving their child.

By signing this form, I also acknowledge that my child's inoculations (immunizations) are up to date and can be provided in the event that they should be needed (post dated prior to the start of your child's attending school). If inoculations are not current, a religious exemption form or note from my child's doctor is provided with this form.

I give permission to New Covenant United Methodist Church, without limitation or obligation to use photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting the children's programs.

I HAVE READ AND AGREE TO ALL THE POLICIES SET FORTH IN THE WAIVER BY NEW COVENANT UNITED METHODIST CHURCH.

Parent/Guardian (Print Name): _____ Date: _____

Parent/Guardian (Signature): _____ Date: _____

2011 - 2012 NCUMC Preschool Wellness Guidelines

For the safety and well being of all children and staff, the following health and wellness policies will be strictly enforced. Children should not participate in our programs if one or more of the following conditions exist:

1. The illness prevents the child from participating comfortably in childcare activities.
2. The illness results in a greater need than the our staff can provide without compromising the health and safety of the other children.
3. The child has any of the following conditions:
 - a. A fever higher than 100 degrees. Child must be fever free for at least 24 hours without fever reducing medication before they can return to childcare programs.
 - b. Continuous and/or Colored Nasal Drainage. Continuous Nasal Drainage is classified as having to wipe a child's nose more than three times during their childcare visit. A current note from a physician can be provided if drainage is caused by an allergy.
 - c. Diarrhea. Child cannot have more than two loose stools in a 24 hour period.
 - d. Vomiting within a 24 hour period.
 - e. Communicable diseases

If children exhibit any of these symptoms during their stay, the parent/guardian will be asked to pick their child up promptly. Children may return to childcare programs after 24 hours if they are symptom free or if a written note from a child's physician is provided to us.

Parent/Guardian (Print Name): _____ Date: _____

Parent/Guardian (Signature): _____ Date: _____