

**2017-2018 School Year  
Rock Springs United Methodist Church  
Preschool Registration Form**

**Three Year Old Application  
(3 yrs. by 9/1/17)**

Child's name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Home phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Your child MUST be 3 years old by September 1, 2017 to be eligible for registration**

**Enrollment Options**

\_\_\_\_ **3 days per week: Monthly tuition \$155.00 (Tues-Thurs)**

\_\_\_\_ **4 days per week: Monthly tuition \$185.00 (Mon – Thurs)**

**Choice of days to attend:** Circle **Mon. Tues. Wed. Thurs.**

**Note: Choice of which days may be available for 2 days or 3 days will depend on class enrollment.  
Every effort will be made to accommodate your first choice**

\_\_\_\_ **Non-Refundable Registration Fee - \$150.00 (due at registration)** Amt. pd: \_\_\_\_\_

Ck. #: \_\_\_\_\_

**Car Pool #:** \_\_\_\_\_

Has your child ever attended a day care or preschool before: No / Yes

If yes, where? \_\_\_\_\_

Church affiliation: \_\_\_\_\_

**Family Information**

Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work: \_\_\_\_\_

Current marital status: (Circle one) Married Separated Divorced Widowed Single

If divorced, please describe custody and visitation agreement for your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and ages of any brothers or sisters: \_\_\_\_\_  
\_\_\_\_\_

**Name of persons picking up your child from school excluding parents:**

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Child's Information**

*Please help us plan for your child's needs by taking the time to fill out the questions below.*

Does your child have any physical handicaps, speech problems, developmental delays, or emotional problems? No / Yes

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has your child ever received services for *(please circle all that apply)*

Speech   Behavior disorder   Learning disability   Attention deficit disorder   Hyperactivity  
Developmental delays   Sensory integration   Other: \_\_\_\_\_

***We strive to meet the needs of each individual child, but if we feel we are not qualified to handle your child's disability, we reserve the right to return your registration fee.***

Is your child potty-trained: No / Yes   *(If your child wears pull-ups we request velcro sides)*

Does your child have any special words they use for "going potty"? \_\_\_\_\_

What methods of discipline have you found most effective? \_\_\_\_\_

Does your child have any unusual fears? \_\_\_\_\_

Is English the primary language spoken in your home? \_\_\_\_ If no, please list: \_\_\_\_\_

**Health Information**

Does your child have any allergies? No / Yes If yes please describe: \_\_\_\_\_

Does your child take any medications regularly? No / Yes If yes, please list: \_\_\_\_\_

**Emergency Treatment Information**

**Waiver of Liability**

Should my child become ill or injured during the time he/she is in the care of Rock Springs United Methodist Church Preschool, I understand the school's policy will be as follows:

1. The school shall attempt to contact parents.
2. In the event the school is unable to contact parents, the school shall attempt to contact the following person listed below.
3. Should this fail the school shall be authorized to secure such medical attention and care for my child as deemed necessary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name and phone numbers of persons to contact in care of emergency if parents cannot be reached.

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Rock Springs United Methodist Church Preschool  
Enrollment Agreement**

1. **I understand that the absence of my child from school for a part or all of any months does not reduce the tuition, nor does it change the method of payment as outlined in handbook. Tuition is based on a yearly amount and cannot be reduced for partial payment for vacations or sickness. Staff is hired based on enrollment and will be paid if you are absent therefore payment is expected. Please initial: \_\_\_\_\_**
2. My tuition payment is due by the 10<sup>th</sup> of each month. I understand a \$10.00 late payment fee will be charged to my account if payment is not received on or before the 10<sup>th</sup> of each month. If payments are more than 60 days delinquent, your child may be suspended from program until payment is made.
3. I give permission for my child to be involved in the activities of the Rock Springs United Methodist Church Preschool. I understand that my signature grants permission to participate in the events of the program. I will be informed of any special events in advance.
4. I am aware that Rock Springs UMC Preschool closely follows the same schedule as the Gwinnett County Schools holidays. Snow days or any other circumstance beyond the control of RSUMC Preschool that may result in the school closings does not reduce the amount of tuition.
5. I am aware that returned checks will be subject to the fee imposed by our bank.
6. If for any reason I have to withdraw my child from the program, I understand a 30 day written notice is required. Failure to give a 30 day notice will result in being responsible for paying the next month's tuition.
7. I understand that every consideration is given to each child. I agree that Rock Springs UMC Preschool reserves the right to dismiss a child for reasons regarding behavior, emotional disturbances, and/or health should it become necessary. I am aware that dismissal would come only as a last resort.

Child's Name: \_\_\_\_\_

**I HAVE READ AND UNDERSTAND THE ABOVE STATED POLICIES AND THE PARENT HANDBOOK, AND I AGREE TO ABIDE BY THEIR TERMS.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date