

County Line United Methodist Church
Weekday Ministries



APPLICATION

Child's Name: _____ **Sex:** _____ **Birth date:** _____
(Underline name by which child is called) (mm/dd/yyyy)

Address: _____
Street City State Zip Code

Home Phone: _____ **Cell Phone:** _____

Calling Post Contact Number: _____

Email address: _____

Father's Name: _____ **Work Phone:** _____

Mother's Name: _____ **Work Phone:** _____

Church Affiliation: N ____ Y ____ **Which one?** _____

Current Marital Status: (circle one) Married Separated Divorced Widowed

Child lives with: (circle one) Both Parents Mother Father Other

Siblings (List in Order of Birth):

	Name	Age	Applying for MMO?
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

How did you hear about our program? _____

1183 County Line Road NW Acworth Georgia 30101
Phone: 770-428-0511, ext. 105 • Fax: 770-428-0468
Email: mmops@countylineumc.org

County Line United Methodist Church
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AGREEMENT FORM

_____ I understand that County Line UMC Weekday Ministries falls under the Georgia state "exempt status for Churches and preschools", we are not licensed. Therefore, we cannot legally operate more than four hours per day. Complete understanding and cooperation in this is required & fully expected.

_____ I understand that the registration fee and tuition are non-refundable and non-transferable. The registration fee covers the cost of a tote bag, craft supplies, baby wipes, tissues, etc. and will cover the entire school year.

_____ I understand that my child's registration is not complete until the below items are received:

- Complete Registration Package & Registration Fee/Curriculum (if applicable)
- Immunization Form (GA for 3231)** or State approve, notarized waiver

Immunization Form must be received within 30 days of registration date. **I understand that if this form is not received within the requested time, my child's spot may be forfeited.

_____ I understand that monthly tuition payment is due by the 15th of each month. A \$10.00 late fee will be charged for delinquency after the 20th. If the tuition and late fee are not paid within 14 days of notification, my child may be removed from the Weekday Ministries. Tuition is due for the current month. There are 10 payments, August – May.

_____ I understand that there will be a \$25.00 charge for returned checks. After two returned checks I will pay by either cash, money order, or certified bank check.

_____ I understand that NO credit will be given for absences – from illness, vacations or weather-related closings. We follow the Cobb County School Calendar for all our scheduled holidays.

_____ If a child needs to be withdrawn from the CLUMC Weekday Ministries program, two weeks written notice is required. If more notice is possible, it would be greatly appreciated. **If notice is given within 2 weeks of tuition due date, tuition for the month is still due in full. We do not pro-rate tuition.**

_____ I will inform CLUMC Weekday Ministries of any changes to information in my child's file. Medical and emergency information will be kept up to date. **Immunization forms will be kept current.** Expired forms will be replaced with current forms at programs request and within 30 days of expiration date. (failure to provide current immunization form will result in suspension from program until such form is provided)

_____ I will review the CLUMC Weekday Ministries policies found on the County Line United Methodist Church website at www.countylineumc.org/school/policies.htm and will abide by them.

_____ I give permission for my child's picture to be used on CLUMC church website (optional)

_____ I give permission for my child's picture to be used on the Shutterfly **secured** website (optional)

_____ I understand that CLUMC and or Weekday Ministries Staff cannot be held responsible for accident or injury that may occur on the property of the church campus.

_____ I agree to provide any updated information as needed for this form as changes occur.

I HAVE READ AND AGREE TO THE ABOVE. I REQUEST MY CHILD ATTEND COUNTY LINE UNITED METHODIST CHURCH MOTHER'S MORNING OUT AND/OR PRESCHOOL PROGRAM.

Parent's Signature

Date

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MMO CLASS OPTIONS

OPTIONS

1. **Please select the class and day option for MMO.** NOTE: Class placement is based upon the child's age & developmental ability. Class lists will be posted one week prior to opening day. *Children ages 3 - 23 months may come a maximum of 2 days per week.*

_____Nursery/Toddler 6-17 Months T/Th only
_____Young 2's 18-24 Months T/Th only

Older 2's

Must be 2 ½ by Sept 1st

_____/Tue/Wed/Thur

3 Year Old

Must be 3 by Sept 1st

_____/Tue/Wed/Thur

PRESCHOOL CLASS OPTIONS

3 Year Old

Must be 3 by Sept 1st

_____Mon/Tue/Wed/Thur

4 Year Old

Must be 4 by Sept 1st

_____Mon/Tue/Wed/Thur

5 Year Old

Must be 5 by Dec 31st.

_____Mon/Tue/Wed/Thur



2020 – 2021

MOTHER'S MORNING OUT

SCHOOL YEAR PRICING

Program Hours 9:00 – 1:00

M/T/WED/TH

	<u>REGISTRATION</u>	<u>TUITION (10 PMTS)</u>
2 DAYS	\$165.00	\$160.00
3 DAYS	\$190.00	\$180.00

We offer the following classes for MMO:

Nursery/Toddler	6-17 Months
Young 2's	18-24 Months
Older 2's	Turning 2 ½ by Sept 1st.
3's	Turning 3 by September 1st.

2020 – 2021

PRESCHOOL

SCHOOL YEAR PRICING

Program Hours 9:00 – 1:00

	<u>REGISTRATION</u>	<u>TUITION</u>
Threes M/T/W/TH	\$225.00	\$210.00
Fours M/T/W/TH	\$225.00	\$210.00
Fives M/T/W/TH	\$225.00 Registration \$70.00 Curriculum	\$210.00
Total Amount	\$295.00	

Registration fees & curriculum fee (if applicable) must accompany the application. The fees are non-refundable and non-transferrable.

There are 10 tuition payments, beginning August and running through May. Tuition is due on the 15th of each month.



DEVELOPMENTAL INFORMATION

County Line Weekday Ministries strives to address all the needs of our students. If your child has received, or is currently receiving any sort of services such as; occupational, speech, behavioral, or physical therapies, please list any and all.

We love any input from these professionals and are happy to make accommodations as necessary. It is essential to better understand your child's needs, so we can keep them moving forward with their academic and social development.

1. List other schools your child has attended. (Include dates and length of time)

Sunday School _____

Preschool _____

Day Care _____

2. Have there been any births, deaths, adoptions or other changes in the family structure that has affected your child? If so, please give us any information that might help us understand and to be helpful to your child's dealing with the situation.

3. Child's General Development

- | | | |
|---|--|--|
| <input type="checkbox"/> right-handed | <input type="checkbox"/> left-handed | <input type="checkbox"/> well-coordinated |
| <input type="checkbox"/> awkward or clumsy | <input type="checkbox"/> good hand control | <input type="checkbox"/> easily excitable |
| <input type="checkbox"/> try-anything once behavior | <input type="checkbox"/> unusual fears | <input type="checkbox"/> communicates well |
| <input type="checkbox"/> happy | <input type="checkbox"/> shy | <input type="checkbox"/> bossy or aggressive |
| <input type="checkbox"/> hesitant in new situations | <input type="checkbox"/> unusually active | <input type="checkbox"/> impulsive |

If necessary, please explain any of the above (use back of paper if needed):

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4. Does your child have any speech difficulties? No Yes
If yes, what therapy has been given and has there been progress?

5. Does your child have any hearing impairment? No Yes
If yes, please explain the problem and what treatment has or is being given?

6. Does your child have any physical impairment? No Yes
If yes, please give any information we need to know?

7. Does your child have any dietary restrictions? No Yes
If yes, please list the restrictions below and any food allergies?

8. What hopes and expectations do you have for your child through our school?

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MEDICAL INFORMATION

Child's Name: _____

Physician Information:

Name: _____ Phone: _____

Address: _____

Please list any allergies that you child has:

Medications currently taking: _____

Has your child had a serious illness, surgery, or hospital stay? If so, please give brief explanation of event and any long-term results from it, if necessary. (If you need more room, please use back of form)

Does your child have any chronic illness? _____

Does this illness require special care? _____

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PICK-UP, EMERGENCY CONTACT INFORMATION

Person(s) responsible for dropping off/ picking up child other than parents, as well as people other than parents to be called in the event of accident/ illness, who can assume responsibility for child, in the event that parents cannot be reached. Please let them know that we will verify identification.

<u>NAME</u>	<u>PHONE NUMBER</u>	<u>RELATIONSHIP</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Emergency Treatment Release:

In the event of illness or accident that requires immediate medical treatment at a time when a parent cannot be located, I give permission for the County Line UMC Weekday Ministries Director or Staff member to provide such emergency treatment to the best of their knowledge and ability. I will not hold County Line UMC Weekday Ministries Director or their Staff, nor medical personnel responsible. This is done with the understanding that every attempt will have been made to contact a parent, the child's physician and other persons listed for emergency contact.

Date: _____

Parent's Name: _____

Parent's Signature: _____