

Child's Name: _____

County Line United Methodist Church

Weekday Ministries

REGISTRATION APPLICATION

CHILD'S NAME: _____ **DOB:** _____
M / F

ADDRESS: _____

HOME PHONE: _____ **CELL:** _____

EMAIL: _____

FATHER'S NAME: _____ **CELL:** _____

MOTHER'S NAME: _____ **CELL:** _____

CHURCH AFFILIATION? Y / I **IF SO, WHICH?** _____

CURRENT MARITAL STATUS MARRIED DIVORCED WIDOWED SINGLE

CHILD LIVES WITH BOTH PARENTS MOTHER FATHER OTHER _____

SIBLINGS

NAME	AGE	APPLYING FOR WEEKDAY?
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

How did you hear about our program?

Child's Name: _____

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AGREEMENT FORM

_____ I understand that County Line UMC ("CLUMC") 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_____ If a child needs to be withdrawn from the CLUMC Weekday Ministries program, two weeks written notice is required.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 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

Child's Name: _____

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2021 – 2022 CLASS OPTIONS & PRICING

PROGRAM HOURS ARE 9:00 AM – 1:00 PM

Class placement is based upon child's age and developmental ability, and assignments will be mailed at least one week prior to start of school year. **Children ages 6-23 months may come a maximum of two (2) days per week.**

MOTHER'S MORNING OUT				
CLASS <i>(check class selection)</i>	DAYS	AGE REQUIREMENTS	REG FEE	TUITION <i>(10 payments)</i>
Nursery / Toddler <input type="checkbox"/>	2 Days <i>Tu / Th</i>	6-17 months old	\$165.00	\$175.00
Young 2s <input type="checkbox"/>	2 Days <i>Tu / Th</i>	18-24 months old	\$165.00	\$175.00
Older 2s <input type="checkbox"/>	3 Days <i>Tu / W / Th</i>	Turning 2½ by Sept 1 st	\$190.00	\$195.00

PRESCHOOL				
CLASS <i>(check class selection)</i>	DAYS	AGE REQUIREMENTS	REG FEE	TUITION <i>(10 payments)</i>
Threes <input type="checkbox"/>	4 Days <i>M / Tu / W / Th</i>	Turning 3 by Sept 1 st	\$225.00	\$225.00
Fours <input type="checkbox"/>		Turning 4 by Sept 1 st	\$225.00	\$225.00
Early Fives <input type="checkbox"/>		Turning 5 by Dec 31 st	\$225.00 <i>(reg fee)</i> \$70.00 <i>(curriculum fee)</i> \$295.00 <i>(total)</i>	\$225.00

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CHILD'S DEVELOPMENTAL INFORMATION

CLUMC Weekday Ministries strives to address the needs of its students.

Please list any other school-type settings your child has attended. This may include Sunday school, daycare, or other preschool formats.

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 pertinent information that may be helpful in your child's dealing with the situation.

What are your hopes and expectations for your child through our program?

CHILD'S GENERAL DEVELOPMENT

<input type="checkbox"/>	Awkward or clumsy	<input type="checkbox"/>	Unusually active / impulsive
<input type="checkbox"/>	Generally happy	<input type="checkbox"/>	Well-coordinated
<input type="checkbox"/>	Hesitant in new situations	<input type="checkbox"/>	Easily excitable
<input type="checkbox"/>	Unusual fears	<input type="checkbox"/>	Communicates well*
<input type="checkbox"/>	Unusually shy	<input type="checkbox"/>	Aggressive / Physical

**developmentally age appropriate via verbal or non-verbal communication*

If necessary, please explain any of the above so we may better understand your child's needs.

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CHILD'S DEVELOPMENTAL INFORMATION

(continued)

We welcome and appreciate any input from your child's therapists and/or medical professionals involved in his/her development, and we are happy to make necessary accommodations. We encourage you to reach out to your child's teacher with this information so we may better assist in your child's academic and social development.

Does your child have any speech difficulties? Y / N

If yes, has any therapy been given? What is the progress your child has made?

Does your child have any gross motor difficulties? Y / N

If yes, has any therapy been given? What is the progress your child has made?

Does your child have any hearing impairment? Y / N

If yes, please explain the problem and what treatment has or is being given.

Does your child have any physical impairment? Y / N

If yes, please give any information we may need to know.

Does your child have any feeding difficulties? Y / N

If yes, has any therapy been given? Is there anything we should know?

Does your child have any behavioral challenges? Y / N

If yes, has any therapy been given? Which kind? Is there anything we should know?

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MEDICAL INFORMATION

Child's Full Name: _____

PHYSICIAN INFORMATION

Name & Practice: _____

Phone: _____

Address: _____

Please list any allergies your child has.

(Serious food or other allergies will require an allergy action plan to be completed. Please contact the office for this form.)

Please list medications your child is currently taking.

Has your child had a serious illness, surgery, or hospital stay? If so, please give a brief explanation of the event(s) and any long-term results from it. Feel free to use additional paper if needed.

Does your child have any chronic illness? Y / N

Does this illness require special care? Y / N

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PICK-UP AND EMERGENCY CONTACT INFORMATION

Person(s) responsible for dropping off and picking up child other than parents, as well as any people other than the parents to be called in the event of accident / illness / emergency, who can assume responsibility for the child in the event parents cannot be reached. We require government identification from them and will verify they are on the list below.

NAME	PHONE NUMBER	RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Is anyone not allowed to pick up your child?

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:
