

MT. CARMEL PRESCHOOL & MOTHER'S MORNING OUT
5100 S. OLD PEACHTREE ROAD
NORCROSS, GA 30092
P.O. BOX 922997, NORCROSS, GA 30010
(770) 449-4498
mtcarmelpres@comcast.net

FALL 2026 TUITION BREAKDOWN

** There is a non-refundable registration fee of \$125 per child.

There is a one-time \$125 supply/activity fee per child to be paid by first day of school.

Toddlers

- Must be 12+ months by September 1st
- **Tues/Thurs** \$265 per month
- **Mon/Wed/Fri** \$390 per month
- 9:30am – 1:30pm
- 6:2 student/teacher ratio

Two's

- Must be 2 by September 1st
- **Tues/Thurs** \$245 per month
- **M/W/F** \$325 per month
- **Tues-Fri** \$395 per month
- **Mon-Fri** \$450 per month
- 9:30am – 1:30pm
- 8:2 student/teacher ratio

Three's

- Must be 3 by September 1st
- 9:30am – 1:30pm
- **Tues-Fri:** \$345 per month
- **Mon-Fri:** \$390 per month
- 10:2 student/teacher ratio

Four's

- Must be 4 by September 1st
- \$390 per month
- **Mon-Fri** 9:30am – 1:30pm
- 12:2 student/teacher ratio

* For everyone's convenience, tuition for the year is divided into 9 equal parts so that tuition stays the same despite "short" and "long" months

ENROLLMENT AGREEMENT

YEAR 2026-2027

CLASS: _____

Days Of the Week: _____

Full Name of Child _____

Child's Preferred Name _____ Birthdate _____ Gender _____

Mailing Address _____ City _____ Zip _____

Parent 1

Parent 2

Name: _____

Cell #: _____

Email Address: _____

In case of emergency, where parents cannot be reached, contact:

Name: _____ Cell #: _____

Name: _____ Cell #: _____

Child's Doctor: _____ Phone #: _____

Acceptance of this enrollment form and the non-refundable registration fee of \$125 assures your child / children a place in our program. In return, we expect that you will honor your enrollment for the term. We also require children to be immunized and ask that you provide your child's immunization record by the start of school in August.

I have read and understand the enrollment terms and agree to abide by these policies. I agree to honor this enrollment agreement and, in case I do need to remove my child from the program, I will give a two month notice or pay for that time. We are also an exempt church school facility and are not licensed, or required to be licensed, by the State of Georgia and we do not carry liability insurance.

Signed: _____ Date: _____
(Parent or Legal Guardian)

Print: _____ Cell #: _____

OFFICE USE ONLY

Paid Cash _____ Check# _____

Amount of Registration Fee: \$ _____ Monthly Fee: _____

Tuition and Fee Payment Schedule

All Registration and Tuition Fees are Non-Refundable

Registration Fee	Upon Enrollment
Tuition Payment 1	May 1, 2026
Supply/Activity Fee	First day of school
Tuition Payment 2	September 1, 2026
Tuition Payment 3	October 1, 2026
Tuition Payment 4	November 1, 2026
Tuition Payment 5	December 1, 2026
Tuition Payment 6	January 1, 2027
Tuition Payment 7	February 1, 2027
Tuition Payment 8	March 1, 2027
Tuition Payment 9	April 1, 2027

In applying for enrollment to Mt. Carmel UMC Preschool, I have read and understand the above tuition payment schedule. I understand that all registration fees, tuition payments, and supply fees are NON-Refundable and cannot be transferred to another student.

** There is a \$25 late fee for all tuition not paid by the 5th of the month.

Parent's Signature _____

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TREATMENT AUTHORIZATION

I am concerned that there be no delay in obtaining medical and/or hospital care and treatment for my child, _____, in the event that I am unavailable. I understand that, under Georgia law, a person standing in "Loco Parentis" may consent to such care and treatment. I declare that the Director or any Mt. Carmel Preschool staff person stands and acts in place of me for my child in my absence, and there should be no question about their ability to consent to medical treatment for my child.

Date	Signature
	Print
	Relationship to Child

Child's Name: _____

Parent/Guardian Name: _____

MEDICAL INFORMATION

Health Insurance Company:	_____
Group Number:	_____
Policy Number:	_____
Allergies, if any (food/airborne/other) <i>(please circle type)</i>	_____
Medicines taken regularly, if any:	_____
Other health problems/conditions, if any:	_____
Physician's Name:	_____
Physician's Address:	_____

**PICTURE/PERSONAL RELEASE
TO
MT. CARMEL PRESCHOOL**

_____ No pictures of my child may be taken

OR

I hereby grant permission for you to photograph, videotape, and/or record my child's voice and sounds and to use any or all such photographs, recordings, and reproductions thereof in and/or as a part of any motion picture, video production, broadcast, published products, related advertising, displays, or in exhibition uses. **** We will not tag anyone when using these pictures on Facebook or use their name.**

I hereby grant and assign to Mt. Carmel Preschool all non-exclusive rights of every type and nature and the unlimited distribution and other utilization of the pictures, images, tapes, or products by any method or in any manner and in any and all media, including theatrical, non-theatrical, radio, videocassette, television, electronic usage, and printed products, and to advertise and publicize said products, in perpetuity, throughout the world.

I hereby waive any right that I may have to inspect or approve the finished product and the advertising or other copy that may be used in connection herein. The parties to this contract expressly agree that the laws of Georgia shall govern the validity, construction, interpretation, and effect of this contract.

Name of Participant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

PARENT'S OR GUARDIAN'S CONSENT (If participant is under 18 years of age)

I am the parent or guardian of _____, the above-named.

I hereby approve and consent to the use of his/her video image, according to the terms mentioned above. I affirm that I have the legal right to issue such consent.

Date: _____

Signature: _____

Print: _____

FAMILY INFORMATION

You can help us plan for your child's needs, understand his concerns and responses, and support and encourage him by providing the following information. The information will remain confidential and we hope you will update it when needed.

Child's Name: _____

Parent 1: _____ Parent 2: _____

Marital Status of Parents:

____ Married, living together ____ Separated ____ Divorced

If divorced, please describe custody and visitation agreement for the child (provide copies of legal documents if possible).

Others in your household:

Sisters/Brothers, names and ages

Other adults

Names

Relationship to child

Does your child have a pet? (Type and name) _____

FAMILY INFORMATION (continued)

Have there been births, deaths, adoptions, or other changes in the family structure that affected your child? If so, describe briefly what happened and the effect on your child.

Do you have any speech or behavioral concerns? If so, please describe:

Does your child have the opportunity to play with other children? Y / N

What methods of discipline have you found most effective for your child?

What fears does your child have and how are they expressed?

How much sleep does your child require daily? _____ Hours

Does your child nap regularly? Y / N Usual bedtime: _____

Communicable diseases your child has had:

(If yes, date or age)

Chicken Pox	<input type="checkbox"/> Y / <input type="checkbox"/> N	
Fifth Disease	<input type="checkbox"/> Y / <input type="checkbox"/> N	

FAMILY INFORMATION (continued)

Does your child have any abnormality of:

(If yes, please describe)

Skin	<input type="checkbox"/> Y / <input type="checkbox"/> N	
Glands	<input type="checkbox"/> Y / <input type="checkbox"/> N	
Extremities	<input type="checkbox"/> Y / <input type="checkbox"/> N	
Nervous System	<input type="checkbox"/> Y / <input type="checkbox"/> N	
Other	<input type="checkbox"/> Y / <input type="checkbox"/> N	

Does your child have any dietary restrictions? If so, please describe:

Please give any additional information that you think might be important for us to have **and please attach a copy of their most recent immunization record.**
