

# GCUMC Preschool

## Registration Instructions

### 2025-2026 School Year

*Please review everything in this registration packet before submitting your registration form. You will be held responsible for acknowledging you have read and understood all information presented in this packet.*

1. **For Returning Students:** to secure a space in our program for the following year, you will need to submit a completed registration form and the accompanying registration fee. Each child registering must have a separate completed form. To complete a form, you may choose one of two options: Complete a printed form or complete an online form. To complete the online form, you must ask the director to send you the related link.
2. **Registration fee:** Also due at the time of submitting your registration form is the registration fee of \$85 (\$45 for siblings). Checks can be made out to "GCUMC Preschool" and cash is also accepted. An online payment will also be accepted. (See below for details.)
3. Once you have submitted a completed form, you will receive an email confirming your child's enrollment. Class spaces are filled on a first-come, first-served basis. If your child is placed on a waiting list, your registration fee will be returned to you until a space becomes available. **The registration fee is non-refundable once your child is placed in a class.**
4. **If applying online,** you will receive a billing statement for the registration fee once you submit your enrollment form. You can pay this fee online, OR you can pay with a check or with cash (in person). Payment must be received within 24 hours of receiving a billing statement from Brightwheel and failure to do so could result in losing a space for your child in our program. **Please do NOT make a payment online until you have received the billing invoice for the registration fee. It is STRONGLY SUGGESTED that you complete the online form using a computer, versus using your phone.**
5. **If submitting a printed form,** the registration fee should accompany the form at the same time and be paid by cash or check. If you wish to pay online, once you receive the billing statement, you will have 24 hours to submit the registration fee. Failure to do so could result in losing a space for your child in our program.
6. For **New Students**, registration will be open beginning of February, 2025. The Registration Fees are as follows for new students: \$100/student; \$60/siblings. Follow instructions above to register. If you wish to register online, you must contact the director for the link to the online registration form.

**\*\*For EVERYONE: Please read the complete Financial Policy page on the next pages before turning in the registration form.**

**\*\*\***For questions, please contact Shelby Hallquist at preschool@guilfordcollegeumc.org or 336-294-6730. Registration remains open until classes are filled.

School Operating Hours are from 8:30am-12:30pm, M-F, September—May. Extended Care options are available for children registered in the 3 or 4 year old classes. Please refer to the Financial Policy pages for all information and details on the Extended Care Program.

### **GCUMC Preschool Expectations by Age Group:**

- Younger twos must be walking, be able to feed themselves, sit in a chair independently, remain sitting at mealtimes and recognize adults as authority figures.
- Older twos must be able to feed themselves, sit in a chair independently, remain sitting at mealtimes, begin sitting during a group circle time and recognize adults as authority figures. Potty-training typically begins during this age group and continues throughout the year.
- Three year olds must be completely potty-trained, be able to wash hands with soap independently, stand and walk in a line, remain sitting at circle time, and keep manipulatives in contained areas/centers. They must recognize adults as authority figures and follow directions.
- Four year olds must be completely potty-trained, be able to wash hands with soap independently, stand and walk in a line, remain sitting at circle time while participating in circle time, and keep manipulatives in contained areas/centers. They must recognize adults as authority figures and follow directions.



# **GCUMC PRESCHOOL FINANCIAL POLICIES/**

## **PARENT RESPONSIBILITY**

### **Registration Fee**

Upon registering for enrollment, a non-refundable registration fee is due. Registration Fees are as follows:

- Returning students and/or GCUMC Members: \$85.00/student (\$45.00 for additional siblings)
- First Time/New Student: \$100/student (\$60.00 for additional siblings)

The registration fee is not refundable once a child is placed within a class. The only exception to this policy is if GCUMC Preschool has to close a class due to low enrollment.

### **Tuition**

Tuition is based on a one year commitment and is divided equally into 9 payments, even during months in which there are holiday closures. Monthly tuition payments are due by the 1st of each month. Parents will be notified and reminded about monthly payments 3 days prior to the first of each month, beginning in August and ending in April through our Brightwheel app.

\*\*\*Please note that September's tuition is due on August 1, prior to school beginning in September. Failure to make this payment may result in losing a place in the program. Following this schedule, payment for tuition will be due one month in advance throughout the school year. April will be the last scheduled payment, as that will be the tuition for the month of May.

Options to make monthly payments include:

- **Online:** By using the Brightwheel app and utilizing a credit or debit card (a service fee of 2.7% will be applied to your payment)
- **By check:** Please make checks payable to "GCUMC Preschool" and note the month the tuition payment is for and the child's name at the bottom of the check.
- **Cash:** A written receipt will be given for all cash payments. The exact amount should be submitted as petty cash is not kept in the office to give change.

### **MONTHLY TUITION SCHEDULE**

**2 days per week: \$245 monthly tuition**

**3 days per week: \$295 monthly tuition**

**5 days per week: \$395 monthly tuition**

### **Late Fees**

- For any tuition payment received after the 15<sup>th</sup> of the month, a \$15.00 fee will be added to that month's tuition.
- If tuition is not paid by the end of the month, your child's attendance could be temporarily suspended until payments are rendered current.
- If at any time you anticipate a problem with timely payments, please speak to the director.
- Tuition is a yearly commitment; during a prolonged absence, tuition is to be paid as scheduled or your child's place in our program will be available to be filled by another student. In addition, please refer to our Withdrawal policy in the event you would need to withdraw your child from our program.

### **Prolonged Absences/Traveling**

In the event of prolonged travel, tuition must be paid in order to reserve your child's place in our program, or your child's place will be open to be filled by another student. Your child would then be placed on a waiting list until a space becomes available again, should you want to re-enroll your child upon returning. **A 4-week (1 month) notice is still required to temporarily withdraw your child from the program, or regular monthly payment is still expected.**

If a child or class misses an extended period of time due to medical concerns or Board of Health requirements, our Weekday Preschool Board's policy is as follows: the preschool does not offer monthly refunds, but will utilize online and other communication tools to offer resources and to further each child's education. Extenuating personal circumstances may be discussed with the Director. In the event of a larger closure of the school for any extended period of time, our Board will meet to discuss how we can be financially fair and faithful to our commitments to our staff, our families, and our children.

### **Changing Number of Enrolled Days**

If a child is enrolled in 5 days/week or 3 days/week and there is a need to drop down to less days, a 4-week (1 month) notice is required. If a child is enrolled in 2 or 3 days/week and there is a desire to increase the number of days, a notice must be given to the Director at least 1 week in advance. This change can only happen if there is room in the classroom to increase days. If there is not room at the time of the request, the child will be put on a waiting list and will be notified as soon as a space becomes available.

### **Withdrawal Policy**

**Parents are required to notify the Director four weeks (one month) in advance of a withdrawal date. If this notice is not received, a full month's tuition is required for the following month. No exceptions.**

### **Extended Care Program**

#### **New for the 2025-2026 School Year:**

If enrollment allows, we will offer an "Extended Care Program" which meets daily from 12:30pm-2:30pm. This option is for children enrolled in the 3 year old or 4 year old classrooms only. Please note that if we do not have enough enrollment for this program, it will not be offered.

**COST:** An additional \$50.00 will be charged weekly to cover this program. On weeks in which we have a scheduled work day or holiday closure, the amount will be adjusted to reflect a \$10/day discount. Payment is due monthly and no part-time options are available (such as choosing 1-2 days per week.) Please check this option on the Registration Form if extended care hours are needed for your child. Families will be informed by August 1 if this option will be cancelled due to low enrollment.

The commitment for this program is considered yearly, just like the regular enrollment for the classes offered from 8:30am-12:30pm. If withdrawal is needed, a month's notice (4 weeks) is necessary to avoid being charged an extra month's tuition. Spaces are limited and available on a first-come, first-served basis.

**ACTIVITIES:** Children enrolled in this program will have extended play time, crafts, and activities. No snack will be served.



GCUMC Preschool  
 1205 Fleming Rd  
 Greensboro, NC 27410  
 336-294-6730  
 preschool@guilfordcollegeumc.org  
 Director: Shelby Hallquist

# GCUMC PRESCHOOL REGISTRATION FORM 2025-2026



<b>Office Use Only</b>	
Reg. fee pd:	_____
Check No:	_____
Cash:	_____
Date:	_____
Email:	_____
BW:	_____

## CHILD'S INFORMATION

<u>Child's FULL Name:</u>		<u>Date of Birth:</u>
<u>Name Child Prefers to be called:</u>	<u>Gender:</u> Male ____ Female ____	<u>Primary Language Spoken at Home:</u>
<u>Complete Home Address:</u>		
<u>Primary Phone Number:</u>		<u>Primary Family Email:</u>

## PARENT INFORMATION

<u>Father/Guardian's Name:</u>	<u>Father/Guardian's Place of Employment:</u>
<u>Father's/Guardian's Cell Phone:</u>	<u>Father/Guardian's Work Phone:</u>
<u>Mother/Guardian's Name:</u>	<u>Mother/Guardian's Place of Employment:</u>
<u>Mother/Guardian's Cell Phone:</u>	<u>Mother/Guardian's Work Phone:</u>
<u>Names and Ages of Siblings (or put N/A):</u>	
<u>Other adults living in the home (or put N/A):</u>	

## EMERGENCY CONTACT/AUTHORIZED PICK-UP INFORMATION

Parents will ALWAYS be the FIRST point of contact in any situation. The purpose of the emergency contact person: In case parents cannot be reached, we will attempt to reach the emergency contacts listed. Emergency Contacts also serve as authorized pick-up individuals for your child. Proper photo identification is mandatory for pick-up. **Please list at least 2 persons who are authorized to pick up your child, other than parents listed above.** Additional space is available for additional contacts.

<u>Name and Relation to Child:</u>	<u>Phone number:</u>
<u>Name and Relation to Child:</u>	<u>Phone number:</u>
<u>Name and Relation to Child:</u>	<u>Phone number:</u>
<u>Name and Relation to Child:</u>	<u>Phone number:</u>

## MEDICAL INFORMATION/ALLERGIES

**\*\*Each child must have a current Immunization Record and completed Medical Form (separate form) on file within the first week of school.**

Does your child have any **allergies**? Yes \_\_\_\_ No \_\_\_\_

(If yes, please list ALL allergies below.)

Allergic to: \_\_\_\_\_

Reaction: \_\_\_\_\_

Treatment for the allergic reaction: \_\_\_\_\_

**\*\*If medication is needed to treat an allergic reaction, please complete the separate *Medication Administration Authorization Form* given (by request) from the Director.**

Will your child need to take any medications during GCUMC Preschool hours? Yes \_\_\_\_ No \_\_\_\_

**\*\*If yes, please complete the separate *Medication Administration Authorization Form* given (by request) from the Director.**

**Special Dietary Concerns:** Please list your child's special dietary concerns and any information we may need to know to accommodate your child while he/she is in our care. You may put N/A if not applicable to your child:

\_\_\_\_\_  
\_\_\_\_\_

**List any other health care needs or concerns.** You may put N/A if not applicable to your child:

\_\_\_\_\_  
\_\_\_\_\_

## CONSENT FOR MEDICAL CARE IN EMERGENCY

In the event of sickness or medical emergency, I request that my child receive any medical attention or treatment deemed necessary. I give permission to any hospital, doctor, and/or health care provider to transport, treat and/or admit my child for care. In the event that I am not present at the time of the emergency or cannot be contacted, my child's care has been entrusted to the staff and designated ministry leadership of Guilford College UMC (GCUMC) and GCUMC Preschool. I also release from liability any and all agents of GCUMC, GCUMC Preschool, volunteers, and staff in case of an accident and/or injury.

Primary Doctor Name and Phone Number: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name Policy is Under: \_\_\_\_\_

Child's Name (Please print child's full name): \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



### MEDICAL FORM/IMMUNIZATION RECORD

By signing below, I am stating the following:

- I understand that I will need to complete a separate medical form (to be given by the Director) to turn in by August 31, 2025.
- I understand that I will need to provide a complete immunization record for my child by August 31, 2025.
- I understand that if my child needs to take any medications during the GCUMC Preschool hours, I must complete a Medication Administration Authorization Form.

Parent's Signature: \_\_\_\_\_

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

### MEDIA CONSENT/CLASS DIRECTORY CONSENT

I give permission for my child's picture or video to be used by GCUMC Preschool for the use of lawful purposes including advertising or publicizing events, activities, facilities, and programs of the GCUMC Preschool in newspapers, newsletters, website, Facebook, other publications, television, radio, other communications, and advertising media. In choosing this option, I understand that my child's picture/video may include other classmates and therefore shared with parents of other children in the class. **I understand that no personal information regarding my child will be shared publicly.**

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

- I give consent: Yes \_\_\_\_\_ No \_\_\_\_\_

I give my consent for pictures/videos to be shared with me, the parent/guardian. In choosing this option, I realize that my child's picture may be in a group of classmates and also shared with other parents. My child's picture will NOT be shared on social media or be used for any promotional communications. If I choose "no," I realize that GCUMC staff will not be sending any pictures of my child to me, and I am also stating that I do not want any pictures taken of my child at all.

- I give my consent ONLY for pictures to be taken and shared with me, the parent/guardian, and not posted on social media or used for any promotion materials, etc.: Yes \_\_\_\_\_ No \_\_\_\_\_
- I understand that in order to protect everyone's privacy online or otherwise, that I will not share a picture of my child (that has been shared with me from his/her teachers who is within a group or class picture) to my personal social media, unless I have the direct permission of the parents of the other children in the picture. (Please initial here:) \_\_\_\_\_

I give consent for my child's contact information to be shared with other parents of classmates in my child's room. I understand that my child's name, parent names, a contact email and phone number may be shared in a classroom directory. ***The class directory should be used for home use only and should NOT be reproduced or used for any reason other than getting in contact with other class parents.***

- I give consent: Yes \_\_\_\_\_ No \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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

## ADDITIONAL STUDENT INFORMATION

- ♦ Has your child been in an Early Childhood or Preschool Program before? Yes \_\_\_\_ No \_\_\_\_
- ♦ If yes, where? \_\_\_\_\_
- ♦ Reason for Leaving: \_\_\_\_\_
- ♦ What previous group experience has your child had (other than a previous Preschool Program)? \_\_\_\_\_  
\_\_\_\_\_
- ♦ What were your child's reactions to these group experiences? \_\_\_\_\_  
\_\_\_\_\_
- ♦ Does your child have any special needs? Yes \_\_\_\_ No \_\_\_\_
- ♦ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- ♦ Is your child currently being evaluated or has been under the care of a therapist? (speech, occupational, educational, physical, etc.): Yes \_\_\_\_ No \_\_\_\_
- ♦ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- ♦ Does your child have an IEP or IFSP? Yes \_\_\_\_ No \_\_\_\_
- ♦ ***If yes, please provide a copy of the IEP or IFSP to GCUMC Preschool.***
- ♦ Do you have any developmental concerns for your child? If so, please explain: \_\_\_\_\_  
\_\_\_\_\_
- ♦ Please list your child's special interests: \_\_\_\_\_
- ♦ What are your goals for your child this school year? \_\_\_\_\_
- ♦ List any particular fears/anxieties or unique behavior characteristics your child shares or exhibits:  
\_\_\_\_\_  
\_\_\_\_\_
- ♦ Please list any other special circumstances that will help us care for your child within the classroom: (Examples may be, but not limited to: English as a second language, just moved to the area, uses special words for going to the potty, etc.):  
\_\_\_\_\_  
\_\_\_\_\_
- ♦ If not currently attending church anywhere, would you like someone from Guilford College UMC to contact you?  
Yes \_\_\_\_ No \_\_\_\_
- ♦ If you are new to GCUMC Preschool, please share how you heard about us:  
\_\_\_\_\_



Please place an "X" beside your choice for your child's class placement.

**Younger 2 Year Olds**

(18 months—28 months)

(Must be 18 months by August 31, 2025)

- ☐ Tu/Thu      \$245/month  
☐ M/W/F      \$295/month  
☐ M-F      \$395/month

**Older 2 Year Olds**

(29 months—35 months)

(Must be 29 months by August 31, 2025)

- ☐ Tu/Thu      \$245/month  
☐ M/W/F      \$295/month  
☐ M-F      \$395/month

**Three Year Olds**

(Must be potty-trained and 3 years old by August 31, 2025)

- ☐ Tu/Thu      \$245/month  
☐ M/W/F      \$295/month  
☐ M-F      \$395/month

**Four Year Olds/PreK**

(Must be potty-trained and 4 years old by August 31, 2025)

- ☐ M-F      \$395/month

Please register your child for the appropriate class based on your child's age as of August 31, 2025.

**A registration fee must accompany this completed form in order to reserve a place for your child.**

**The registration fee is non-refundable.** Exceptions to this policy: if your child's class is cancelled due to low enrollment.

**Registration Fees are as follows:**

- Returning students: \$85/child; \$45/sibling
- GCUMC Member: \$85/child; \$45/sibling
- New Student: \$100/child; \$60/sibling

**Extended Care Program**

Please indicate here if you wish to enroll your child for the Extended Care Program which runs from 12:30pm-2:30pm daily. **Complete details are listed on the Financial Policy Page in this packet. Please read the complete details for this program before choosing this option.**

By enrolling your child in the Extended Care Program, you are stating the following: I understand this is an additional \$50/week with the few exceptions of closures/holidays in which the weekly payment will be less and reflect those discounts. This Extended Care Program is only available to enrolled 3 year olds or 4 year olds and I understand this is a yearly commitment. I will be notified by August 1, 2025 if this program is cancelled due to low enrollment. Please check the appropriate answer below:

- I would like to enroll my child in this Extended Care Program. I have read and understand the details for enrolling and the cost involved. Or no, I do not wish to enroll my child in this program or my child is not old enough to enroll.    Yes \_\_\_\_    No \_\_\_\_

## Enrollment and Financial Agreement

By signing below, I agree to hold GCUMC Preschool harmless and indemnify its employees, agents and volunteers from any claims, demands, liabilities, losses, costs, expenses or damages sustained or incurred arising from participation in the program and use of the property.

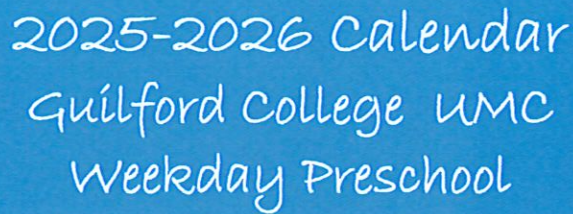
**In addition, I understand and acknowledge that:**

- I have read the complete GCUMC Preschool Financial Policy/Parent Responsibility document in this packet and understand my financial responsibilities in regards to enrolling my child in this program.
  - I understand that a registration fee of \$85 (\$45 for siblings) for returning students/GCUMC Members OR a \$100/student (\$60 for siblings) for new students must accompany this completed form in order to reserve a place for my child. I understand that this fee is non-refundable once my child is placed in a class, unless my child's class is cancelled.
  - I understand that tuition is a yearly commitment and is divided into 9 equal installments. Tuition is the same each month regardless of closings, holidays, or attendance. During a prolonged absence, tuition is to be paid as scheduled. School operates September – May and from 8:30am-12:30pm.
  - I understand that tuition is due on the 1st of each month, August through April. A \$15.00 late fee will be added to a tuition payment made after the 15th of the month. A \$5.00 return check fee will be charged for returned checks.
  - ***I understand that the tuition payment for September 2025 is due on August 1, 2025. Failure to make this payment may result in losing my child's place in the program. In addition, each subsequent month's tuition is also due one month in advance, noting that monthly payments begin in August and end in April of the school year.***
  - ***I understand that to withdraw from the program, I must give a 4-week (one-month) notice in writing to the Director.***
  - I understand that a \$15 late fee will be charged to my account if my child is picked up after 12:45pm.
  - I understand that excessive late fees/returned check fees/late pick up fees could result in termination from the program.
  - I agree to comply with GCUMC Preschool's Health Policy by presenting a current immunization record and medical report from a medical doctor and thereafter agree that my child is in a state of good health while in attendance.
- Note:** For the safety of your child, we reserve the right to deny enrollment if a child's medical status is deemed beyond our capabilities and expertise.

Parent/Guardian Signature : \_\_\_\_\_ Date: \_\_\_\_\_

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





OCTOBER						
S	M	T	W	T	F	S
			1	<del>2</del>	3	4
5	6	7	8	9	<del>10</del>	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

 **Happy Fall Y'all!!** 

Oct. 10: **CLOSED--** (*Teacher Work Day*)

DECEMBER						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

*Merry Christmas!*

Dec. 22-Jan. 2: **CLOSED** - (*Christmas/Winter Break*)

FEBRUARY						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
Happy Valentine's Day!						

Feb. 16: **CLOSED--** (*Teacher Work Day*)

APRIL						
S	M	T	W	T	F	S
						4
5		7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		
						<b>Happy Easter!</b> 

Mar 30-April 6: **CLOSED** - (*Easter/Spring Break*)

**July 20-24, 2026**

**\*\*Calendar subject to change.**