



Dear Parents,

Thank you for considering Mt. Harmony WEE as your choice for your child's preschool needs. Below is the information you will need to get started in the registration process.

Registration begins on Monday, January 27, 2020 at 9:30am:

Please bring your application, along with your non-refundable registration fee, to the Mt. Harmony WEE office beginning on Monday, January 27 at 9:30am. The WEE office is located to the **left** of the main chapel doors with the words "Family Center" above glass doors. Spots are filled at a first come, first serve basis.

Letter of Acceptance:

Once we receive your application and registration fee for the 2020-2021 school year, you will receive an email from us confirming a spot in your child's corresponding class. We will not cash any registration fees unless we can guarantee your child has a spot in our program. This may take a moment as we thoroughly process through all the paperwork. We recognize you might need to look at your current finances and logistical information before registering, but please make sure to register as soon as possible. Our classes fill up quickly with most having a waitlist.

Immunizations:

Your child's most current and updated immunization form will need to be turned in by the start of the school year. This is required by the state and is mandatory for school placement.

School Supply List:

School supply lists will be posted on our website at a later date. We will also send this list to you over the summer, along with teacher bios and school calendars. As a reminder, we follow Cobb County Schools which means we will begin school on Monday, August 3, 2020.

2020 - 2021 Tuition Fees:

2 days a week	\$200	3 days a week	\$240
4 days a week	\$270	Kindergarten (5 days)	\$350

Sincerely,

A handwritten signature in cursive script that reads 'Carrie Harlin'.

Carrie Harlin
WEE Director



**2020 – 2021
Registration Form**

Mt. Harmony Baptist Church
561 Veterans Memorial Highway SE
Mableton, GA 30126
(770) 874-7493
Email: wee@mtharmony.org
Website: www.mtharmony.org

Programs: (check one)

Ones (2-days) 2-day Twos 3-day Threes 4-day Pre-K
 ___M/W 3-day Twos 4-day Threes 5-day Kindergarten
 4-day Twos

Childs Name: _____

First

Middle

Last

Name child goes by: _____ Gender: Male Female Birth date: __/__/__

Address: _____

City: _____ State: Georgia Zip: _____

Parent/Guardian Information

Father's Name: _____ Cell phone: _____

Business Phone: _____ Occupation: _____

Place of Employment: _____

Email address: _____

Mother's Name: _____ Cell phone: _____

Business Phone: _____ Occupation: _____

Place of Employment: _____

Email address: _____

Information about your child

Names and Ages of Siblings _____

Child lives with _____

Childs favorite activities _____

Is child potty trained? _____ Is the child Left or Right handed? Left Right Unknown

Photograph Authorization –Pictures of my child may be taken for:

Use within Mt. Harmony WEE, including class projects and bulletin boards ____ yes ____ no

Use outside Mt. Harmony WEE, including church publications and other media ____ yes ____ no

Use on Mt. Harmony WEE and church websites, social media, and press releases ____ yes ____ no

Emergency Authorization:

In case of an emergency, whom should we contact if we cannot reach parents/guardians?

Is this person authorized to transport your child: ___yes ___no

Name _____ Relationship _____

Address _____

Cell Phone _____

Emergency Medical Contact:

Doctor _____ Phone (____) _____

Hospital Preference _____

Medical Information:

Does child have any allergies? ___yes ___no

Does your child need medication at school? ___yes ___no

List Allergies and Symptoms _____

Are there any educational/medical/mental/emotional problems or any special procedures required for the care of your child? If so, please explain.

Does your child receive any of the following services?

Speech Therapy ___ yes ___no Physical Therapy ___yes ___ no

Occupational Therapy ___ yes ___ no Other _____

Release Authorizations—other than parents/guardians, who is authorized to transport your child?

1. Name _____ Relationship to child _____

Cell phone _____

2. Name _____ Relationship to child _____

Cell phone _____

3. Name _____ Relationship to child _____

Cell phone _____

4. Name _____ Relationship to child _____

Cell phone _____

Are you a member of Mt. Harmony Baptist Church? YES____ NO ____

Religious Affiliation_____ Church you attend_____

Would you like more information about Mt. Harmony Baptist Church? YES____ NO____

Agreement

Mt. Harmony Baptist WEE agrees to provide care from August – May and will follow the Cobb County School System calendar for holidays, with the exception of any extra days taken by WEE, and school closures due to weather. (Please check your school calendar).

Please read and initial each of the following:

____ There is a registration fee of **one month's tuition** for all classes due at registration. I understand that this fee is non-refundable, does not apply towards any monthly tuition, and is used to purchase supplies. There are no discounts given on registration fees.

____ Withdrawal of your child's enrollment in our school requires a 30 day written notice or one month's tuition payment.

Registration and Tuition Fees:

2 day: \$200/Month + Registration: \$200 **3 day:** \$240/Month + Registration: \$240

4 day: \$270/Month + Registration: \$270 **Kindergarten (5 day):** \$350 + Registration: \$350

____ I acknowledge that my child must have a current immunization record form (Form 3231) on file and **cannot** be admitted in August without this form.

____ I hereby authorize Mt. Harmony WEE to have my child transported to the listed physician or facility or any licensed physician or medical treatment center to treat my child in case of an emergency. I understand that in case of emergency requiring a trip to the emergency room, my child will be transported to a hospital emergency room at the discretion of the EMT.

____ I represent that I am the legal guardian of the child enrolled and acknowledge that it is my responsibility to keep all information and authorizations pertaining to my child current and up to date.

____ I understand that Mt. Harmony WEE is not licensed and is not required to be licensed by the state of Georgia.

Parent Signature

Date

OFFICE USE ONLY

Registration Fee Paid: _____ Date _____ Check# _____

Immunization Form received (date): _____



2020- 2021

Registration and Monthly Tuition

Kindergarten:

Tuition: M-F _____
\$350

Registration: \$350

Pre-K 4:

Tuition: M-Th _____
\$270

Registration: \$270

Threes:

Tuition: M/T/Th _____
\$240

M-Th _____
\$270

Registration: Three Days \$240
Four Days \$270

Twos:

Tuition: T/TH _____
\$200

M/T/TH _____
\$240

M-TH _____
\$270

Registration: Two Days \$200
Three Days \$240
Four Days \$270

Ones:

Tuition: M/W _____
\$200

Registration: Two Days \$200

I understand there will be NO REFUNDS for Registration fees. Please return this form with the application.

Signature: _____

Date: _____