

## Chapin UMC Preschool & MMO Registration

Welcome to Chapin UMC's Preschool and Mother's Morning Out programs! We are excited that you are interested in our programs and look forward to having you join our family for a great year of learning and fun.

The following classes will be offered for the 2016-2017 school year. Children must be the age of the class they are registering for prior to September 1, 2016. Preschool and Mother's Morning Out classes begin at 9am (drop-off begins at 8:45am) and end at 11:45am. Dismissal ends at noon each day.

**Mother's Morning Out:** Age 6 weeks to 24 months (Choose your days of the week)

**2 Year Old Preschool:** 3 day: Tuesday – Thursday

**2 Year Old Preschool:** 4 day: Monday – Thursday

**3 Year Old Preschool:** 4 day: Monday – Thursday

**3 Year Old Preschool:** 5 day: Monday – Friday

**4 Year Old Preschool:** 4 day: Monday – Thursday

**4 Year Old Preschool:** 5 day: Monday – Friday

***\*Children enrolling in the 3 year old and older preschool classes MUST be potty trained.***

***\*We must have 6 children register for the 5<sup>th</sup> day (Friday) of the 3 and 4 year old classes in order to offer this option.***

In addition to preschool classes and Mother's Morning Out, we offer the following programs:

**Early Stay:** 7:50am until 8:45am

**Lunch Bunch:** Noon to 1:45pm: **Offered to all potty trained children.** These children bring their own lunch and drink (no carbonated beverages please) and enjoy extended play time. Lunch Bunch is offered Tuesday-Thursday contingent upon participation of at least 6 children. Lunch Bunch dismissal ends at 2pm each day.

Please, pre-register for either or both of these programs by indicating the days of the week you would like for your child to attend on the attached registration sheets.

Attached are the fees and forms required to register your child for the 2016-2017 school year. *Your child will not be fully registered and have a spot in the program until all Registration Fees are paid.* **All fees are NONREFUNDABLE except in cases of family relocation outside the Chapin area before the school year begins. Tuition, the Good Health Certificate, and Shot Records are all due BEFORE the start of school, but are not necessary to reserve your spot. Scholarship applications are available upon request.**

If you need additional information or have any questions, please contact Mary Catherine Horne at [mary@chapinumc.com](mailto:mary@chapinumc.com) or call (803) 345-2801.

Again, we are very pleased that you are considering CUMC Preschool. We look forward to serving you!

Mary Catherine Horne, Chapin UMC Preschool Director

## REGISTRATION FEES

✚ The **Registration Fee** for all classes is \$110. Families with more than one child may pay \$55/child.

✚ The **Supply Fees** are as follows:

All Classes \$50 due in September and \$50 due in January

✚ **Tuition** is as follows:

Mother's Morning Out:  
(Mon - Fri) \$55/month times the number of days per week.

For example, if you have one child who will attend three days a week, the monthly tuition will be  $\$55 \times 3 = \$165$ , a total of \$165.

2 Year Old: 3 Day Attendance (Tues – Thurs) \$165

2, 3, or 4 Year Old: 4 Day Attendance (Mon – Thurs) \$180

3 or 4 Year Old: 5 Day Attendance (Mon – Fri) \$200

✚ **Early Stay** fees are \$20 per month times the number of days per week you use the service. For example, if you use this service on Tuesdays and Thursdays, the fee will be \$40 additional to your tuition for the month.

✚ **Lunch Bunch** fees are \$10/day in advance (or \$15/day with at least a 24-hour drop-in notice). For example, if you indicate that your child will attend Lunch Bunch four days in September  $\times \$10 = \$40$  additional to your September tuition. We must have 6 participants each day to cover costs. Therefore, the days of the week offered are determined by the number of participants interested in that day. A monthly calendar will be sent home, so that you may indicate which days your child will attend Lunch Bunch. Your Lunch Bunch calendar and payment are due at the beginning of each month. Please, note that days paid in advance are non-transferable and non-refundable due to the scheduling of staff and safety of the children. If you choose to have your child attend Lunch Bunch on a day that you have not indicated on the monthly calendar, you must contact the preschool **at least 24 hours in advance** to ensure space is available. **A drop-in fee of \$15 is charged for days that are not paid in advance.**

✚ **Chapin UMC Preschool will begin classes on Monday, August 29, 2016.** Your child will receive a card scheduling a time to come and visit the preschool the Friday prior to the first day of class. These cards will be sent out at the beginning of August. Classes will end **May 24, 2017**. All holidays observed by Lexington/Richland District 5 will be observed by Chapin UMC Preschool. You will receive a Parent Handbook at the beginning of the school year with the exact holiday dates listed.

✚ **Parents are welcome** to visit and participate in MMO & Preschool classes during regular school sessions.

✚ **Chapin UMC Preschool is an on-going Christian educational Program of CUMC.** Religious training will be included as a normal part of the learning schedule. This is non-denominational in nature and includes a Chapel service once a week. Our program uses the following mediums in teaching basic letters, shapes, numbers, motor skills, etc.: arts and crafts, music, dance, poetry, books, creative drama, safety education, good health habits, manners, and courtesy.

## Chapin UMC Preschool Registration Form 2016-17

### PART ONE

Child's Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Enrollment \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Home Address \_\_\_\_\_  
\_\_\_\_\_

Full Name of Parent/Guardian #1

Full Name of Parent/Guardian #2

( ) - ( )  
Home Phone Work Phone

( ) - ( )  
Home Phone Work Phone

( ) - ( )  
Cell Phone Other

( ) - ( )  
Cell Phone Other

Parent's E-mail Address \_\_\_\_\_

Siblings' Names and Ages \_\_\_\_\_

Church Affiliation \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### PLEASE CHECK CLASS DESIRED:

**Early Stay** (Please indicate days of the week child will use this service)

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

**Lunch Bunch** (Please indicate days of the week your child will use this service)

Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

**Mother's Morning Out** (Please indicate days of the week your child will attend MMO)

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

**Preschool** (Please indicate the class your child will attend)

\_\_\_\_\_ 2 Year Olds: Tuesday – Thursday (3 day)

\_\_\_\_\_ 2 Year Olds: Monday – Thursday (4 day)

\_\_\_\_\_ 3 Year Olds: Monday – Thursday (4 day)

\_\_\_\_\_ 3 Year Olds: Monday – Friday (5 day)\*

\_\_\_\_\_ 4 Year Olds: Monday – Thursday (4 day)

\_\_\_\_\_ 4 Year Olds: Monday – Friday (5 day)\*

\*Please, note that Fridays are only offered to 3 or 4 year old students who have signed up for 5 Day Attendance.

I understand that in paying the Registration Fees and in signing this registration form (Parts 1 – 4); my child is officially enrolled in the Chapin UMC Preschool for the 2016-17 school year. I also understand that tuition is payable from the opening day of classes until I provide two weeks written notice to the Director (Mary Catherine Horne) that my child is being withdrawn. **I understand my Registration Fees are nonrefundable except in the instance of family relocation outside the Chapin area before my child begins the program, in which case I will provide documentation as to the change of address in order to receive my refunded Registration Fees previously paid.**

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

**PART TWO**

Name of person(s) who can assume responsibility for your child in case of an emergency if the parent(s) or guardian(s) cannot be reached. Include address and telephone number:

1. \_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Address

2. \_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Address

PART THREE

Names and addresses of person(s) who are authorized to take the child from the preschool: Our ID verification policy requires advanced parental notification of changes and photo ID to be provided.

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Name Address

PART FOUR

\_\_\_\_\_  
Name of family doctor/physician ( ) -  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name of family dentist ( ) -  
Phone

Known Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Preschool Staff will be responsible for administering medication: \_\_\_\_\_  
\*Yes No

*\*If yes, a separate consent to administer medication form must also be signed by parent(s) or guardian(s) and all medication must be provided in original container.*

\_\_\_\_\_  
Hospital/Emergency Treatment Facility Preference

**\*CUMC Preschool must have a current copy of child's shot record on file BEFORE the start of school. This can be obtained free of charge from your child's doctor's office.**

# Parental/Guardian Consent Form

We are sending you this parental consent form to both inform you and to request permission for your child's photo/image and personally identifiable information to be included in Day School material including but not limited to yearbook, class books, class parties, DVD/Video of the program.

**As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child.**

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes student names, photo or image, residential addresses, e-mail address, phone numbers and locations and times of class trips. If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the principal of your child's school and such rescission will take effect upon receipt by the school.

## Check one of the following choices:

- I/We GRANT permission for a photo/image that includes this student without any other personal identifiers to be published on the church website, publicity materials or public Internet site.
- I/We DO NOT GRANT permission for photo/image that includes this student to be published on the school and or district's public Internet site.

Student's Name: (please print) \_\_\_\_\_

Student's Class: \_\_\_\_\_

Print name of Parent/Guardian: (print)

\_\_\_\_\_  
Signature of Parent/Guardian: (sign)

\_\_\_\_\_  
Relation to Student:

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

## Preschool Directory Form

We would like to ask your permission to publish a Preschool Directory of our children and families' contact information. This directory will be used solely by the Preschool and will not be distributed to anyone other than teachers and preschool families.

Many families like to know how to get in touch with their child's classmates for play dates and birthday parties. If you give your permission for us to use your information, please provide exactly what information we can use and sign below. If you DO NOT give permission, please sign the form but do not provide any contact information. Thank you for your help.

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

Parent's Name(s) \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Medical Release Form**  
**(to be completed by parent/guardian)**

I, \_\_\_\_\_, authorize Chapin UMC Preschool  
to obtain medical treatment for \_\_\_\_\_, as stated in the  
Emergency Policies section of the Preschool Parent's Handbook.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**Chapin UMC Preschool Good Health Certificate**  
**(to be completed by physician)**

I, \_\_\_\_\_, have examined  
Physician's Name

\_\_\_\_\_ on \_\_\_\_\_ and find  
Child's Name Date of Examination

him/her to be in good general health and able to attend preschool. There are no health conditions which would prevent this child from participating in normal preschool activities.

Signed,

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**\*\*Please, include an updated copy of the child's shot record. All records/forms may be submitted to:**

Attn: Mary Catherine Horne  
Chapin UMC Preschool  
415 Lexington Avenue  
Chapin, SC 29036  
Phone: (803) 345-2801  
Fax: (803) 345-5310