



Registration for 2018-2019

Welcome to Chapin UMC's Preschool and Mother's Morning Out. 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 2018-2019 school year. **Children must be the age of the class for which they are registering on or prior to September 1, 2018.** 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 specific days of attendance)

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 and 4 year preschool classes are REQUIRED be potty trained.***

*****At least six children must register for five day enrollment to hold classes on Fridays in the 3 year and 4 year preschool classes.***

In addition to our regular preschool classes, we offer the following programs:

Early Stay: 7:50am until 8:45am for children of all ages

Lunch Bunch*: Noon to 1:45pm (dismissal ends at 2:00pm each day):

Children bring a lunch/drink (no carbonated beverages, please) and enjoy extended social and structured play time. Lunch Bunch is offered Tuesday-Thursday contingent upon participation of at least 6 children. ***Lunch Bunch is offered to potty trained children, only.**


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 packet.

Attached are the fees and forms required to register your child for the 2018-2019 school year. ***Your child will not be fully registered in the program until all registration fees are paid.*** All fees are **NONREFUNDABLE**, unless a family relocates outside the Chapin area before the school year begins. **Tuition, the Good Health Certificate, and Shot Records are all due BEFORE the first day of school, but are not necessary to reserve your spot.** Scholarship applications are available upon request.

Again, thank you for choosing Chapin UMC Preschool. We look forward to working with you!

Mary Catherine Horne
Chapin UMC Preschool Director
803.298.4260 - mary@chapinumc.com

FEEES and TUITION


 The **Registration Fee** for all classes is \$115 for up to two children. Families with more than two children may pay an additional \$55 per child.


 The **Supply Fees** are as follows:

All Classes	\$60 due in September and \$60 due in January
-------------	---


 **Tuition** is as follows:


Mother's Morning Out: (indicate specific days below)	1 day Attendance	\$60/month
	2 day Attendance	\$115/month
	3 day Attendance	\$170/month
	4 day Attendance	\$225/month
	5 day Attendance	\$280/month
2 Year Old Preschool:	3 Day Attendance (Tues – Thurs)	\$170/month
2, 3, or 4 Year Old Preschool:	4 Day Attendance (Mon – Thurs)	\$185/month
3 or 4 Year Old Preschool:	5 Day Attendance (Mon – Fri)	\$205/month

 **Early Stay:** Fees are \$20 per month times the number of days per week you use the service. For example, if you enroll on Tuesdays and Thursdays each week, the fee will be \$40/month.

 **Lunch Bunch:** Fees are \$10/day with at least a seven day notice
\$15/day with a six day to 24-hour drop-in notice

For example, if you indicate that your child will attend Lunch Bunch four days in September x \$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 Tuesday, September 4, 2018.** Your child will receive a card in August scheduling a time to meet your child's teachers on August 31st. Classes will end **May 22, 2018**. 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 listing exact dates of closings and activities.

 **Chapin UMC Preschool is an on-going educational, Christian ministry of CUMC.** Religious training will be included as a routine portion of the learning schedule, which includes Chapel once per week. We believe that children learn through guided play. We follow age-appropriate standards to teach basic academics, as well as problem solving, health/safety, appropriate social interactions, community and We include activities such as arts/crafts, music, dance, poetry, literature, and creative drama in our daily lessons.

Chapin UMC Preschool 2018-2019 Registration Form

PART ONE - Student Information

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:

Mother's Morning Out (Indicate days of the week you would like your child to attend MMO)

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____

Preschool (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 enrolled in 5 day attendance.

PLEASE CHECK ADDITIONAL PROGRAMS DESIRED:

Early Stay (Indicate days of the week your child will use this service)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Lunch Bunch (Indicate days of the week your child will use this service)

Tuesday _____ Wednesday _____ Thursday _____

I understand that in paying the Registration Fees and in signing this registration form (Parts 1 – 3); my child is officially enrolled in the Chapin UMC Preschool for the 2018-2019 school year. I also understand that tuition is payable from the opening day of classes until I provide two weeks written notice to the preschool director that my child is being withdrawn. **I understand my Registration Fee is nonrefundable, except in the instance of family relocation outside the Chapin area before my child begins the program. In this case, I will provide documentation as to the change of address in order to receive my refund of registration fees previously paid.**

Signature: _____ Date: _____

PART TWO – Emergency Contacts/Pick-Up Authorization

List person(s) who may assume responsibility for the child in the case of an emergency if the parent(s) or guardian(s) cannot be reached. Please, include address and telephone number.

1. _____
Name _____ Phone Number _____
Address _____
2. _____
Name _____ Phone Number _____
Address _____

List person(s) who are authorized to take the child from the preschool. Our identification verification policy requires photo IDs be provided. Advanced parental notification is required of any changes.

1. _____
Name _____ Address _____
2. _____
Name _____ Address _____

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) 298-4260 or (803) 345-2801
Fax: (803) 345-5310

CHAPIN UNITED METHODIST CHURCH PRESCHOOL PHOTO/VIDEO RELEASE FORM

I am aware that photographs or video may be taken of Chapin United Methodist Church (CUMC) Preschool participants during events, activities, and classes by CUMC staff members, professional photographers, news media or volunteers.

I waive the right to see or approve any publications that contain photographs of my child.

I release CUMC and its representatives from responsibility for any harm or invasion of privacy that may occur or be produced by taking photographs or video of my child.

I certify that I have read the above authorization, release, and agreement, and fully understand what this document says.

I give CUMC and its representative's permission to use photographs or video that include my child in any and all media products for promotion, art, advertising, editorial or other purpose. This may include but is not limited to newsletters both print and email, posters, brochures, ads, post cards, social media, and web pages.

- Yes, I agree to above stated photo release.
- No, I do not agree to above stated photo release.

Signature _____

Date _____



Student 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 the exact information we may publish and sign below. If you DO NOT give permission, please sign the form without providing any contact information. Thank you.

Child's Name: _____

Parents/Guardians: _____

Phone Number: _____

Address: _____

Signature/Date: _____