



## **Registration Information For the 2019-2020 School Year**

**Registration begins on Monday, April 1 and will continue until classes are full. Once a class is full enrollees will be placed on a waitlist.**

**REGISTRATION FEES ARE NOT REFUNDABLE.**

Complete one registration form for EACH child you are enrolling. Registration fees for more than one child can be combined in one check.

You must submit an entire Registration Packet and pay the Registration fees in order for your child to be registered to attend.

Check, money order or cash pays registration fees as stated. Using Paypal will result in a slightly higher amount due to the fees incurred by using this service.

Online registration may be completed at [www.hickorygroveumc.com](http://www.hickorygroveumc.com). Choose the Preschool link to find the registration form.

For current students, accounts must be paid in full before registering for the next year.

**EARLY REGISTRATION FEES. Registering by May 24, 2019 ensures that you receive the lowest registration fee – you may deduct \$10 from the stated fee. After May 24, 2019, registration fees will be as stated.**

If you have any questions about the registration process, please call Sharon Freeze, Preschool Director, at 704-537-4658 or you may email – [preschool@hgumc.com](mailto:preschool@hgumc.com).

# Hickory Grove UM Preschool Registration Checklist

Please check and initial each box to denote that you have read and understood the Policies.  
Then fill in the **SIGN and DATE** box at the bottom.

## DISCIPLINE POLICY

  
Check  
  
Initial

We believe in discipline with love and redirection. We do NOT administer any physical punishment. You will be contacted if we have a continuous problem or concern about your child. It might be necessary to request a conference at this time. In rare cases, when a child is out of control and causes harm to a classmate, staff person or himself, the parent will be called to remove the child from the classroom for the remainder of the day.

## HEALTH POLICIES

  
Check  
  
Initial

I have read and understand the Illness procedures as stated in the preschool handbook. I will not bring my child to school with obvious signs of sickness, i.e. temperature, nausea, skin rash, sore throat, congestion, diarrhea or discharging eyes.

I will provide and keep my child(ren)'s emergency card(s) on file and updated as needed for the safe adherence of the illness policy.

Immunizations must be current up to date. I agree that my child's immunizations are/will be current as of the 1st day of school (September 3, 2019) and will provide a copy immediately if asked.

## TUITION POLICY

  
Check  
  
Initial

I have read and understand that tuition is due on the first of each month. A late fee of \$30.00 is charged for tuition received after the 10th of each month unless prior arrangements have been made with the director. Tuition is the same amount every month. Tuition is not waived for vacations or sickness.

## PHOTO RELEASE POLICY

Check either  
Yes or No

  
Initial

I have read and understood the Photo Release Policy and I select  Yes or  No for consent. If neither box is selected, we will consider it a "No" answer and your child will not be photographed.

## PICKUP POLICY

  
Check  
  
Initial

I have read and understand that classes meet from 9 a.m. to 12:45 p.m. daily. My child is to be picked up each day between 12:45 p.m. and 1:00 p.m. Late fee charges begin at 1:01 p.m. Late fees are charged at the rate of \$10 for the first 10 minutes or fraction thereof and an additional \$3 per minute after 10 minutes.

## PLAYGROUND POLICY

  
Check  
  
Initial

I have read and understand the playground rules and I will enforce the playground rules with my child(ren) when using this area outside preschool hours.

## HICKORY GROVE UNITED METHODIST CHURCH PRESCHOOL HANDBOOK

  
Check  
  
Initial

As the parent/guardian(s) of a child entering Hickory Grove United Methodist Church Preschool, I have read and understand the Preschool Handbook.

## SIGN AND DATE

I, the undersigned parent or guardian of \_\_\_\_\_ (child's full name), do hereby state that I have read each statement above and understand the policies, laws, and regulations.

**\*\*\* Please check & initial each box, then sign and date below before submitting application.\*\*\***

\_\_\_\_\_  
PRINT PARENT'S NAME Clearly

\_\_\_\_\_  
Signature of Parent (or Legal Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Accepted By – Signature of Preschool Director

\_\_\_\_\_  
Date

2019-2020

6401 Hickory Grove Road - Charlotte, NC 28215 - 704-537-4658

# PRESCHOOL REGISTRATION

## HICKORY GROVE UNITED METHODIST PRESCHOOL

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
First MI Last Month/ Day/ Year

Preferred Name \_\_\_\_\_ Sex (Circle) Male or Female Race \_\_\_\_\_

\*\*Best Email address \_\_\_\_\_

### INFORMATION ABOUT THE FAMILY

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ \*\*Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ \*\*Cell Phone \_\_\_\_\_

Address (if different) \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Marital Status \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Widowed/er

Child resides with \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other (please list) \_\_\_\_\_

\*\*Email Address \_\_\_\_\_  
(Mother's Best or Work) (Father's Best or Work)

**\*\*It is very important for us to have valid email addresses and cell phone numbers on file. In the event of an emergency we may use an Email and/or Text Blast. Please update as needed.**

### EMERGENCY CONTACT

List two people, *other than parents*, who we can contact and/or release your child to, who live **LOCALLY**, in case of emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Best Contact # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Best Contact # \_\_\_\_\_

**Select Your Preference Below. Place a check next to the correct age level and select number of days carefully. For your child to be accepted into our program, they must be of age by August 31.**

\_\_\_ **1 Year Old Class\***  
\_\_\_ Mon/Wed/Fri  
\_\_\_ Mon-Fri  
\*must be walking

\_\_\_ **2 Year Old Class**  
\_\_\_ Mon/Wed/Fri  
\_\_\_ Mon-Fri

\_\_\_ **3 Year Old Class\***  
\_\_\_ Mon/Wed/Fri  
\_\_\_ Mon-Fri  
\* must be potty trained.

\_\_\_ **4 Year Old Class**  
\_\_\_ Mon/Wed/Fri  
\_\_\_ Mon-Fri

**Registration Fee for ALL CLASSES \$100**

**Monthly Tuition**

1 Year Old Class -	3 days	\$220
	5 days	\$290
All Other Ages -	3 days	\$190
	5 days	\$260

**Activity Fee - \$40 is due first month**

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

Tuition is due on the first of each month. **A late fee of \$30.00 is charged for tuition received after the 10<sup>th</sup> of each month** unless prior arrangements have been made with the director. Tuition is the same amount every month. Tuition is not waived for vacations or sickness. Families with more than one child in the program will have a 10% discount applied to the tuition rate(s) of the lesser tuition charges. There is a **\$30 handling fee for all returned checks.**

Classes meet from 9:00 a.m. to 12:45 p.m. daily. Your child is to be picked up each day between **12:45 p.m. and 1:00. Late fee charges begin at 1:01. Beginning at 1:01, late fees are charged at the rate of \$10 for the first 10 minutes or fraction thereof and an addition \$3 per minute after 10 minutes.** Example: A child is picked up at 1:08, 8 minutes late - the late fee is \$10. A child is picked up at 1:15, 15 minutes late – the fee is \$25 (\$10 for the first 10 minutes and \$15 for the next 5 minutes - \$3/minute x 5).

Lunch is brought from home. We do not have facilities for heating or refrigerating lunches.

Music class and Music and Movement classes are offered as a part of our curriculum for all children at no additional cost to you. The preschool reserves the right to cancel these programs at any time.

Our teachers provide a curriculum of age appropriate activities each day. We stress social skills and self-help skills rather than academics. Playground time is scheduled every day, weather permitting. We celebrate the secular and religious sides of the holidays.

We follow Charlotte Mecklenburg Schools (CMS) for all holidays and teacher workdays. When CMS is closed due to inclement weather, we will also be closed. A detailed account of this policy can be found in the preschool handbook.

Photo Release Policy- I understand that by registering my child I give Hickory Grove United Methodist Preschool staff the right to take pictures of my child and to put the finished pictures on the church or preschool website, Facebook, brochures, newsletters, presentations or in the preschool hallways. I understand that my child's first name and last initial may be presented with their picture. These pictures will be accessible to anyone with internet access and may be used in instructional settings. **NO PERSONAL INFORMATION SUCH AS NAME, HOME ADDRESS OR PHONE NUMBERS WILL EVER BE PUBLISHED ON THE WEB.** Make sure to check Yes or No on the Registration Checklist Form.

**Activity Fee \$40 per year for each child** - An activity fee will be collected for each child in our program. Fees will be collected during the month of September and may be included with the tuition payment. This fee will cover all special programs brought to the school during the year. This fee was created to consolidate and simplify the collection of the money. Activity fee money is **not** refundable. Collected fees are not part of any fund-raiser activities.

Each classroom will send out a class roster at the beginning of the school year. We will need your approval before sending this information home with your child's classmates.

No \_\_\_\_\_ I do not wish to have any information published

Yes \_\_\_\_\_ I give permission to have the following information published:

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

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

Address \_\_\_\_\_

Phone \_\_\_\_\_

# Hickory Grove United Methodist Preschool

## STUDENT INFORMATION SHEET

*All fields must be completed*

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

### EMERGENCY CARE INFORMATION

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

EpiPen required? Yes No (circle one) If yes, a medical release form is required – see the director to obtain form.

Doctor's Name \_\_\_\_\_ Office Phone \_\_\_\_\_

Dentist Name \_\_\_\_\_ Office Phone \_\_\_\_\_

I agree that in case of an emergency, the Director of the Preschool or any of my child's teachers has permission to seek any medical help she feels necessary for my child if neither parents nor emergency names can be reached OR if the Director feels that the situation warrants emergency care. If it is necessary to call 911 and parents have not responded, my child will be taken to the hospital that the emergency responders suggest.

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Date)

With whom does your child primarily reside? \_\_\_\_\_

Are there other children in the family? \_\_\_\_\_

Names and ages of brothers: \_\_\_\_\_

Names and ages of sisters: \_\_\_\_\_

Other living in the home (grandparents, step-parents, step-siblings, etc) \_\_\_\_\_

From the list below, check four personality traits that you would say best describe your child's personality.

___ Spirited	___ Stubborn	___ Lively	___ Calm	___ Shy
___ Dramatic	___ Assertive	___ Fragile	___ Congenial	___ Talkative
___ Willful	___ Diligent	___ Independent	___ Observant	___ Easy Going
___ Impulsive	___ Jovial	___ Confident	___ Impulsive	___ Perfectionist

Does your child have previous preschool experience? \_\_\_\_\_ Daycare? \_\_\_\_\_

If so, where? \_\_\_\_\_

Does your child play with other children his/her own age? \_\_\_\_\_

What are his/her play interests? \_\_\_\_\_

We play outside every day if possible. Does your child enjoy playing outside? \_\_\_\_\_

During the school year, will your child be staying predominantly at home when not in preschool or will he/she be receiving outside care regularly?