

Harmony Grove UMC Preschool



Play, Learn, and Grow...
Together!

Child Enrollment Packet Checklist

2017-2018

- Enrollment Form
- Health and Medical Form
- Emergency Contact Form
- Authorization and Consent
- Enrollment Contract
- Georgia Immunization form #3231
(obtained from your pediatrician)

FOR OFFICE USE ONLY

Child 1: _____ Teacher: _____

Child 2: _____ Teacher: _____

Child 3: _____ Teacher: _____



Play, Learn, and Grow...
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Harmony Grove UMC Preschool

★ Accredited by the
Georgia
Accrediting
Commission and
North Georgia
United Methodist
Preschool
Association.

Tuition & Payment Options

	<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>
	<i>10 Monthly Payments</i>	<i>2 Semi-Annual Payments</i>	<i>1 Annual Payment</i>
1 Day	\$ 100	\$ 500	\$ 1,000
2 Day	\$ 180	\$ 900	\$ 1,800
3 Day M / W / F	\$ 200	\$ 1,000	\$ 2,000
4 Day	\$ 230	\$ 1,150	\$ 2,300
5 Day	\$ 250	\$ 1,250	\$ 2,500
Kindergarten	\$ 320	\$ 1,600	\$ 3,200

School Hours of Operation:

9:30 am to 1:30 pm

School Closures

Our preschool follows the Gwinnett County School System calendar for holidays & closures

Extra-Curricular Classes*

We work with several independent instructors to offer the following extra-curricular classes from 1:30 to 2:30. *Class availability dependent on enrollment.

Registration and tuition for extra-curricular classes is arranged directly with the teacher:

Monday-Karate

Tuesday-Tennis

Wednesday- Zumba

Thursday- Letter Bugs

Friday- Science

Other Fees	Amount
Annual Enrollment Fee Pre-Enrollment for upcoming year	\$ 200 \$ 100 - if paid by April 1st
Late Payment Fee (if not paid by the 10 th of the month)	10% of tuition amount
Returned Check	\$ 30
Early Drop Off (Before 9:15 a.m.) Late Pick-up (after 1:45p.m.)	\$ 10

Sibling Discount

- 10% off the annual registration fee of each additional child enrolled.
- No discount is offered on tuition



Enrollment Form



	Child 1	Child 2	Child 3
Name (First & Last)			
Date of Birth	___ / ___ / _____	___ / ___ / _____	___ / ___ / _____
New or Returning student			
Class? (Circle one)	PMO / 2 yr old 3 yr old / Pre-k	PMO / 2 yr old 3 yr old / Pre-k	PMO / 2 yr old 3 yr old / Pre-k
# of Days each week?			
Gender	M F	M F	M F
Independent toileting?	Y N	Y N	Y N
Allergies (Medical or Food)			
Physical Disabilities? (eyes, ears, speech, other)			
Medications			
Dietary restrictions			
Has your child ever had a psychological or educational evaluation?	Y N	Y N	Y N
Are there any other reactions, special needs or information you wish to make us aware of?			
Teacher / Class Assignment			



Enrollment Form

(Continued)



Social Relationships

Has your child(ren) had experience in playing with other children? Please explain in detail:

As yet, does your child(ren) favor use of his/her right or left hand?

Yes / No

Left / Right

(circle)

Is there any significant information you might add, which would contribute to a better understanding of your child(ren) and his/her needs? (For example: difficulty sharing, very active)

What do you hope your child(ren) will gain from a year at Harmony Grove Preschool?

Disclaimer: As a non-profit school, we reserve the right to not accept your child in our program if this is not the best placement for your child due to budgeting constraints which prevent the hiring of additional staff.

Optional Demographic Information

(to be used for statistical purposes only)

Racial / Ethnic Identification: Caucasian _____ African American _____ Asian _____ Indian _____ Hispanic _____

Native American _____ Hawaiian / Pacific Islander _____ Other _____

Faith Identification: Christian _____ Hindu _____ Muslim _____ Other _____ None _____

I prefer not to answer _____



Enrollment Form

(Continued)



Family Information

(Please complete all fields for both parents)

Mother's Name		Father's Name	
Address		Address	
City	Zip	City	Zip
Email		Email	
Cell Phone: ()		Cell Phone: ()	
Text Notifications: Y / N	DOB: / /	Text Notifications: Y / N	DOB: / /
Home Phone ()		Home Phone ()	
Work Phone ()		Work Phone ()	
Employer		Employer	
Occupation		Occupation	
Parents' Marital Status: Married Divorced Single Widowed (circle one)			
Custody Issues?			
Siblings? (names & age)			
Primary Language spoken in the home? _____ Other Languages? _____			
Other schools your child(ren) has attended:			
How did you learn about our school? Referral Internet Facebook Advertisement			

FOR OFFICE USE ONLY

Child 1: _____ Teacher: _____

Child 2: _____ Teacher: _____

Child 3: _____ Teacher: _____



Health and Medical Information



**Family
Pediatrician:**

Practice:

Address, City & Zip

Phone: ()

Fax: ()

Preferred Hospital :

Insurance Provider:

Phone: ()

Claim Address, City & Zip

Policy Holder:

Policy Number:

Group Number:

Member ID:



Emergency Contacts



List up to four additional people authorized to pick up your child
(other than Mom & Dad)

The following people are authorized to remove the child from the facility (with written notification from the custodial parent) and will be contacted in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached.

Contact #1

Name

Relationship

Address, City & Zip

Contact Phone: ()

Email

Contact #2

Name

Relationship

Address, City & Zip

Contact Phone: ()

Email

Contact #3

Name

Relationship

Address, City & Zip

Contact Phone: ()

Email

Contact #4

Name

Relationship

Address, City & Zip

Contact Phone: ()

Email

FOR OFFICE USE ONLY

Child 1: _____ Teacher: _____

Child 2: _____ Teacher: _____

Child 3: _____ Teacher: _____



Authorization and Consent



Emergency Medical Treatment Release

In Case of an emergency, I (parent/guardian) _____, hereby authorize the staff and administration representing Harmony Grove Preschool to give consent for any and all necessary emergency medical and First Aid for my child while he/she is in the Preschool's custody. It is understood that a conscientious effort will be made by the center to contact me or one of the persons listed on my child's emergency contacts, before any medical action is taken. If the need arises I would prefer they have my child taken to _____ hospital.

Signature to authorize treatment:

Administration of Medication Policy

I understand that Harmony Grove Preschool personnel may not administer medications. Any medications, prescription or otherwise, must be administered by the parent / guardian outside of school hours.

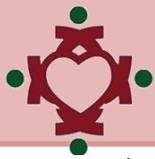
Parent / Guardian Signature:

Special Permissions

My child has my express permission to participate in the activities indicated:

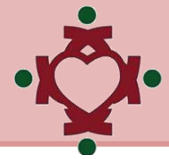
- Sprinkler Play
- Splashing
- Wading Pool
- Water Table

Parent / Guardian Signature:



Enrollment Contract

Parent/Guardian Copy



1. I agree to pay the **non-refundable** registration fee, as stated below, at the time of enrollment.
2. I agree to pay tuition, as set forth in the Tuition Schedule Worksheet, and according to the payment option indicated therein. Option 1 is due on the first of each month, Option 2 is due August 1st and January 1st, Option 3 is due August 1st.
3. I understand that tuition **will not** be adjusted or reduced due to illness, holidays, family travel, or any other absences.
4. I agree to pay the **full tuition** fee even if my child is absent regardless of reason, for one or more days during the calendar month.
5. In case of withdrawal of my child from the program, I agree to provide written notice to the Preschool Director **30 days prior to the date of withdrawal**. I understand I am responsible for tuition up to and through the 30 day notification period.
6. I understand that a **fee of \$30** will be charged for any check returned for non-sufficient funds.
7. I agree to pay an Early Drop-off Fee or Late Pick-up Fee of \$10.00 per child if my child(ren) is / are dropped off prior to 9:15 a.m. or still present in the building after 1:45 p.m.
8. Legal authorities may be contacted for children left at the center more than 2 hours after closing time, if not contacted by the parent or guardian.
9. I understand that Harmony Grove Preschool and its personnel are not responsible for personal injury or loss of property.
10. Harmony Grove Preschool reserves the right to terminate a child after all resources have been exhausted to promote good behavior. Harmony Grove Preschool may disenroll a child from the program without prior notice, if in the opinion of the administration that it is in the best interest of the child and the school.
11. Harmony Grove Preschool, its owner, director, employees or associated volunteers are NOT responsible for reimbursement of any medical expenses incurred as a result of accidental incidents to a child or incidents between children resulting in injuries that occur to a child or children during attendance at our preschool.
12. The terms of this agreement are subject to change in whole or in part by Harmony Grove Preschool without notice.
13. I understand that Harmony Grove Preschool is not licensed by the state of Georgia and is exempt as a church school facility. The preschool carries liability insurance on all students.
14. Harmony Grove PMO serves children 12 months – 24 months for no more than 4 hours a day and no longer than 8 hours per week. All others up to 5 days per week.
15. I have read, understand and agree to abide by the terms and conditions of this agreement as stated above.

Parent initials _____ **Director initials** _____ **Date** _____

Parent / Guardian (printed name)
Child (1) Name
Child (2) Name
Child (3) Name

FEES	
(From worksheet on reverse)	
1. Registration	\$ _____
2. Tuition payment Option	_____
3. Tuition payment Amount (for all children)	\$ _____
4. Total Due Today	\$ _____

Parents/Guardians,

Please keep this copy of the Enrollment Contract for your records. The original contract will remain in the preschool office. Please contact the director for any questions or assistance.



Tuition Schedule Worksheet



Registration Fee	\$	\$	\$	
	_____	_____	_____	
Sibling Discount	\$	\$	\$	
	_____	_____	_____	
Total Due with Enrollment	\$	\$	\$	\$
	_____	_____	_____	
Tuition payment amount	\$	\$	\$	\$
	_____	_____	_____	
(option - circle one)	1 2 3	1 2 3	1 2 3	
Tuition Due Date	_____	_____	_____	

Tuition Options

- | | | |
|----------|---------------|---|
| Option 1 | Monthly | Due 1 st each month, Aug. to May |
| Option 2 | Semi-annually | Due Aug. 1st & Jan. 1st |
| Option 3 | Annually | Due Aug. 1st |

****All tuition payments will be considered late if not paid within 10 business days of the due date and a late fee of 10% of the tuition payment amount will be charged to the family's account.**



Family Talent & Volunteer Survey



Dear Harmony Grove Preschool Families,

Harmony Grove Preschool is a non-profit outreach ministry of Harmony Grove United Methodist Church and we are successful because of our families! We need all of our adults to participate in order to make the school year as rich and as full as possible for all the students. Volunteering your time is an inexpensive way to help meet the needs of our school, make an effective contribution to your child's school experience, and show your child that you value their interests.

We hope that each adult in a Harmony Grove Preschool student's life would volunteer for something with a willing spirit. Without volunteers like you, many of our events and activities would not be possible. We ask that you and your family prayerfully consider how you can support your child's teacher, classroom and our school by committing to volunteer in some way.

Each of us are blessed with our own individual talents and gifts. In order to help us determine where your gifts might best be used to support our school, please complete the survey below and share with us some information about you and your family.

Any and all help is greatly appreciated. We welcome and need all of you to help make this a successful year for our children!

In Christ,

Megan O'Keefe,
Director, Harmony Grove Preschool

***If you have more than one child in the school, please complete this form only once and return to the school.
Note – this form will also be used to develop a school family directory.***

Parent(s) Name: _____

Daytime Telephone: _____ Best times to call: _____

Evening Telephone: _____ Best times to call: _____

Email address: _____

Father's Occupation: _____

Areas of Expertise: _____

Hobbies: _____

Interests: _____

Mother's Occupation: _____

Areas of Expertise: _____

Hobbies: _____

Interests: _____

FOR OFFICE USE ONLY

Child 1: _____ Teacher: _____

Child 2: _____ Teacher: _____

Child 3: _____ Teacher: _____



Family Talent & Volunteer Survey



HG Preschool is currently working towards a Multi-cultural project. Please let us know what country you are from. _____

Skills & Talents

Please check all the skills and talents you have. F=Father, M=Mother

<u>F / M</u>	<u>F / M</u>	<u>F / M</u>
<input type="checkbox"/> / <input type="checkbox"/> Accounting	<input type="checkbox"/> / <input type="checkbox"/> Drama	<input type="checkbox"/> / <input type="checkbox"/> Translation (list languages)
<input type="checkbox"/> / <input type="checkbox"/> Arts and crafts	<input type="checkbox"/> / <input type="checkbox"/> Music	_____
<input type="checkbox"/> / <input type="checkbox"/> Carpentry	<input type="checkbox"/> / <input type="checkbox"/> Leadership	_____
<input type="checkbox"/> / <input type="checkbox"/> Cooking	<input type="checkbox"/> / <input type="checkbox"/> Marketing	<input type="checkbox"/> / <input type="checkbox"/> Typing
<input type="checkbox"/> / <input type="checkbox"/> Computer Networking	<input type="checkbox"/> / <input type="checkbox"/> Multimedia Presentations	<input type="checkbox"/> / <input type="checkbox"/> Videography
<input type="checkbox"/> / <input type="checkbox"/> Desktop publishing	<input type="checkbox"/> / <input type="checkbox"/> Photography	<input type="checkbox"/> / <input type="checkbox"/> Website design
<input type="checkbox"/> / <input type="checkbox"/> "Fix-It" Skills	<input type="checkbox"/> / <input type="checkbox"/> Project management	<input type="checkbox"/> / <input type="checkbox"/> Writing
<input type="checkbox"/> / <input type="checkbox"/> Event planning	<input type="checkbox"/> / <input type="checkbox"/> Public relations	<input type="checkbox"/> / <input type="checkbox"/> Other _____
<input type="checkbox"/> / <input type="checkbox"/> Filing	<input type="checkbox"/> / <input type="checkbox"/> Sewing	<input type="checkbox"/> / <input type="checkbox"/> Other _____
<input type="checkbox"/> / <input type="checkbox"/> Fundraising	<input type="checkbox"/> / <input type="checkbox"/> Shopping	<input type="checkbox"/> / <input type="checkbox"/> Other _____
<input type="checkbox"/> / <input type="checkbox"/> Athletics		

School Volunteer Opportunities

Below are activities we would like to hold this year. We need your parental involvement. Please check areas / events where you would be interested in volunteering. F=Father, M=Mother

<u>F / M</u>	<u>EVENT</u>	<u>F / M</u>	<u>AREA</u>
<input type="checkbox"/> / <input type="checkbox"/>	Thanksgiving Feast	<input type="checkbox"/> / <input type="checkbox"/>	Classroom Parties
<input type="checkbox"/> / <input type="checkbox"/>	Christmas Program	<input type="checkbox"/> / <input type="checkbox"/>	Room Parent
<input type="checkbox"/> / <input type="checkbox"/>	Donuts with Dad	<input type="checkbox"/> / <input type="checkbox"/>	Reading to Students
<input type="checkbox"/> / <input type="checkbox"/>	Spring Fundraising Event	<input type="checkbox"/> / <input type="checkbox"/>	Parent Teacher Network Group (PTNG)
<input type="checkbox"/> / <input type="checkbox"/>	Spring / Easter Program	<input type="checkbox"/> / <input type="checkbox"/>	Preschool Board (Parent or At-large Member)
<input type="checkbox"/> / <input type="checkbox"/>	Muffins with Mom	<input type="checkbox"/> / <input type="checkbox"/>	Communications / Publicity
<input type="checkbox"/> / <input type="checkbox"/>	Teacher Appreciation Week	<input type="checkbox"/> / <input type="checkbox"/>	Playground and Facility Maintenance
<input type="checkbox"/> / <input type="checkbox"/>	Preschool Carnival	<input type="checkbox"/> / <input type="checkbox"/>	Safety and Security Advisors

Availability

When are you available to volunteer? Please check all that apply.

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

- Do you have access to funding sources that could contribute to specific needs of the school and its children?
_____ Yes / _____ No
- Do you have access to business relationships that could contribute to specific needs of the school and its children?
_____ Yes / _____ No