

Alpharetta Methodist Preschool Application Information

September 15, 2020 - May 14, 2021

www.afumc.org

770-410-9324

afumc.preschool@afumc.org

Building a Christ-Centered Foundation for a Lifetime of Learning.

IMPORTANT! READ ALL INFORMATION CAREFULLY

Please retain this page for your records.

You will need the following to register your child

1. Enrollment Form must be completed in full.
2. A photocopy of your child's birth certificate.
3. **Preschool 18 months - 4's:** \$200.00 **non-refundable** Enrollment Fee & Special Events/Supply Fee. Due upon application.
Kindergarten: \$300 **non-refundable** Enrollment Fee & Special Events /Supply Fee & Curriculum Fee. Due upon application.
4. Make check payable to Alpharetta Methodist Preschool. **No cash is accepted.**

Your application packet will be accepted only if it contains **all** the above items. All completed application material must be **hand delivered** to the AMP Receptionist.

Priority Application:

Packets must be hand delivered to the AMP Receptionist by **1 PM on Wednesday, January 8, 2020**

Priority of Placement will be as follows:

- Children currently enrolled in Preschool
- Siblings of currently enrolled students in Preschool
- Alpharetta Methodist Church Members
- Siblings of AMP Alumni (within 5 years)

The **General Public** registration on **Friday, January 10, 2020**

Application drop off will be Friday, January 10, 2020 from 9:15am – 12:30pm.

Once all applications are collected, they will be chosen at random to fill the remaining openings.

All applicants will be notified by 9:00am Wednesday, January 15, 2020 of class placement.

*Tours are encouraged for new families interested in our preschool to qualify for a 2nd tier of priority registration.

You will receive a Confirmation of Class Placement letter, outlining our terms of enrollment. The 1st tuition (schedule on other side of this page) is due on or before **May 1, 2020**. This payment will be applied as your May 2021 payment. **FAILURE TO PAY WILL RESULT IN FORFEITURE OF POSITION, AS WE WILL FILL THE POSITION FROM THE WAITING LIST beginning May 2, 2020.** The Confirmation of Class Placement letter will be your only reminder of tuition and fees that are due.

Termination of Enrollment

A one-month written notice of withdrawal is required. You will be responsible for one month's tuition unless written notice is given to the director one month prior to withdrawal. No refunds or transfer of funds are given for the month of May, regardless of withdrawal date.

Alpharetta Methodist Preschool admits students of any race, color and national or ethnic origin.

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General Information

- **School Hours:** 18 months – K attend school 9:00am – 1:00pm.
- **Lunch:** 18 months – K will bring their own lunch to school daily.
- **Food:** Please DO NOT send tree nuts or peanuts to school, in any form including nut butters.
- **Potty Trained:** All children registering for a 3-year-old class and up must be completely potty trained before entering the preschool program in August. No fees will be reimbursed if your child does not meet this criterion. In the Parent Handbook, **Fully Potty Trained** is defined as: *the Child recognizes the need to go to the restroom, enters the restroom on his/her own and manipulates clothing on/off with little or no assistance, and is able to take care of all toileting issues and washes hands before rejoining class.*

School Fees

- **18 months - 4's**
 - **Application Fee:** \$125 annually; Siblings \$100 per child; **non-refundable.** Due at time of application.
 - **Special Events/Supply Fee:** \$75 annually; **non-refundable.** Due at time of application.
- **Kindergarten**
 - **Application Fee -** \$125 annually; **non-refundable.** Due at time of application.
 - **Special Events Fee/Supply Fee:** \$75 annually; **non-refundable.** Due at time of application.
 - **Curriculum Fee -** \$100 annually; **non-refundable.** Due at time of application.

Annual tuition is divided into 8 equal payments and is due according to the following schedule.

- **18 months - 4's** - 18 month – 4 year old students enrolling after the first day of school will be required to pay the registration and activity fee, 1/2 month tuition, and the prorated tuition for the month they start school. **This is nonrefundable.** The last tuition payment is due the 1st of April. The 1/2 month of tuition pays for May.
- **Kindergarten** - Kindergarten students enrolling after the first day of school will be required to pay the registration and activity fee, 1/2 month tuition, and the prorated tuition for the month they start school. **This is nonrefundable.** The last tuition payment is due the 1st of April. The 1/2 month of tuition pays for May.
- We offer 3 ways to pay your tuition – traditional check, credit card (2.7% convenience fee), or ACH bank account withdrawal (\$1.00 processing fee). If paying by check, a tuition envelope will be provided monthly for the return of each tuition payment. Please make checks payable to AMP. For security reasons, **NO CASH WILL BE ACCEPTED.** Sickness, weather closings, and absenteeism do not affect the monthly tuition fee amount or due date.
- **Payment not received by 1:00 p.m. on the first day of each month will be considered late,** at which time a late fee of \$20.00 will be added. Your child may not attend preschool or kindergarten until your tuition payment and late fee are received.
- A \$25.00 fee will be charged for each returned check.

Class	Birthday Requirement	Monthly Tuition	Days Offered
18 months – 26 months	18 months by 9/1/20	\$203	M/W or T/TH
2- day 27 mon.–36 mon.	27 months by 9/1/20	\$203	Tuesday & Thursday
3- day 29 mon.–36 mon.	29 months by 9/1/20	\$282	Monday/Wednesday/Friday
2-day Three Year Old	Three by 9/1/20	\$203	Tuesday & Thursday
3-day Three Year Old	Three by 9/1/20	\$282	Monday/Wednesday/Friday
5-day Three Year Old	Three by 9/1/20	\$396	Monday through Friday
3-day Four Year Old	Four by 9/1/20	\$286	Monday/Wednesday/Friday
4-day Four Year Old	Four by 9/1/20	\$349	Monday through Thursday
5-day Four Year Old	Four by 9/1/20	\$401	Monday through Friday
5-day Kindergarten	Five by 9/1/20	\$479	Monday through Friday

Families with more than one child attending Alpharetta Methodist Preschool will receive a \$10 discount on each child's monthly tuition.

Office Use Only

Reg. Date _____ Program: 18-23 m _____ 24-28 m _____ 29-36m _____ 3 yr. _____ 4 yr. _____ K _____ Check # _____ Amount \$ _____

Alpharetta Methodist Preschool
18 months - Kindergarten
Application
2020-2021 School Year

Applicant currently enrolled in ____ AFUMC 18-36 months Which Class? ____ AFUMC 3yrs. – K Which Class? ____ Other Preschool or MMO Program Which School? ____ Not enrolled in any program	Sibling of applicant enrolled in ____ AFUMC 18 – 36 months ____ AFUMC 3 yrs. – 4yrs. ____ AFUMC Kindergarten	Is family ____ AFUMC Member Date joined: ____ Alumni (within past 5 years) ____ Member of another local church Church Name: _____
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Child's Name _____ Name Called _____

Home Phone _____ Birth Date _____
Month Date Year Male Female
(circle one)

Address _____
Street City State Zip

Subdivision Name _____ Zoned for which elementary school _____

Parent's Name	Business Phone
Parent's Email (email address will be shared with AFUM Church)	Home Phone
	Cell Phone Cell Phone Provider*
Relationship to Child	Place of Employment
	Days/hours of Employment
Parent's Name	Business Phone
Parent's Email (email address will be shared with AFUM Church)	Home Phone
	Cell Phone Cell Phone Provider*
Relationship to Child	Place of Employment
	Days/hours of Employment

***Cell phone provider is required to contact you in case of a church/schoolwide emergency.**

Language(s) child speaks: 1st Language _____ 2nd Language _____

Are there any medical (i.e. allergies, etc.) / developmental / emotional problems or any special procedures required for the care of your child?
If yes, please explain. Please attach a full explanation, using a separate sheet of paper, if necessary.

AUTHORIZATION

Child's Name _____

Birth Date _____

Emergency Medical Contact: Doctor _____

Phone _____

Local Emergency Contact (non-parent)

Name Home Phone Cell or Business Phone

Name Home Phone Cell or Business Phone

Authorized Pick-up (non-parent)

Name Home Phone Cell or Business Phone

Name Home Phone Cell or Business Phone

I hereby authorize Alpharetta First United Methodist Church to take my child to the nearest medical facility for treatment in the event of an emergency when neither parent can be reached.

I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency on which the above named physician cannot respond.

I, _____, parent(s) / guardian(s) of the above participant do hereby consent to his/her participation in the above Program, including all activities incidental to the Program. I assume all responsibilities for, and risks and hazards of, participation in the above Program, including transportation to and from all activities of the Program. In consideration of Alpharetta First United Methodist Church conducting the above Program, I do hereby release Alpharetta First United Methodist Church and the Program, including all officials, officers, sponsors, organizers, supervisors, volunteers, participants, and all other agents, of any and all claims, demands, rights, and causes of action of whatever kind and nature, arising from and by reason of, and all known and unknown, foreseen and unforeseen, bodily and personal injuries, damages to property, and the consequences thereof, resulting from his/her participation in the program and all activities incidental to the Program.

I have read and received a copy of the attached Alpharetta Methodist Preschool Application Information.

Parent/Guardian Signature

Date

Class Request Form

The administrative office determines class assignments and class groupings.

Child's Name: _____

Birth Date: _____

18 months – 26 months (18 months by September 1, 2020) 9:00am – 1:00pm

Please mark 1st and 2nd choice.

Monday /Wednesday

Tuesday/Thursday

27 months – 36 months (27 months by September 1, 2020) 9:00am – 1:00pm

Please mark choice.

Tuesday/Thursday

29 months – 36 months (29 months by September 1, 2020) 9:00am – 1:00pm

Please mark choice.

Monday /Wednesday/Friday

3 years old by 9/1/20 9:00am – 1:00pm

Please mark 1st, 2nd and 3rd choice.

Tuesday/Thursday

Monday/Wednesday/Friday

Monday through Friday

4 years old by 9/1/20 9:00am – 1:00pm

Please mark 1st, 2nd, and 3rd choice.

Monday/Wednesday/Friday

Monday through Thursday

Monday through Friday

Kindergarten 5 years old by 9/1/20 9:00am – 1:00pm

Monday through Friday

Please list all siblings **only if you are enrolling more than one child in our Program.**

Sibling's Name _____

Class days selected

Sibling's Name _____

Sibling's Name _____

Parent/Guardian Signature _____ Date: _____

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Families with more than one child attending Alpharetta Methodist Preschool will receive a \$10 discount on each child’s monthly tuition. Please sign, indicating your agreement to abide by the above fees, tuitions, payment schedule, and policies.

Parent/Guardian Name – please print

Child’s Name – please print

Parent/Guardian Signature

Date

Alpharetta Methodist Preschool admits students of any race, color and national or ethnic origin.

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