



ENROLLMENT AGREEMENT

1. I have read and understand the Athens First United Methodist Church Weekday Preschool Handbook. I will adhere to the policies and procedures described in this handbook to the best of my ability. If I have any questions, I will contact the Weekday Preschool Director.

3. I give permission for my child to be involved in the activities of the Athens First United Methodist Church Weekday Preschool. I understand that my signature grants permission to participate in the events of the program.

4. **Form 3231 must be turned in no later than August 17 or your child will not be permitted. Please fax forms to 706-546-4797.**

5. My payment is due by the 1<sup>st</sup> of the month. I understand a \$20.00 late payment fee will be charged to my account if payment is not received on or before the 5th of the month. If payments are more than 60 days delinquent, my child(ren) will be subject to dismissal from the program. I will communicate and settle all financial problems through either the Weekday Preschool Director or Administrative Assistant. Supply fees of \$25 due in Sept. and Jan.

6. I understand that the absence of my child from class for a part or all of any months does not reduce the tuition, nor does it change the method of payment as outlined above.

7. I am aware that Athens First United Methodist Church Weekday Preschool closely follows the same schedule as the Clarke County Schools holidays. Snow days or any other circumstances beyond the control of AFUMC Weekday Preschool that may result in school closings do not reduce the amount of tuition.

8. I am aware that returned checks will be subject to a \$30.00 fee.

9. If for any reason I have to withdraw my child(ren) from the program, I understand a 30 day written notice is required. Failure to give a 30 day notice will result in my payment of the next month's tuition.

10. Media Release: AFUMC Weekday Preschool **does have / does not have (circle one)** permission to use my child's name, voice, likeness and/or any audio or video footage in any of AFUMC activities.

11. I understand that every consideration is given to each child. I agree that Athens First United Methodist Church Weekday Preschool reserves the right to dismiss a child for reasons regarding behavior, emotional disturbances, and/or health should it become necessary. I am aware that dismissal would come only as a last resort.

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

I HAVE READ AND UNDERSTAND THE ABOVE STATED POLICIES, AND I AGREE TO ABIDE BY THEIR TERMS.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date





## Emergency Contact Information

**Student Name:** \_\_\_\_\_

Please list three emergency contacts for us to reach in the event we are unable to locate the parents or guardians. These persons would have permission to pick up your child from school in the event of illness or other emergency.

Name	Relationship	Local Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

### Asthma and Allergy Information

Is the child asthmatic? \_\_\_\_\_

Does the child have allergies? \_\_\_\_\_ If yes, what are the allergies? \_\_\_\_\_

Please list any medical concerns that we need to be aware of.\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Do not hesitate to administer medicine or call Rescue Squad even if parents or doctor cannot be reached.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date