

**REGISTRATION FORM FOR 2018-2019 SCHOOL YEAR
MT. TABOR PRESCHOOL PROGRAM**

3543 Robinhood Road
Winston-Salem, NC 27106
336-760-2326

OFFICE USE ONLY

Registration: Amount: _____ Date: _____
Sept. Tuition: Amount: _____ Date: _____

CHILD'S FULL NAME _____ Male/Female
NAME CALLED _____ DATE OF BIRTH (M/D/Y) _____
CHILD'S ADDRESS: _____ City _____ ST _____ ZIP _____

PROGRAM DESIRED:

TWO YEAR CLASS

	Registration Fee	Monthly Tuition
Tuesday/Thursday _____	\$125.00	\$170.00
Monday/Wednesday/Friday _____	\$125.00	\$200.00
Monday through Friday _____	\$125.00	\$245.00

THREE YEAR CLASS

Monday/Wednesday/Friday _____	\$125.00	\$200.00
Monday through Friday _____	\$125.00	\$245.00

FOUR YEAR CLASS

Monday through Thursday _____	\$125.00	\$230.00
Monday through Friday _____	\$125.00	\$250.00

Mother's Full Name _____ **SS#** _____
First Middle Last (last 4 digits only)

Address _____
City _____ ST _____ ZIP _____ Home Phone _____

Mother's Cell Phone _____ Mother's Email _____

Mother's Occupation/Employer _____ Mother's Work Phone _____

Father's Full Name _____ **SS#** _____
First Middle Last (last 4 digits only)

Address _____
City _____ ST _____ ZIP _____ Home Phone _____

Father's Cell Phone _____ Father's Email _____

Father's Occupation/Employer _____ Father's Work Phone _____

Preferred email to receive correspondence from Mt Tabor Preschool Office _____

Church Membership or Affiliation _____

****It is the responsibility of the parent/legal guardian to complete this form in its entirety and keep it updated.**

Date _____ Signature _____

Registration is not valid until these forms are completed and signed. Thank you!

Mt. Tabor Preschool Financial Policies

Registration:

The registration fee is due at time of registration and is non-refundable. All accounts must be current in order to be eligible to register for the upcoming school year.

****Registration fee is non-refundable** ****September tuition is non-refundable after May 1st******

Tuition:

Monthly tuition fees are due on the first of each month. Tuition is paid one month in advance (i.e. October tuition is due September 1st). September tuition is due at time of registration or by May 1st for currently enrolled students. Registration fees are non-refundable. September tuition is non-refundable if withdrawal is after May 1st. Tuition is subject to the late fee of \$15.00 if not paid by the 7th of the month. We **DO NOT SEND A BILL** for tuition.

If a child is absent for any reason, tuition still must be paid to retain a place in the program.

All accounts must be current on the last day of the preschool year. Failure to comply will result in forfeiture of your child's space in our program.

Please make checks payable to Mt. Tabor Preschool. Please write your child's name and class on the front of the check. A tuition box is located in the children's building lobby. If you prefer to mail your payment, the address is: Mt. Tabor Church Preschool, 3543 Robinhood Road, Winston-Salem, NC 27106. **PLEASE DO NOT SEND PAYMENT IN YOUR CHILD'S BOOKBAG.**

Sibling Discount:

A sibling discount will be given when more than one child from the same household is enrolled at the same time. The discount will be \$10 off of the second child's monthly tuition and will be in effect as long as more than one child is enrolled at the same time.

Withdrawal:

Our budget is made to include your child's payment for the full school year. You must provide a 30-day written notice if you plan to withdraw your child from the school for any reason. Tuition is due and prorated for that 30-day period. For example, if on September 1st, you notify the Preschool office that your child will be withdrawn on October 1st; you will only need to pay September tuition. If however, you notify Preschool on September 15th that your child will be withdrawn on October 1st, you will need to pay tuition through October 15th (or 30 days from the date of written notification).

Returned Check Fee:

A Returned Check fee of \$25.00 will be charged for each check returned to the preschool from the bank. These fees will be enforced.

I have received information regarding Registration, Activity fees and Tuition for the 2018/2019 preschool year. I have read and understood the information on this sheet regarding Mt. Tabor Preschool's financial policies. Failure to pay registration, tuition, and the activity fee (if applicable), by the specified date, will result in my child's withdrawal from the program.

Signature _____

Date _____

MT. TABOR PRESCHOOL

Medical Information

Child _____
(Last) (First) (Middle)

Address _____ Home Phone _____

_____ Date of Birth _____

Father's Name _____ Work Phone _____

Mother's Name _____ Work Phone _____

Child's Physician _____ Phone Number _____

Child's Dentist _____ Phone Number _____

Hospital Emergency Room Preference _____

Medical Insurance Company _____ Policy# _____

Allergies or Dietary Restrictions (Please list all Allergies including food allergies) _____

Please list any medications necessary for allergies (ie Benadryl, Epi-Pen, etc) _____

*****If your child's allergies require the use of medication for a possible anaphylaxis reaction, please see the office to complete an Emergency Medication Administration Form.**

Has child had any serious accidents/illnesses (give dates) _____

Other helpful medical information _____

EMERGENCY CONTACTS

(Local Contacts Only)

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

In the event of an emergency or child's illness, when a parent/guardian cannot be reached, the above emergency contacts have my permission to be contacted and pick up my child from Mt Tabor UMC Preschool. I understand that if I plan for anyone other than a parent/guardian to pick up my child that a written notice must be provided to my child's teacher.

EMERGENCY TREATMENT

In the event of an accident or illness which requires immediate medical treatment when a parent can not be located, I give permission for the Preschool Director of Mt. Tabor United Methodist Preschool or other preschool personnel designated by the director to authorize needed treatment. I will not hold the preschool nor medical personnel responsible. I assume all financial responsibility for the delivery of such care. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician, and other persons listed for emergency contact.

It is the responsibility of the parent/legal guardian to complete this form in its entirety and keep it updated.

Parent/Guardian Signature _____ Date _____

Allergies/Other Medical Conditions

Parents are responsible for reporting their child's allergies to the Preschool. Any child requiring non-prescription or prescription medication for food allergies, or a chronic medical condition must complete the **Authorization for Medication Administration** and provide in writing a detailed description on how to administer the medication.

Snacks

Children with food allergies requiring the use of epinephrine (Epi-Pen) must bring in a snack from home to eat during the classroom snack time.

Lunch Bunch

Children with food allergies requiring the use of epinephrine (Epi-Pen) will be allowed to stay for Lunch Bunch **ONLY** when accompanied by a parent/guardian for the entire Lunch Bunch hour. The parent/guardian will also be required to sign an indemnity agreement which states that Mt. Tabor Preschool, its agents, employees, and representatives are free and harmless from liability for any such injury, illness or damage associated with a food allergy.

Extended Day for Children with Food Allergies

Children with food allergies requiring the use of epinephrine (Epi-Pen) may **only** eat with their class in the classroom on extended days when accompanied by a parent/guardian from the time the children eat until dismissal. The parent/guardian will be required to sign an indemnity agreement which states that Mt. Tabor Preschool, its agents, employees, and representatives are free and harmless from liability for any such injury, illness or damage associated with a food allergy.

If the parent/guardian is unable to accompany the child with food allergies on the extended days when the class eats lunch, the child will be taken to a separate allergy free room to eat with a supervising Preschool staff member. All of these children with ANY food allergies will need to bring a lunch that is **allergen-free** as we do not want to expose any children to potentially fatal allergens. If relevant allergens are packed, the parent will be called to pick up the child before the class eats for the safety of the other children. Parents will be notified at the beginning of each school year of the current food allergies within the program.

Asthma/Respiratory Conditions

If your child has a respiratory condition requiring the use of an inhaler or other medication, you will need to complete the **Authorization for Medication Administration Form** and provide in writing a detailed description on how to administer the medication.

Diabetes

While children with diabetes are welcome to attend our preschool program, the staff will not be able to provide any blood glucose monitoring or injections. Parents of diabetic children will need to send appropriate snack to school for their children.

I have read and understood the above information about allergies and other medical conditions.

Date: _____

Signature of Parent/Guardian: _____