

**REGISTRATION FORM FOR 2024-2025 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:		Registration Fee	Monthly Tuition
<b>TODDLER CLASS</b>	Tuesday/Thursday _____	\$125.00	\$225.00
<b>TWO YEAR CLASS</b>	Tuesday/Thursday _____	\$125.00	\$225.00
	Monday/Wednesday/Friday _____	\$125.00	\$255.00
	Monday through Friday _____	\$125.00	\$305.00
<b>THREE YEAR CLASS</b>	Tuesday/Thursday _____	\$125.00	\$225.00
	Monday/Wednesday/Friday _____	\$125.00	\$255.00
	Monday through Friday _____	\$125.00	\$305.00
<b>FOUR YEAR CLASS</b>	Monday through Thursday _____	\$125.00	\$285.00
	Monday through Friday _____	\$125.00	\$305.00

**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.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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 1<sup>st</sup>\*\***

## Tuition:

Tuition is based on the 2024/2025 school calendar and divided into nine equal payments. 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 1<sup>st</sup>). September tuition is due at time of registration or by May 1<sup>st</sup> for currently enrolled students. Registration fees are non-refundable. September tuition is non-refundable if withdrawal is after May 1<sup>st</sup>. **Tuition is subject to the late fee of \$15.00 if not paid by the 7th of the month.**

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

There will be no tuition reimbursement or make up days for any school closures including, but not limited to, inclement weather (first 5 days), COVID-19 preschool closures, power outages, or inability to enter the building, etc. If more than 5 days of school are missed due to inclement weather, the preschool board will determine if makeup days are possible and will be assigned at the board's discretion.

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.

Mt. Tabor Preschool uses the software program "brightwheel" for all billing. Account payments may be made either through "brightwheel" or by submitting cash or check to the preschool office. Checks should be made 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. If parents are not allowed in the building while operating under COVID-19 guidelines, payments may be sent in an envelope with your child's name and placed in the folder in your child's bookbag. Please notify the preschool office by email if a payment is sent in the bookbag.

## Scholarship Program:

The Preschool Scholarship Program is a financial assistance program for families which are unable to meet their full tuition obligation. Assistance from this program is subject to available funds and space in the appropriate classroom. Applicants will be asked to pay a portion of their fees. All rates will be kept confidential, as they are specific to individual circumstances. Assistance is provided for the school year. Applicants will be asked to reapply each school year. We have a limited amount of assistance that we can provide, which will be awarded to those who the scholarship committee feels need it most and subject to availability.

## 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 1<sup>st</sup>, you notify the Preschool office that your child will be withdrawn on October 1<sup>st</sup>; you will only need to pay September tuition. If however, you notify Preschool on September 15<sup>th</sup> that your child will be withdrawn on October 1<sup>st</sup>, you will need to pay tuition through October 15<sup>th</sup> (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. This fee will be enforced.

I have received information regarding Registration fee and Tuition for the 2024/2025 preschool year. I have read and understood the information on this sheet regarding Mt. Tabor Preschool's financial policies. Failure to pay registration and tuition by the specified date will result in my child's withdrawal from the program.

Parent/Guardian 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 or sign the waiver for preschool provided snack.

**The Lunch Bunch Program may not be available while we operate under COVID-19 guidelines. If the program is available the following rules will apply.**

### Lunch Bunch for Children with Food Allergies

Children in the **Toddler and 2 year old classes** with food allergies requiring the use of epinephrine (Epi-Pen) may stay for Lunch Bunch **ONLY** if accompanied by a supervising parent or guardian.

Children in the **3 and 4 year old classes** may stay for Lunch Bunch with the understanding that their child will eat in classrooms with other children that may bring in food containing allergens. 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.

### Extended Day for Children with Food Allergies

Children in the **Toddler and 2 year old classes** with allergies requiring the use of epinephrine (Epi-Pen) may **only** eat in their 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 a parent/guardian of a child in the **Toddler or 2 year old class** with food allergies requiring the use of an Epi-Pen is unable to accompany their child on the extended days when the class eats lunch, the child must be picked up by 12:00pm before the other children start eating lunch.

Children in the **3 and 4 year old classes** may eat in their classrooms **on extended days** after a parent/guardian has signed an indemnity agreement which states that they understand their child will eat in their classroom with other children that may bring in food containing allergens and 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 a parent/guardian of children in the **3 and 4 year old classes** has not signed the release of liability form, the child must be picked up by 12:00pm before the other children start eating lunch.

### 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.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_