



Epworth UMC
MDO, Preschool & Kindergarten

Epworth United Methodist Church
Mother's Day Out, Preschool & Kindergarten
2102 Epworth Drive, NE
Huntsville, Alabama 35811
epworthmdopreschool@gmail.com
(256) 534-6100 Fax (256) 536-5003

OFFICE USE ONLY
Date Received: _____
Reg. Fee: \$ _____
Tuition: \$ _____
Amount Pd: \$ _____
Check #: _____
Classroom: _____

REGISTRATION FORM
2018/2019

Child's Name: _____
First Middle Last

What name does your child go by? _____

Date of Birth: _____ Age on 9/1/2018: _____ Gender: Male Female

Child lives with: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Please provide us with any other pertinent information regarding your child that we may find helpful while caring for your child's needs.

Allergies or health concerns: _____

Other Conditions: _____

Will your child attend another school/program in addition to Epworth? Yes No

If yes, what is the name of the school/program? _____

Parent Information:

Mother's Name: _____
First Last

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell phone: _____

Place of Employment: _____ Work phone: _____

Best number to be reached during school hours: _____

Email Address: _____

Father's Name: _____
First Last

Same address as mother

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell phone: _____

Place of Employment: _____ Work phone: _____

Best number to be reached during school hours: _____

Email Address: _____

Emergency Contacts/Authorized to pick up child:

Name: _____ Phone: _____
First Last

Name: _____ Phone: _____
First Last

Name: _____ Phone: _____
First Last

DO NOT RELEASE: (if applicable)
Do not allow my child to be released to the following people:
Name: _____ Relationship to child: _____
Name: _____ Relationship to child: _____

A current Immunization Certificate (Blue Card) must be on file when the child enters the program!

Please indicate the appropriate class/days your child will attend: **Tuition**

Mother's Day Out & Preschool:

Ages 6 months through 3 years old

_____ MDO (5 days)	Monday through Friday	\$200.00/month
_____ MDO (3 days)	Monday, Wednesday & Friday	\$175.00/ month
_____ MDO (2 days)	Tuesday & Thursday	\$150.00/month

Pre-K:

Must be 4 years old by September 1, 2018

_____ Pre-K (5 days)	Monday through Friday	\$230.00/month
_____ Pre-K (3 days)	Monday, Wednesday & Friday	\$200.00/month

Kindergarten

_____ Kindergarten (5 days)	Monday through Friday	\$240.00/month
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***Registration Fees:**

- MDO: \$75.00
- Preschool: \$75.00
- Pre-K: \$100.00
- Kindergarten: \$120.00

*Registration fee must accompany the Registration Form and is non-refundable. Your child will not be added to our enrollment until we receive this Registration Form AND the Registration Fee.

Tuition is due in full the first of each month, August 2018 – May 2019

Late Tuition Fee: \$5.00 late fee each week after the 10th of the month

Late Pick-Up Fee: \$10.00 initial charge if child remains at 1:31 p.m. plus \$1.00 per minute after 1:32 p.m.

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I have read and understand the above fee system for the Epworth MDO, Preschool & Kindergarten Program. I agree to pay the full tuition each month that my child is enrolled regardless of whether or not he/she misses any days due to illness, weather, holidays, etc. I understand that my child may not substitute different days for days missed. I agree to pick up my child no later than 1:30 each day. I further understand that all registration fees and monthly tuition are non-refundable. I will read the Parent Handbook given to me upon enrollment.

Signature of Parent or Guardian

Date

Do we have permission to use photographs of your child on our website/ FB page/ local media? Yes No

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

Should my child, _____, become ill or suffer an accident of any character while he/she is in the care of the Epworth Mother's Day Out, Preschool & Kindergarten Program, the Program shall contact me immediately. In the event that I cannot be reached the Program and/or its designated employees shall be authorized to secure and consent to such emergency medical attention as may be deemed necessary. I authorize the Program's designated employees to take my child, _____, to Huntsville Hospital Pediatric Emergency Room for necessary medical treatment.

Insurance Information: _____

Signature of Parent or Guardian

Date