



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

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

**REGISTRATION FORM**  
2022/2023

Child's Name: \_\_\_\_\_  
First Middle Last

What name does your child go by? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age on 9/1/2022: \_\_\_\_\_ 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/Guardian Information:**

Parent/Guardian 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: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
First Last

Same address as above

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

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

**A current Immunization Certificate must be on file when the child enters the program!**

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

**Tuition**

<b>Mother's Day Out:</b>	Ages 6 months through 3 years old	
_____ MDO (5 days)	Monday through Friday	<b>\$275.00/month</b>
_____ MDO (3 days)	Monday, Wednesday & Friday	<b>\$250.00/ month</b>
_____ MDO (2 days)	Tuesday & Thursday	<b>\$225.00/month</b>
<b>Preschool:</b>	Ages 3 & 4 years old, <b>must be potty trained</b>	
_____ MDO (5 days)	Monday through Friday	<b>\$275.00/month</b>
_____ MDO (3 days)	Monday, Wednesday & Friday	<b>\$250.00/ month</b>
_____ MDO (2 days)	Tuesday & Thursday	<b>\$225.00/month</b>
<b>Pre-K:</b>	Must be 4 years old by September 1, 2022	
_____ Pre-K (5 days)	Monday through Friday	<b>\$285.00/month</b>
_____ Pre-K (3 days)	Monday, Wednesday & Friday	<b>\$260.00/month</b>
<b>Kindergarten</b>	Must be 5 years old by September 1, 2022	
_____ K (5 days)	Monday through Friday	<b>\$285.00/month</b>

**\*Registration Fees must be paid in cash or check:**

<b>MDO:</b>	<b>\$150.00</b>	<b>Pre-K:</b>	<b>\$150.00</b>
<b>Preschool:</b>	<b>\$150.00</b>	<b>Kindergarten:</b>	<b>\$150.00</b>

**Student placement will be at the discretion of the director based on assessment.**

\*Registration fee paid in 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.

Discounted tuition is available for church members.

Tuition is due in full the first of each month, August 2022 – May 2023. A late tuition fee of \$20.00 will be applied after the 10<sup>th</sup> of each month.

Late Pick-Up Fee: \$10.00 initial charge if child remains at 1:45 p.m. plus \$1.00 per minute after 1:46 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: \_\_\_\_\_

Child's Pediatrician: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date