

COLLIERVILLE UNITED METHODIST CHURCH PRESCHOOL 2024-2025 ENROLLMENT

It is that time of year when we begin preparing for the next school year. We have another exciting year planned and look forward to having the opportunity to share it with your child!

Enrollment Schedule Start Dates:

Beginning Tuesday, January 9, 2024:

Enrollment forms are sent home with currently enrolled students. Extra forms are available at the preschool office and website (colliervilleumc.org/preschool)

Tuesday, January 16, 2024:

First day for registration of current students

Tuesday, January 23, 2024:

First day for registration of siblings of current students & church members, starting at 9 a.m.

Monday, January 30, 2024:

First day for registration of general public, starting at 9 a.m.

Key Information

Our classes fill quickly so please come fully prepared with all information needed. You will need to have a completed enrollment form, a current Health Immunization form (if new to CUMC preschool) and payment.

Teacher requests cannot be guaranteed. All classes will be filled based on age and gender.

The preschool will adhere to the Collierville school system's school day calendar.

Tuition Costs

All fees are due at the time of registration. Monthly tuition for the 2024/2025 school year is as follows:

Two days a week	300.00 monthly
Three days a week	450.00 monthly
Five days a week	750.00 monthly

Tuition is due on the 1st of each month and late after the 10th, starting in August 2024. A full tuition payment will be due during the first week of preschool, August 8th – 16th. Remember the prepaid tuition you pay at registration is for May 2025 and you will be expected to pay August tuition when school starts in the fall.

At the time of enrollment, you will be expected to pay a non-refundable registration fee, May 2025 tuition, and any applicable classroom fees for activities and workbooks. To assist you in calculating the amount due at this time, please refer to the information provided below.

Total Registration Amount Due

<u>Ones</u>	<u>Two Days</u>	<u>Three Days</u>	<u>Five Days</u>
Non-refundable Registration Fee	\$ 100.00	\$ 100.00	\$ 100.00
Activity Fee	15.00	15.00	15.00
May 2025 Tuition	<u>300.00</u>	<u>450.00</u>	<u>750.00</u>
Total Registration Due – Ones	<u>\$ 415.00</u>	<u>\$ 565.00</u>	<u>\$ 865.00</u>

<u>Two Year Olds</u>	<u>Two Days</u>	<u>Three Days</u>	<u>Five Days</u>
Non-refundable Registration Fee	\$ 100.00	\$ 100.00	\$ 100.00
Activity Fee	30.00	30.00	30.00
May 2025 Tuition	<u>300.00</u>	<u>450.00</u>	<u>750.00</u>
Total Registration Due – Two Year Olds	<u>\$ 430.00</u>	<u>\$ 580.00</u>	<u>\$ 880.00</u>

<u>Three Year Olds</u>	<u>Two Days</u>	<u>Three Days</u>	<u>Five Days</u>
Non-refundable Registration Fee	\$ 100.00	\$ 100.00	\$ 100.00
Activity Fee	35.00	35.00	35.00
Workbook Fee	30.00	30.00	30.00
May 2025 Tuition	<u>300.00</u>	<u>450.00</u>	<u>750.00</u>
Total Registration Due – Three Year Olds	<u>\$ 465.00</u>	<u>\$ 615.00</u>	<u>\$ 915.00</u>

<u>Pre-Kindergarten – Four Year Olds</u>	<u>Two Days</u>	<u>Three Days</u>	<u>Five Days</u>
Non-refundable Registration Fee	\$ 100.00	\$ 100.00	\$ 100.00
Activity Fee	50.00	50.00	50.00
Workbook Fee	40.00	40.00	40.00
May 2025 Tuition	<u>300.00</u>	<u>450.00</u>	<u>750.00</u>
Total Registration Due – Four Year Olds	<u>\$ 490.00</u>	<u>\$ 640.00</u>	<u>\$ 940.00</u>

<u>Junior Kindergarten – Five Year Olds</u>	<u>Five Days</u>
Non-refundable Registration Fee	\$ 100.00
Activity Fee	50.00
Workbook Fee	40.00
May 2025 Tuition	<u>750.00</u>
Total Registration Due – Five Year Olds	<u>\$940.00</u>

Information And Fees Required At Time Of Enrollment

(Enrollment forms will not be accepted unless accompanied by all information and fees.)

- 1) Enrollment Form
- 2) Most recent Tennessee Child Health Record from doctor (Certificate of Immunization)
- 3) TB test required for all children born outside the United States
- 4) Check for Total Registration Due (see above)

COLLIERVILLE UNITED METHODIST PRESCHOOL
454 W. POPLAR, COLLIERVILLE, TN 38017
Office 853-8636 Fax 854-4584
Director – Katie McNeal Asst. Director – Kelly Hassell
2024/2025

FOR OFFICE STAFF ONLY:

Date: _____ Time: _____ Check #: _____ Amt: _____ Reg fee: _____ Activity fee: _____
Wkbk fee: _____ May 2024: _____

Child Information:

Name of Child: _____ Child likes to be called: _____ Sex: M F Date of Birth: _____
Address: _____ City: _____ State: _____ Zip code: _____
Primary Phone: _____ E-mail address: _____

Parent / Guardian & Family Information:

Mother's Name: _____ Work Phone: _____ Cell phone: _____ Employer: _____
Father's Name: _____ Work Phone: _____ Cell phone: _____ Employer: _____
Names and ages of any siblings: _____ age _____ age _____
_____ age _____ age _____

If parents are separated or divorced, please provide custody arrangement information: _____

What language, if not English, is spoken in the home? _____

Does your family have a church membership? _____ yes _____ no Name of church: _____

Emergency / Release Information:

Emergency contacts: (1) _____ Phone Number: _____ relationship: _____
(2) _____ Phone Number: _____ relationship: _____

Name of Physician: _____ Phone: _____

Allergies: _____ Surgeries: _____

Ongoing / recurrent medical condition(s): _____

Diagnosed disabilities: _____ Does your child have an IEP (Individualized Education Plan)? _____

Enrollment Information: (Complete the information below based on age as of 08/15/24).

One Year olds Birth date 08/16/22 to 08/15/23 _____ Mon / Wed / Fri **or** _____ Tues/ Thurs **or** _____ 5 day
(Choose two, three, or five days
within M/W/F or T/TH program)
(If 15 months old when school starts-must be walking)

Younger 2 Year olds Birth date 02/15/22 to 08/15/22 _____ Mon / Wed / Fri **or** _____ Tues/Thurs **or** _____ 5 day
(Choose two, three, or five days
within M/W/F or T/Th program)

Older 2 Year olds Birth date 08/16/21 to 02/14/22 _____ Mon/ /Wed / Fri **or** _____ Tues/Thurs **or** _____ 5 day
(Choose two, three, or five days
within M/W/F or T/Th program)

Three Year olds Birth date 08/16/20 to 08/15/21 _____ Mon / Wed / Fri **or** _____ Tues/Thurs **or** _____ 5 day

Must be potty trained by 8/1/24

No Pull-Ups

Pre-Kindergarten (4 Year olds) _____ Mon / Wed / Fri **or** _____ Tues/Thurs **or** _____ 5 day
Birth date 08/16/19 to 08/15/20

Jr. Kindergarten Must be 5 years old as of 08/15/24 _____ Mon thru Friday

Required Signature:

I have completed this form and all other required forms for enrollment. I understand that the school reserves the right to dismiss any student whose presence in the school is considered detrimental either to the student's or the school's best interest.

Signature: _____

Date: _____

The following information will be beneficial to the preschool administration and teachers in working with your child. Please be assured that all information will be kept confidential.

Please provide a brief description of your child's personality. _____

What positive disciplinary methods are used at home? _____

Does your child have any special fears or apprehensions? _____

Does your child take a nap at home? If so, please provide length of nap time and any special routines or toys used. _____

Please check the following:

	Yes	No
Potty- trained (all children 3 and above <u>must be potty trained</u>)	_____	_____
Does he/she tell you when he/she needs to go?	_____	_____
Can he/she manage his/her clothes by him/herself?	_____	_____
What word does he/she use for urinating?	_____	_____
What word does he/she use for a bowel movement?	_____	_____

Child's Health History Checklist

The answers to these questions will help us to know if your child has any medical problems. We need this information in case of an emergency and we are unable to reach you right away. Please circle the right answer and list any relative information in the space provided.

Pregnancy and Birth

Yes	No	Were there any problems during pregnancy or at your child's birth? Please explain: _____
Yes	No	Was his/her birth weight under 5 ½ pounds?
Yes	No	Were there any complications at the hospital? Please explain: _____

Medical Problems

Yes	No	Has your child ever been in the hospital overnight?
Yes	No	Is your child taking any medication on a regular basis?
Yes	No	Any allergies or reactions to medicine, DTP or other shots, or insects?
Yes	No	Does your child have asthma or wheezing?
Yes	No	Does your child have speech or hearing problems?
Yes	No	Does your child have trouble with his/her eyes or with vision?
Yes	No	Has your child had tonsillitis?
Yes	No	Does he/she have seizures, fits or shaking spells?
Yes	No	Have you ever been told your child has a heart murmur?
Yes	No	Is your child a hemophiliac (free bleeder)?
Yes	No	Is your child on a heart monitor?
Yes	No	Does your child have tubes in his/her ears?

I do hereby authorize emergency medical care.

Signature: _____

Date: _____

