



Bethelview UMC Preschool

4525 Bethelview Road
Cumming, GA 30040
770-205-9656
www.bethelviewpreschool.com

NEW STUDENT
2019-2020
REGISTRATION

January 8th, 2019

Dear Potential BUMP Family,

Attached to this letter is Bethelview UMC Preschool's 2019-2020 Registration Form. Please be sure to complete the form by printing the information on BOTH front and back of the entire form using a blue or black pen. *(Please fill out one registration sheet per child. Do not put siblings on the same sheet. Thank you. ☺)* **We are NOT able to accept debit or credit cards so you can only pay registration by check, cash or money order.** Please note that the Registration Fee is NON-refundable and must accompany your Registration Form to obtain a spot.

Please take note of the important due dates at the bottom of this letter--and the bottom of Registration Form--for the remainder of the fees. We require all BUMP families to pay the last month's tuition in advance and, so, tuition for May 2020 will be due May 1st, 2019. You may mail or drop off this fee by the due date. Snack, Activity Fee and August tuition (1/2 of monthly tuition) will be due at Meet 'n' Greet in August.

Parent Orientation has been scheduled for Tuesday, Aug. 13th at 6:30pm, Meet & Greet is morning of Thursday, Aug. 15th and our **first day of preschool for the 2019-2020 school year will be Monday, August 19th.**

Once we open registration to new students and families on Monday, January 28th, spots will be filled on a first come, first serve basis. Our current students have first opportunities for registration UNTIL that date but as of January 28th, it is first come, first serve for all.

If you have any questions about our preschool or registration, please call, email or come by my office.

Many Thanks and Many Blessings,

Shelly Leiblie

Director
bethelviewpreschool@gmail.com

2019-2020 Fees (Due Date)
Registration (with form)
May 2020 Tuition (5/1/2019)
Snack Fee (8/15/2019)
Activity Fee (8/15/2019)
Aug Tuition (8/15/2019)

Bethelview UMC Preschool Registration 2019-2020

4525 Bethelview Rd., Cumming, GA 30040 770-205-9656 bethelviewpreschool@gmail.com

Please PRINT information neatly below and on back using blue or black ink:

Today's Date: _____ Student's Gender: () Female () Male
 () Returning Student OR () Bethelview United Methodist Church Member OR
 () New Student () Non-Member of BUMC

Child's Full Name: _____ Name Called: _____

Date of Birth: _____ Age as of September 1, 2019: _____

Home Address: _____

City: _____ St: _____ Zip: _____

Subdivision: _____ Home Phone: _____

Mother's Name: _____ Father's Name: _____

Mother's Cell: _____ Father's Cell: _____

Mother's Email: _____ Father's Email: _____

Mother's Employer: _____ Father's Employer: _____

Class	Days of Class	Yearly Total	Monthly Payment	Activity Fee	Snack Fee	Reg. Fee (due w/ form)	1st & 2nd Choice
MMO (12 mos.)	Tue/Thurs 2-day	\$1,805.00	\$190.00	\$65.00	\$65.00	\$90.00	
Twos	Mon/Tues/Thurs 3-day	\$2,090.00	\$220.00	\$80.00	\$75.00	\$100.00	
Twos	Mon-Thurs 4-day	\$2,470.00	\$260.00	\$80.00	\$85.00	\$100.00	
Threes	Mon/Tues/Thurs 3-day	\$2,090.00	\$220.00	\$80.00	\$75.00	\$100.00	
Threes	Mon-Thurs 4-day	\$2,470.00	\$260.00	\$80.00	\$85.00	\$100.00	
Pre-K Fours	Mon-Thurs 4-day	\$2,565.00	\$270.00	\$80.00	\$85.00	\$120.00	

Please write requests for teacher placement at bottom of this form. There are no guarantees we can honor them.

By signing bottom of this form, you agree that you have read and understand the following guidelines:

- Registration Fee is **NON-REFUNDABLE** once your child is enrolled.
- No refunds for snack, activity fee or May tuition will be given if you withdraw child after January 1st, 2020
- BUMC is exempt from licensing through *Bright from the Start* but complies with all requirements required for this exemption.
- BUMC carries liability insurance under Bethelview United Methodist Church
- Classes are determined by the child's age as of September 1st of the school year.
- This application must be accompanied by the appropriate Registration Fee in order to be considered.
- September-April tuition is due first Monday of each month and late after 2nd Monday. Late fee is \$30.
- Failure to submit payment within 10 days of the tuition due date could forfeit your place in our program.
- Up to date Certificate of Immunization form 3231 is due by the first day of preschool.
- BUMC has permission for your family's name, address, email and phone number to be printed in form of class list or school directory.
- One month (30 days) written notice to director is required prior to withdrawal or you will be responsible for an entire months payment.
- No refunds for snack, activity fee or May tuition will be given if you withdraw child after January 1st, 2019
- A bank fee of \$30 will be charged on any returned checks.

I have read and understand the above and agree to this and the policies of Bethelview UMC Preschool as stated here and in the BUMC Family Handbook:

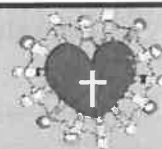
Parent Signature _____

Date _____

OFFICE USE ONLY:

Fees (Due Date)	Fees Paid	Date Paid
Registration (with form)		
May 2020 Tuition (5/1/2019)		
Snack Fee (8/15/2019)		
Activity Fee 8/15/2019)		
Aug Tuition (8/15/2019)		

Class Placement: _____



Teacher _____

Class _____

MEDICAL RELEASE FORM

Child's Full Name _____ Date of Birth _____

Doctor's Name _____ Phone Number _____

Health Insurance Co. _____ Policy Number _____

Name of Primary Subscriber _____ Primary's D.O.B. _____

Physician Documented allergies or things known to cause allergic reactions (including medications) (if none, state none):

Special Disabilities (if any): _____

History of any physical or medical problems: _____

Is your child currently taking any medications? If yes, state type: _____

Please state reason for medication(s) given: _____

Should the above listed child suffer any injury or illness while in the care of Bethelview UMC Preschool and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I(We) assume responsibility for payment for services.

Parent Signature _____ Date _____

PARENTAL CONSENT

I(We) give consent to Bethelview UMC Preschool to:

- Administer first aid procedures in the case of a minor accident
- Notify & release my child to the individuals listed on the Emergency Contact Form in the event of an emergency

Parent Signature _____ Date _____

PHOTO RELEASE FORM

During this school term we will be having many fun and exciting learning activities. We like to document these activities by photographing and/or videoing the students. We need your support and agreement to allow us to do this. The pictures/video will be done during classroom activities, field trips, pageants, etc. The pictures may be posted at preschool, used in slide shows, put on our website, posted to Facebook or used for school projects. When posting photo on our website or Facebook, names are never used in association with photos.

___ Yes, you may photograph/film my child for the purposes stated above.

___ No, I do not want my child photographed or filmed

___ Permission for the following only: _____

Child's Name Printed _____

Parent/Guardian Signature _____

Date _____

