



1548 Mt. Vernon Road • Dunwoody, Georgia 30338 • 770-394-2555 • www.dunwoodyumc.org

January 5, 2010

Dear Preschool Families,

Our church is proud of the tradition of excellence that we have in our preschool. We value our dedicated faculty and staff. We also appreciate each family that is a part of our school. Each child is precious to us. Our goal is to build on this tradition for an even greater future.

Our aim is to assure each child a wonderful preschool experience. The millions we have invested in our buildings show this commitment. Our classrooms, playground and other facilities give us a great “stage” for what goes on in our preschool.

As the pastor of Dunwoody United Methodist Church, I want you to be assured of my commitment to our preschool. My grandchildren and my great niece and nephew have been part of the program. I have found the school to be excellent.

We look forward to having your family enjoy a great preschool experience. If you have any questions or comments, do not hesitate to call me.

May God bless you and yours,

A handwritten signature in blue ink, reading "B. Wiley Stephens". The signature is written in a cursive style and is enclosed in a thin black rectangular border.

B. Wiley Stephens
Senior Pastor

Dunwoody United Methodist Church Preschool

Registration Instructions

Financial Policies, Terms and Conditions

2010 - 2011

Thank you for your interest in Dunwoody United Methodist Church Preschool. The registration and admission application forms on the following pages will enable you to register your child for the 2010 - 2011 school year. Please read and sign this document and return it with your child's application.

Registration for 2010 – 2011 will be conducted on the following days:

Wednesday, January 20, 2010 (7:30 a.m.) Church Members (by October 1, 2009)

Thursday, January 21, 2010 (7:30 a.m.) Currently Enrolled Families

Friday, January 22, 2010 (7:30 a.m.) Open Registration

Upon your arrival in the DUMC Gym at 7:30 a.m., you will sign in and draw a number. Registration will be done in that order.

An Application, Financial Policies, Terms and Conditions are attached. If you need additional forms, please refer to the Preschool website, www.dunwoodyumc.org, or in the Preschool Office. If you do not need the forms you have been given, please pass them on to a friend or return them to the Preschool.

The following items are needed to complete your child's registration process:

- **Financial Policies, Terms and Conditions/2010-2011** should be read, signed and returned with the Admission Application.
- **Admission Application/2010-2011** must be complete with home and work addresses, zip codes, e-mail addresses, cell and home phone numbers. If your address and/or any phone numbers change at any time, please contact the Preschool Office.
- **Registration Fee of \$100** per child, payable by check to DUMC Preschool. Registration fees are non-refundable.
- **Emergency Contact and Medical Release Form/2010-2011** needs to be completed and signed and returned to the Preschool Office by the close of business on May 3, 2010.
- **Health History Form/2010-2011** needs to be completed and signed by a physician and returned to the Preschool Office by the close of business on May 3, 2010.
- **Georgia Certificate of Immunization Form 3231**, available from your pediatrician, is required before a child may attend Preschool. Forms may be turned in to the Preschool Office by the close of business on May 3, 2010.

Listed below you will find the classes offered, ratios of teachers to students and the age requirements for your child to attend DUMC Preschool or MMO program. All classes meet from 9:00 a.m. to 12:00 p.m.

# of classes Days offered	Ratios Adult:Child	Class Name Age Requirement	Registration Fee (non-refundable)	Monthly *Tuition Fee	Annual Traffic Fee Per Family
1 TTH or 1WF	2:6	Infants 6 mos. by 9/1/10	\$100	\$235	\$75
3 TTH 3 WF	2:8	Toddlers 12 – 24 mos. By 9/1/10	\$100	\$235	\$75
4 TTH	2:10	2 Day 2's 2 by 9/1/10	\$100	\$220	\$75
2 MWF	2:12	3 Day 2's 2 by 9/1/10	\$100	\$290	\$75
1 TTH	2:12	2 Day 3's 3 by 9/1/10	\$100	\$220	\$75
4 MWF	2:14	3 Day 3's 3 by 9/1/10	\$100	\$255	\$75
1 T-F	2:14	4 Day 3's 3 by 9/1/10	\$100	\$300	\$75
4 M-F	2:16	5 Day 4's 4 by 9/1/10	\$100	\$340	\$75
1 M-F	2:16	5 Day 5's 5 by 9/1/10	\$100	\$340	\$75

***Monthly tuition includes supply and activity fees.**

Registration applications will be processed only if the application is complete and the registration fee is included. **Current students will be placed on a class list only if tuition payments for the current school year are up-to-date.** No teacher or classmate requests please. Children are placed in classes according to gender, birthdates and teacher recommendations. Any class that does not meet minimum enrollment requirements following registration is subject to cancellation.

You will be notified following registration regarding your child's placement for the 2010 - 2011 school year. If no space is available at time of registration, your child will be placed on a wait list. Every effort will be made to accommodate your child, but there is no guarantee of placement. Placement from the wait list will be made primarily by the order of students listed, with some exceptions. We will contact you as soon as a space becomes available for your child.

If you no longer need a space, please inform the Preschool Office as soon as possible.

**PLEASE SIGN AND RETURN THIS PAGE WITH YOUR
ADMISSION APPLICATION**

September tuition or lump sum tuition payments are due by June 1, 2010. For more information about on-line tuition payments or automatic bill-pay, please contact the Preschool Business Manager, Fran Bartel, 770.394.2555 ext. 144. If the Business Manager does not receive September tuition by June 1, 2010, we assume your child will not attend DUMC Preschool, and your child's slot will be given to another child. Payment of the \$75 annual Traffic Fee will be due on or before September 1, 2010.

Thereafter, monthly tuition is due the first day of each month, September through April, for the following month (i.e. tuition for October is due September 1, 2010). One month's **written notice** is needed to withdraw a child from DUMC Preschool during the school year. Otherwise the following month's tuition is forfeited. Tuition received after the 10th of the month will be subject to a late fee of \$10. A \$25 late fee will be charged for payments received after the 16th of the month. Late fees will continue to accrue until payments are received and your account is made current.

All students in 3-year old and 4-year old classes must be completely toilet-trained and able to independently use the restroom when the school year begins. Each child should be wearing underwear, not Pull-Ups or diapers at school. For the purposes of clarification, our definition of fully toilet-trained is the child's recognition of the need to use the restroom; is able to inform an adult of the need to go; enters the restroom on their own; removes necessary clothing with little or no assistance; sits or stands at the commode and handles own hygiene; redresses; washes hands and rejoins the class.

I understand that Dunwoody United Methodist Church Preschool is in session from September 7, 2010 until May 18, 2011.

I have read and accept all terms and conditions stated above.

Parent Signature

Child's Name

Date

Please contact the Preschool Office, 770.394.2555 or Preschool@dunwoodyumc.org with any questions. On-line information is available at www.dunwoodyumc.org.

**Dunwoody United Methodist Church Preschool
1548 Mount Vernon Road
Dunwoody, GA 30338
770.394.2555 (phone)/770.394.6003 (fax)**

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DUMC Preschool accepts students without regard to race, creed, sex, religion or national origin.

2010-2011 ADMISSION APPLICATION

Age as of Sept. 1, 2010	CLASS REQUEST		
	Circle your first choice class. Indicate second and third preferences if available by marking a "2" or "3" next to your selection.		
Infants 6 Mos. +	T/Th (2 day class) \$235/mo. ___	W/F (2 day class) \$235/mo. ___	
Toddlers 1 Year +	T/Th (2 day class) \$235/mo. ___	W/F (2 day class) \$235/mo. ___	
2 Year Olds	T/Th (2 day class) \$220/mo. ___	MWF (3 day class) \$290/mo. ___	
3 Year Olds	T/Th (2 day class) \$220/mo. ___	MWF (3 day class) \$255/mo. ___	T-F (4 day class) \$300/mo. ___
4 Year Olds	M-F (5 day class) \$340/mo. ___		
Young Fives	M-F (5 day class) \$340/mo. ___		

Date of Application: _____

_____ Returning Student* (If so, current teacher/class _____)

_____ Sibling of Current Student* _____ DUMC Church Member

_____ Sibling of Former Student* _____ New Student

*Years of attendance _____

Child's Full Name: _____ Gender: ___M___F
Name Child is Called: _____ Birthdate: _____

Street Address: _____

Home Phone: _____

City: _____ State: _____ Zip Code: _____

Father's Name: _____

Email: _____

Cell Phone: _____ Work Phone: _____

Place of Employment: _____

Church Membership/Affiliation _____

Mother's Name: _____

Email: _____

Cell Phone: _____ Work Phone: _____

Place of Employment: _____

Church Membership/Affiliation _____

Marital Status of Parents _____

Language(s) Spoken in home _____

Siblings' names and ages _____

Previous School Attendance: _____

PHOTO/WEBSITE /DIRECTORY RELEASE

During the school year, pictures are taken of children and classes at Dunwoody United Methodist Church Preschool (DUMCP) for the Preschool's use only. This may include the Preschool links on the church website, a teacher's web page, a brochure, the Preschool yearbook or an advertisement. By signing below, you are giving your consent for the Preschool to use a picture of your child for Preschool purposes only, including, but not limited to the DUMCP website, brochures, yearbook or advertisements.

I hereby give consent for DUMCP to use an image of my child(ren) for the purposes listed above. Further, I give DUMCP permission to print our family's name, address, phone number and e-mail address in the school directory, with the understanding that it will be for preschool family use only, and not for commercial purposes.

Child's Name _____

Parent(s) Signature

Date

Dunwoody United Methodist Church Preschool

Class _____

1548 Mount Vernon Road
Dunwoody, GA 30338
770.394.2555 Preschool@dunwoodyumc.org

Teacher_____

EMERGENCY CONTACT INFORMATION

Child's name		Birth date	
Mother's name	Home Phone	Cell Phone	Work Phone
Father's name	Home Phone	Cell Phone	Work Phone
Pediatrician	Phone		
Sitter's name	Cell Phone		

ALLERGY ALERTS

Medications taken regularly and for what use

Insurance Company	Policy #
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EMERGENCY CONTACTS DUMCP will always try to contact parents first in an emergency. In my absence, the following people have my permission to act on my behalf to seek care or emergency treatment for my child:

Name	Relationship to child	Home Phone & Cell Phone
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

CHILD RELEASE INFORMATION

I authorize that my child may be released by DUMCP to the following person(s):

Name	Relationship to child	Home Phone and Cell Phone
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

See second page for Waiver of Liability and Authorization to Consent for Treatment of a Minor Child

In case of a severe illness or injury, the Director or a member of the Preschool Office Staff will first call the DeKalb Emergency Medical Squad (911). The parents will be called the parent and make them aware of the emergency. If the parents or emergency contact person are unavailable, the Director or Preschool Office Staff member will follow the emergency vehicle to the hospital.

If the injury is not serious enough to warrant a call to 911, but does require immediate medical attention and the parents or emergency contact cannot be reached, transportation to Children's Healthcare of Atlanta will be provided by ambulance.

All minor injuries will be handled in house. If a minor illness occurs, the parents (guardian) or emergency contact person will immediately be contacted. The child will remain in the Director's office or the classroom until dismissal or until a parent or emergency contact has arrived.

WAIVER OF LIABILITY

It is mutually understood that in the event of an accident or illness involving my child while in the care of DUMC Preschool, the staff shall use their best efforts to contact me. In the event I am not immediately available, the staff is authorized to secure such medical care as the situation may reasonably warrant.

It is agreed that where the school has acted in good faith to comply with an accident or illness involving my child, any and all liability as might exist, is expressly waived by me, the parent or guardian.

Parent or Guardian _____ Date Signed _____

AUTHORIZATION FOR CONSENT FOR TREATMENT OF A MINOR CHILD

I, _____ of _____, _____,
_____ City _____ State _____
_____ County _____, do hereby state that I am the natural parent or legal
guardian, having legal custody of _____ who resides
with me at _____
_____ Address _____
_____ Home phone _____ Work phone _____ Cell Phone _____

I authorize my child's teacher, the Director or the Office Staff of DUMC Preschool, Dunwoody, GA to consent to x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered to the minor under the general or specific supervision and advice of a physician or surgeon licensed to practice medicine in the state of Georgia, when the need for such treatment is immediate, and when efforts to contact either parent or guardian is unsuccessful. This authorization applies only during the hours my child is attending DUMC Preschool. If such a situation should arise, I understand medical care, as the situation may reasonably warrant, will be secured.

Dated the ____ day of _____ 2010 _____ Signature of Parent/Guardian

**Dunwoody United Methodist Church Preschool
Medical History and Physical Examination Report**

SCHOOL YEAR 2010-2011

TO BE COMPLETED BY PHYSICIAN AND RETURNED WITH THE
GEORGIA CERTIFICATE OF IMMUNIZATION FORM 3231 (3/2007)

TO BE COMPLETED BY PARENT:

Child's Name: _____

First Middle Last

Date of Birth: _____ Height _____ Weight _____ Sex ____ Male ____ Female
Mo/Day/Yr

Physician's name: _____ Phone: _____

Address _____

Has your child had any serious illness, injury, surgery, or hospital stay? Please explain on separate sheet.
Has your child been recommended for and/or received professional assistance for any of the following issues:

Health _____ Vision _____

Hearing _____ Language _____

Speech _____ Psychological _____

Emotional _____ Developmental _____

Educational _____ Behavioral _____

TO BE COMPLETED BY PHYSICIAN: Please indicate any present health concerns:

Allergies (please specify) _____

Asthma _____ Cardiac _____

Diabetes _____ Congenital Anomalies _____

Emotional _____ Urinary Difficulties _____

Hearing _____ Vision _____

Behavioral _____

Explain: _____

List any medication(s) and dosage(s):

Student's limitations teachers should know:

I have examined the above-named child and found him/her to be in satisfactory health and free of communicable disease. In my opinion, he/she is in suitable physical condition to participate in Preschool/MMO activities

Signature of Physician

Date

YOUR CHILD WILL NOT BE ABLE TO ENTER SCHOOL WITHOUT A COMPLETE 2010-2011 HEALTH FORM AND A GEORGIA CERTIFICATE OF IMMUNIZATION FORM 3231.

770.394.6003 Fax

770.394.2555 Phone