**2019-2010 Registration Form**

*Dunwoody UMC Weekday Nursery accepts students without regard to race, creed, sex, religion or national origin.*

**Child's Full Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preferred Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_ M/F\_\_\_\_\_\_\_\_
Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_Zip \_\_\_\_\_\_\_\_\_\_\_\_County\_\_\_\_\_\_\_\_\_\_

**Mother’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Father’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Preferred Phone Number (please circle one): HOME MOM CELL DAD CELL*

Dunwoody UMC Member? Yes 🞎 No 🞎 Family’s Church Membership/Affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dunwoody UMC Preschool family? Yes 🞎 No 🞎

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| **MEDICAL AND ALLERGY INFORMATION** |

**MEDICAL CONDITIONS:** Does your child have any chronic medical conditions? 🞎 Yes 🞎 No If yes, please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If yes, an additional Medical Conditions form will need to be completed and signed by the child’s pediatrician.*

**ALLERGY ALERTS:** Does your child have any allergies 🞎 Yes 🞎 No. If yes, please list allergies
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For severe allergies, Dunwoody UMC Weekday Nursery requires that a Food Allergy Action Plan be filed with the Nursery. The plan will require your doctor’s signature and an Authorization for the Administration of Medication form if there is an epi-pen or other emergency medicine specified in the action plan.*

**DIETARY RESTRICTIONS:** Please indicate any dietary restrictions of which the Nursery should be aware: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Adults Authorized to Pick Up Your Child(ren)** |

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization to Photograph:** A child may be photographed or videotaped while in program for DUMC publications or for local media such as TV or Newspaper.

🞎 I **CONSENT** permission for my child to be photographed or videotaped

 🞎 **I DO NOT CONSENT** permission for my child to be photographed or videotaped

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| **TERMS AND CONDITIONS** |

* **Age Requirements: Children must be at least 6 months old.**
* Due to state licensing regulations, children under the age of 24 months may attend the Weekday Drop-in Nursery no more than two (2), four (4) hour days per week, eight (8) hours maximum per week.
* A degree of independence is expected beginning the Drop In Nursery program, 18 months or older. Children registered in our program should be able to feed themselves, drink from a cup, and be able to successfully separate from parents in a reasonable timeframe
* All students in Threes, Fours, and Kindergarten classes must be completely toilet-trained and able to independently use the restroom when Preschool begins. Each child should be wearing underwear, not Pull-Ups or diapers, while in the Weekday Drop In Nursery. 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; re-dresses; washes hands and rejoins the class.
* Children bring their own nutritious snack and lunch each day.
* **The Weekday Drop In Nursery is a Peanut free/Tree nut sensitive zone.  Please help us provide a safe environment for all our campers and keep peanut/tree nut food products out of your child’s lunch boxes and snacks.**
* All children registered for the DUMC Preschool and Weekday Nursery Programs are required to have a current immunization record, an Emergency Contact Form and an Allergy Emergency Action Plan (if applicable) on file before attending either program.
* Keep your child home with s/he is sick. This includes having a persistent cough or cold. No child may come to the Weekday Drop In Nursery if s/he has forehead temperature of 100 degrees or if she is exhibiting symptoms of vomiting, diarrhea, rash, runny nose or runny eyes. After an illness, a child may return if s/he has been fever-free (non-medicated) and symptom free for a minimum of 24 hours.
* **Reservations** made a month at a time are the preferred method. At times, the Weekday Drop In Nursery will reach capacity for the day (# children: adult ratio) so the earlier you reserve your spot, the better your chance of securing a reservation for your requested day.
* **Schedule Change Requests:** If you have made a reservation, you can request a schedule change if the request is made 24 hours in advance. The request will only be approved if there is space available. You will receive a response to your request within 24 hours.
* **Cancellations:** There is a cancellation fee of $10 per child if you let us know before 8:00am the day of your reservation. If you do not show up for a reservation without prior notice, you will be responsible for the daily fee.
* The Weekday Drop-In Nursery follows DCSS for closures due to inclement weather. If DCSS closes, we close.

*Dunwoody UMC Preschool accepts students without regard to race, creed, sex, religion or national origin.*

***By signing below, I agree to abide by all policies and procedures, as well as periodic revisions to the policies and procedures as set forth by DUMC Weekday Nursery through written and email notification.***

**Signature of Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **FINANCIAL POLICIES** |

**\*\*\*Please review the DUMC WEEKDAY NURSERY Financial Policies on Page 3 of this application.\*\*\***

***By signing below, I acknowledge that I have read and agree to abide by all DUMC Weekday Nursery’s Financial Policies.***

**Signature of Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DUMC Weekday Nursery Financial Policies**

Dunwoody United Methodist Church Weekday Nursery operates as a non-profit organization and relies on registration fees and Weekday Nursery payments for operating expenses. Prompt payment of monies enables Dunwoody UMC to maintain its Weekday

Nursery program with the highest quality and standards. **All payments are based on a 9-1 daily schedule and will not be prorated or adjusted if the child does not attend the entire 4-hour day.**

***\*\**** *Please note that if there are not enough reservation requests made for any given day, DUMC Weekday Nursery office staff has the right to cancel class. The office will notify you in advance of the cancellation and you will not be invoiced for that day.*

**REGISTRATION AND RESERVATION PROCESSES:**

***Registration Fee for children not enrolled in DUMC Preschool*** –

A $25 Registration Fee for the school year is due with this application. Make a check payable to Dunwoody UMC Nursery and submit it to the Nursery Office.

***Weekday Nursery Reservations–***

Reservations may be made by emailing debbie.lowrey@dunwoodyumc.org and filling out a monthly calendar- with a preferred weeks’ notice of care.

Reservations may be available up to 24 hours prior to a request if child to teacher ratios allow.

Reservations will be granted on *a first come first served basis*.

**LATE PICK UP:** There will be a $10 charge for Late Pick Up for each 5 minutes past 2:00. This Late Charge must be paid on your account before your next reservation request is accepted.

**CANCELLATIONS:** There is a cancellation fee of $10 per child if you let us know before 8:00am the day of your reservation. If you do not show up for a reservation without prior notice, you will be responsible for the daily fee.

**NO SHOW POLICY:** If you do not show up and have not contacted us, you will be responsible for the daily fee.

**\*Please keep this page for your records and reference.\***