

Wesley United Methodist Church Preschool

2022-2023 Registration



DATES TO REMEMBER

- As of June 1, 2022: we are currently enrolling on a first come first serve basis for all our classes
- Please visit our website, www.wesleypreschool.com for procedures and forms.

PAPERWORK DUE AT REGISTRATION

1. Class Preference Form with first, second, and third preferences indicated, if desired.
2. Enrollment Information Form
3. Authorization for Emergency Care Form
4. Registration and Tuition Payment Contract (based on first preference)
5. Non-refundable Registration fee, Supply Fee and May 2023 Tuition

IMPORTANT DATES TO COMPLETE ENROLLMENT

| New Families to Wesley (Enrolling Summer 2022) |
|---|
| At time of registration, please submit: |
| 1. Non-refundable Registration Fee |
| 2. Non-refundable Supply Fee |
| 3. Non-refundable May 2023 Tuition |
| On or before August 5, 2022 , please present: |
| 1. Commonwealth of Virginia Health Form, (available on our website under the registration tab.) |
| On or before August 19, 2022 , please submit: |
| 1. In person verification of child's birth date via original birth certificate or passport |

Registration Fee - \$100/ child or \$150/ family

| Days of Attendance | Annual Supply Fee | Monthly Tuition |
|---------------------------|--------------------------|------------------------|
| 2 | \$75 | \$210 |
| 3 | \$100 | \$315 |
| 4 | \$125 | \$420 |
| 5 | \$150 | \$525 |

****Make checks payable to: Wesley Preschool****

Wesley United Methodist Church Preschool

CLASS PREFERENCE FORM 2022-2023

Child's Name _____

PLEASE INDICATE YOUR CLASS PREFERENCE (#1, #2, #3)

| | | |
|----------------------|--------------------------------------|-----------------------|
| 2.5's Program | 2.5 years old by September 30 | 9:00am-12:00pm |
|----------------------|--------------------------------------|-----------------------|

Children do not need to be potty-trained.

_____ Monday/Wednesday/Friday (3 day program)

_____ Tuesday/Thursday (2 day program)

* write 1 in Monday/Wednesday/Friday and Tuesday/Thursday for a 5 day program

| | | |
|------------------------|-----------------------------------|-----------------------|
| 2.5/3's Program | 3 years old by December 31 | 9:00am-12:00pm |
|------------------------|-----------------------------------|-----------------------|

Children do not need to be potty-trained.

_____ Monday/Wednesday/Friday (3 day program)

_____ Tuesday/Thursday (2 day program)

*write a 1 in Monday/Wednesday/Friday and Tuesday/Thursday for a 5 day program

| | | |
|--------------------|------------------------------------|-----------------------|
| 3's Program | 3 years old by September 30 | 9:00am-12:00pm |
|--------------------|------------------------------------|-----------------------|

Children must have independent bathroom skills.

_____ Tuesday/Wednesday/Thursday (3 day program)

_____ Monday through Friday (5 day program)

| | | |
|----------------------|-----------------------------------|-----------------------|
| 3/4's Program | 4 years old by December 31 | 9:00am-12:00pm |
|----------------------|-----------------------------------|-----------------------|

_____ Monday/Tuesday/Wednesday/Thursday (4 day program)

| | | |
|------------------------------------|------------------------------------|-----------------------|
| Pre-K & Science Program | 4 years old by September 30 | 9:00am-12:00pm |
|------------------------------------|------------------------------------|-----------------------|

_____ Pre-K: Monday through Friday (5 day program, 1 day of STEM)

Please Note: Wesley UMC Preschool will give serious consideration to your class preference, but other placement factors will be considered. Classes will be created based on age appropriate groupings. It is our goal to create balanced classrooms that maximize the experience and learning of all students.

Wesley United Methodist Preschool
Enrollment Information 2022-2023

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| | | | |
|---------------------|-------|--------|-------|
| Child's Name | _____ | Male | _____ |
| Birthday | _____ | Female | _____ |
| Address | _____ | | |
| | _____ | | |
| Allergies | _____ | | |
| Health Issues | _____ | | |
| Daily Medication | _____ | | |

| | | | |
|---------------------------|-------|---------------------------------|-------|
| | | Circle Preferred/Primary Number | |
| Mother's Name | _____ | H Phone | _____ |
| Address | _____ | C Phone | _____ |
| (if different than above) | _____ | W Phone | _____ |
| Email | _____ | | |
| Occupation | _____ | | |

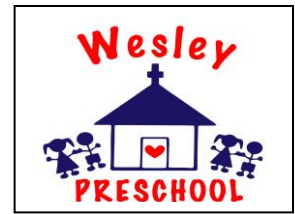
| | | | |
|---------------------------|-------|---------------------------------|-------|
| | | Circle Preferred/Primary Number | |
| Father's Name | _____ | H Phone | _____ |
| Address | _____ | C Phone | _____ |
| (if different than above) | _____ | W Phone | _____ |
| Email | _____ | | |
| Occupation | _____ | | |

| | | | |
|---|-------|--------------|-------|
| Emergency Contacts (Two Local Contacts Other Than Parents) | | | |
| Name | _____ | Name | _____ |
| Relationship | _____ | Relationship | _____ |
| Home Phone | _____ | Home Phone | _____ |
| Cell Phone | _____ | Cell Phone | _____ |

| | |
|--|--|
| | Please Initial |
| | I give permission for my child to be photographed and videotaped in the Preschool during program functions. I understand that photographs /videos may be taken by faculty or by parents/guardians, and I consent to the use of these photographs/videos for communication purposes, such as communications with families and internal business communications. Parents agree to keep all preschool photos private and not to share them on social media if they include children other than their own child. |
| | Wesley UMC Preschool may include child's name, address, phone and email on class roster. |
| | Wesley UMC Preschool or teachers will not be held liable in the event of an accident. |

Authorization for Emergency Treatment

2022-2023



Child's Name: First _____ Last _____ Date of Birth _____

Child's Physician: _____ Phone: _____

Please list all allergies to foods or medications:

Is the student under a physician's care for health needs on a continuing basis?

Yes ___ No ___ if yes, describe: _____

| |
|---|
| Mother/Guardian Name: First: _____ Last: _____ |
| Address: _____ City _____ State _____ Zip _____ |
| Phone: Home _____ Cell _____ Work _____ |

| |
|---|
| Father/Guardian Name: First: _____ Last: _____ |
| Address: _____ City _____ State _____ Zip _____ |
| Phone: Home _____ Cell _____ Work _____ |

| |
|-------------------------------------|
| Insurance Company: _____ |
| Identification/Policy Number: _____ |
| Policy Holder's Name: _____ |
| Policy Holder's Employer: _____ |

In case of a medical emergency and I am unable to be contacted, Wesley UMC Preschool has my permission to call the rescue squad and/or to transport my child by emergency medical services to the emergency room of the nearest hospital and provide this health information. The emergency medical services team, hospital and its medical team have my authorization to provide treatment which is deemed necessary for my child's well-being. I agree to accept responsibility for medical and transportation fees.

Signature of Parent/ Guardian

Printed Name of Parent/Guardian

Date

Wesley UMC Preschool, 711 Spring Street SE, Vienna Va. 22180

703.938.3970 office, 703.223.1995 office cell

Wesley United Methodist Preschool

Registration and Tuition Payment Contract

2022-2023

We are pleased that your child will attend Wesley United Methodist Preschool for the 2022-2023 school year. In order to confirm your child's enrollment, please sign this contract and return with the registration paperwork and **non-refundable registration fee of \$100/child or \$150/family.**

| Days of Attendance | Monthly Tuition (9 equal payments) | Yearly Tuition | Annual Supply Fee |
|--------------------|---------------------------------------|----------------|-------------------|
| 2 Day | \$210 | \$1,890 | \$75 |
| 3 Day | \$315 | \$2,835 | \$100 |
| 4 Day | \$420 | \$3,780 | \$125 |
| 5 Day | \$525 | \$4,725 | \$150 |

As the parents/guardians of _____ (student name) we agree to make 9 tuition payments for enrollment in Wesley Preschool from September 2022 through May 2023. **We agree to prepay May 2023 tuition and the one time supply fee after registration has been confirmed.** A refund of the May 2023 tuition will only be given by written request through June 1, 2022. The registration fee and supply fee are non-refundable, no exceptions. If you register after June 1, 2022, all fees paid are non-refundable. Registration of your child is conditional upon receipt of the tuition deposit and supply fee. **In addition, all children will be required to submit the VA Commonwealth School Health Form by August 5, 2022.** If registering after August 5, 2022, you have 30 days from the registration date to submit the required health form.

We acknowledge that tuition is due on the first day of each month starting with September 1, 2022 through April 1, 2023. **Tuition received after the 5th of the month, regardless of student absence, weekends, school closures or holidays, will be deemed late and will incur a \$25 late fee. Tuition received on or after the 15th day of the month will incur a \$50 late fee.** If payment is not received by the last day of the month, Wesley reserves the right to withdraw your child from the program. There is a charge of \$35.00 for a returned check.

I understand that by signing this agreement, I will abide by this contract and will follow the policies it contains. I agree that my child and I will follow all the regulations set forth by the Wesley UMC preschool included in, but not limited to, the Parent Handbook. It is also the right of the Wesley UMC Preschool to amend the conditions of this agreement or to recommend the termination or place restrictions on my child's enrollment if my child's academic, emotional, behavioral concerns, or if his/her well-being suggests such action to be in the best interest of the school and/or my child.

To cancel this contract, written notification to the Office of the preschool must be made stating withdrawal date and the prepaid May 2023 tuition will be considered your final payment.

Parent Signature: _____ **Date:** _____