Wesley United Methodist Church Preschool

2026-2027 Registration

DATES TO REMEMBER

February 9-20th	**Priority registration drop off for In-house families** (currently enrolled children, siblings, church members, and alumni)
February 9th	Registration drop off for public/new families begins; registration packets will be considered after In-house families have been processed starting February 21, 2026
After February 20th	**Rolling Admissions until our classes meet capacity**

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. Teacher Information Form
6. Non-refundable Registration fees:
    - $100 for one child or $175 for a family (In-house families/church members)
    - $125 for one child or $200 for a family (New families)
    - May 2027 Tuition (Only for registrations received ***AFTER*** June 1, 2026)

New Families: In-person birth date verification via birth certificate or passport due once enrollment is confirmed.

IMPORTANT DATES TO COMPLETE ENROLLMENT
Registration ***by*** June 1, 2026: May 2027 Tuition is due two weeks after the registration date
Registration ***after*** June 1, 2026: May 2027 Tuition is due at the time of registration
On or before **August 24, 2026,** please submit:
1. $230.00 non-refundable Snack & Supply Fee 2. Commonwealth of Virginia Health Form, (available on our website under the registration tab.)

Days of Attendance	Annual Snack & Supply Fee (non-refundable)	Monthly Tuition
3	**$230.00**	**$370.00**
4	**$230.00**	**$485.00**
5	**$230.00**	**$595.00**

In-house Registration Process
2026-2027 School Year

Eligibility for "In-house" Registration

- ✓ Children of Wesley Preschool staff and church staff
- ✓ Currently and previously enrolled children of Wesley Preschool and their siblings
- ✓ Children of active members of Wesley Church, not currently enrolled
- ✓ Siblings or children of Wesley Preschool alumni

The Process

Applications for admission will be accepted in person or placed in the preschool after hours blue drop box February 9, 2026 through February 20, 2026 between 9:00am – 1:00pm. Registrations will be selected for processing as they are received. Although we will do our best to accommodate parent preferences in class placement, we must consider the male/female ratio, ages of students and the need to place siblings in school on the same day. You will be notified via email of your child's placement in late February.

The Registration Packet – please place in an envelope

Only fully completed application packets will be considered. A completed packet includes:

	Class Preference Form with first, second, and third preferences indicated, if desired
	Enrollment Information Form
	Authorization For Emergency Care Form
	Registration and Tuition Payment Contract
	Teacher Information Form
	Cash or check payable to Wesley Preschool for non-refundable* registration fee ($100/child or $175/family) *will be refunded only if space is unavailable

All forms are available on our website under the registration tab, www.wesleypreschool.com

Financial Commitments

If your child is offered placement at Wesley UMC Preschool, you must submit the following payments:

- By March 13, 2026: May 2027 Tuition*
- By August 24, 2026: $230.00 non-refundable Snack & Supply Fee

If paying by check, please make payable to Wesley UMC Preschool

***If payment is not received on or before March 13, 2026, we will return your application and consider your registration cancelled.** There are no exceptions to this date.

Additional Requirements

Upon enrollment commitment: Parents of new students must present child's original birth certificate or passport to the preschool office for viewing and copying.

On or before August 24, 2026: All students, new and returning, must submit a Virginia School Entrance Health Form. The Commonwealth of Virginia School Entrance Health Form is available on our website under the registration tab.

Wesley UMC Preschool
Class Preference Form
2026-2027

Child's Name _____

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

2's Program	**2 years old by September 1, 2026**	**9:00am-12:00pm**

Children do not need to be potty-trained.

_____ Tuesday/Wednesday/Thursday (3-day program: $370/month)

2 ½ – 3's Program	**2 ½ years old by September 1, 2026**	**9:00am-12:00pm**

Children do not need to be potty-trained.

_____ Tuesday/Wednesday/Thursday (3-day program: $370/month)

_____ Monday – Friday (5-day program: $595/month)

3's Program	**3 years old by September 30, 2026**	**9:00am-12:00pm**

Children must have independent bathroom skills, no exceptions.

_____ Tuesday/Wednesday/Thursday (3-day program: $370/month)

_____ Monday through Friday (5-day program: $595/month)

Pre-K & Science Program	**4 years old by September 30, 2026**	**9:00am-12:00pm**

Children must have independent bathroom skills, no exceptions.

_____ Pre-K: (4-day Program: $485/month)

_____ Pre-K: Monday through Friday (5-day program, 1 day of Science: $595/month)

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 UMC Preschool

Enrollment Registration Form 2026-2027

Student Name: _____ Date of Birth: _____

Address: _____ Gender: Male ☐ Female ☐

_____ Potty Trained: Yes ☐ No ☐

(please check one) In house Family ☐ New Family ☐

Does you child have any allergies or health concerns? (Be specific: Epi-Pen required? Speech/Language, Social or Emotional Regulation, Physical/Visual/Hearing or Cognitive Concerns?)

Enrolling Parent: _____ Mother ☐ Father ☐ Guardian ☐

Address (if different than above): _____

Email: _____

Preferred Phone: _____

Other Parent: _____ Mother ☐ Father ☐ Guardian ☐

Address (if different than above): _____

Email: _____

Preferred Phone: _____

Emergency Contacts (Two Local Contacts Other Than Parents)

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____

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. **Yes** ☐ **No** ☐

Wesley UMC Preschool may include child's name, address, phone and email on a class roster.

Yes ☐ **No** ☐

Wesley UMC Preschool or teachers will not be held liable in the event of an accident.

Initial _____

Authorization for Emergency Treatment

2026-2027

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:_____

Father/Guardian Name: First: _____ Last: _____

Address:_____City_____State_____Zip_____

Preferred Phone: Mother/Guardian: _____ Father/Guardian: _____

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

2026-2027

We are pleased that your child will attend Wesley United Methodist Preschool for the 2026-2027 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 $175/family for In-house families or church members and $125/child or $200/family for new families to Wesley Preschool.**

Days of Attendance	Monthly Tuition (9 equal payments)	Yearly Tuition	Annual Snack & Supply Fee
3 Day	$370.00	$3,330.00	$230.00
4 Day	$485.00	$4,365.00	$230.00
5 Day	$595.00	$5,355.00	$230.00

As the parents/guardians of _____ (student name) we agree to make 9 tuition payments for enrollment in Wesley Preschool from September 2026 through May 2027.

- **We agree to prepay May 2027 tuition after registration has been confirmed.** A refund of the May 2027 tuition will only be given by written request through June 1, 2026. **We agree to pay the non-refundable snack and supply fee of $230.00 on or by August 24, 2026**. If you register after August 24, 2026, all fees are due at the time of registration and are non-refundable. The registration fee and snack & supply fee are non-refundable, no exceptions. Registration of your child is conditional upon receipt of the tuition deposit.
- **In addition, all children will be required to submit the *VA Commonwealth School Health Form* on or by August 24, 2026.** If you register after August 24, 2026, 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, 2026 through April 1, 2027. **Tuition received after the 10th of the month, regardless of student absence, weekends, school closures or holidays, will be deemed late and will incur a $25 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.
- In the case that your child is withdrawn from Wesley Preschool for 45 days or longer, to re-enroll your child, payment of the registration fee and one month of tuition will be required in addition to the current monthly tuition due. May 2027 tuition cannot be credited to another month.

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 Director of the preschool must be made stating the withdrawal date, respectfully 30 days in advance. Monthly tuition is still due through the withdrawal date.

Parent Signature: _____ ***Date:***_____

Wesley United Methodist Preschool
TEACHER INFORMATION
2026-2027

Child's Name _____ (check one) Male ☐ Female ☐
(First) (Last)

Child's Nick Name _____ Birthdate _____

Please check which is the primary contact:

Mother's email _____ ☐ Mother's cell _____

Father's email _____ ☐ Father's cell _____

Father's Occupation: _____ Mother's Occupation: _____

Names of Family Members Living at Home:

Mom _____ Sibling Name (birthdate) _____ ( )

Dad _____ Sibling Name (birthdate) _____ ( )

Other _____ Sibling Name (birthdate) _____ ( )

Other _____ Sibling Name (birthdate) _____ ( )

Who cares for your child on a daily basis?

(check one) Parents ☐ Day Care Provider ☐ Other (specify) ☐ _____

Does your child hear a language other than English at home? (If yes, specify) _____

Does your child speak a language other than English at home? (If yes, specify) _____

Previous or current child day care programs and / or schools attending:

1. _____
2. _____

Physical Development / Allergies:

Are there any medical problems we should be aware of? (check one) Yes ☐ No ☐

If yes, please explain: _____

Does your child have any allergies (food, medicine, insects, seasonal, etc)? (check one) Yes ☐ No ☐

If yes, please list: _____

Has your child had any professional evaluations for assessment of special needs/developmental delays or have an active IEP? (check one) Yes ☐ No ☐

If yes, please explain: _____

Do you have any concerns or observations regarding the physical, cognitive or language growth and development of your child? (check one) Yes ☐ No ☐

If yes, please explain: _____

What comforts your child? _____

Please add comments that will help us get to know your child: _____