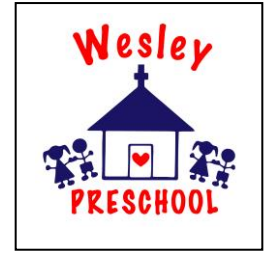


Wesley United Methodist Church Preschool

2023-2024 Registration



Registration Process:

****We are now accepting registration packets from the general public on a rolling admission basis until our classes are full.****

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

Registration Fee (non-refundable) - \$100/ child or \$150/ family

Days of Attendance	Annual Supply Fee	Monthly Tuition
2	\$75	\$225
3	\$100	\$335
4	\$125	\$440
5	\$150	\$545

IMPORTANT INFORMATION TO COMPLETE ENROLLMENT

At the time of registration, the following fees are due:

1. \$100 registration fee/\$150 family fee (non-refundable)
2. Supply fee for confirmed class placement (non-refundable)
3. Prepay May 2024 tuition fee (refundable by June 1, 2023 with withdrawal)

On or before **August 11, 2023**, please present:

1. **ALL FAMILIES:** Commonwealth of Virginia Health Form, (available on our website under the registration tab.)
2. **New families to Wesley only:** *In person* verification of child's birth date via original birth certificate or passport at the preschool office

Wesley UMC Preschool

CLASS PREFERENCE FORM 2023-2024



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
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Children do not need to be potty-trained.

_____ Monday/Wednesday/Friday (3 day program: \$335.00/month)

_____ Tuesday/Thursday (2 day program: \$225.00/month)

* write 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
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Children must have independent bathroom skills.

_____ Tuesday/Wednesday/Thursday (3 day program: \$335/month)

_____ Monday through Friday (5 day program: \$545/month)

3/4's Program	4 years old by December 31	9:00am-12:00pm
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_____ Monday/Tuesday/Wednesday/Thursday (4 day program: \$440/month)

Pre-K & Science Program	4 years old by September 30	9:00am-12:00pm
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_____ Pre-K: Monday through Friday (5 day program, 1 day of STEM: \$545/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
2023-2024



Student Name: _____	Date of Birth: _____
Address: _____ _____	Gender: Male _____ Female _____
Allergies: _____	
Health Issues: _____	
Daily Medications: _____	

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 class roster.
Yes _____ No _____

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

Wesley United Methodist Preschool
TEACHER INFORMATION
 2023-2024

Child's Name _____ (circle) Male / Female
 (First) (Last)

Child's Nick Name _____ Birthdate _____

Address _____ Home Phone _____

Please **X** which is the primary contact:

Mother's email _____ Mother's cell _____

Father's email _____ Father's cell _____

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?

(circle) 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? (circle) Yes No

If yes, please explain: _____

Does your child have any allergies (food, medicine, insects, etc)? (circle) Yes No

If yes, please list: _____

Has your child had any professional evaluations for assessment of special needs or developmental delays? (circle) Yes No

If yes, please describe results: _____

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

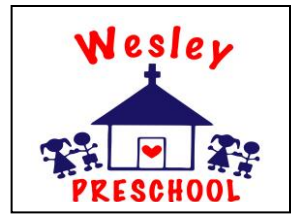
If yes, please explain: _____

What comforts your child? _____

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

Authorization for Emergency Treatment

2023-2024



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

2023-2024

We are pleased that your child will attend Wesley United Methodist Preschool for the 2023-2024 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	\$225	\$2,025	\$75
3 Day	\$335	\$3,015	\$100
4 Day	\$440	\$3,960	\$125
5 Day	\$545	\$4,905	\$150

As the parents/guardians of _____ (student name) we agree to make 9 tuition payments for enrollment in Wesley Preschool from September 2023 through May 2024.

- **We agree to prepay May 2024 tuition and the one-time supply fee after registration has been confirmed.** A refund of the May 2024 tuition will only be given by written request through June 1, 2023. The registration fee and supply fee are non-refundable, no exceptions. If you register after June 1, 2023, all fees are due at the time of registration and 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 11, 2023.** If registering after August 11, 2023, 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, 2023 through April 1, 2024. **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.

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 2024 tuition will be considered your final payment.

Parent Signature: _____ **Date:** _____