

**Weaver Preschool
Cole Memorial United Methodist Church
2009-2010 Enrollment Procedure**

Parents wishing to enroll their child/children at Weaver Preschool may do so beginning February 13, 2009 for current students and beginning March 3, 2009 for new students. Please read the following information and follow the guidelines:

1. Fill out the attached registration form.
2. Attach check for registration fee(s): \$75 for one child, \$50 for each sibling (the registration fee is refundable until June 1, 2009).
3. Mail the signed registration form(s) and attached check to:
Weaver Preschool
At Cole Memorial UMC
2022 West Sugar Creek Rd.
Charlotte, NC 28262

If you are a current student, registration forms must be turned in by March 3, 2009 in order to ensure a space for your child in next year's program. Enrollment will be opened to the public on March 3, 2009.

**WEAVER PRESCHOOL – COLE MEMORIAL UNITED METHODIST CHURCH
Registration Form**

Child's Name _____ M F Birth date _____
Address _____ Home Telephone _____

_____ Email: _____

Mother's Name _____ Cell phone _____
Business _____ Work phone _____

Father's Name _____ Cell phone _____
Business _____ Work phone _____

Are you a member of Cole Memorial United Methodist Church? Y N
Church currently attending: _____

To ensure that your child receives the maximum benefit from our program,
please describe your child's special needs (i.e. food or other allergies, social
skills delay, or physical challenges, etc.)

The registration fee for the 2009-2010 school year is \$75 (\$50 for each sibling)

Please mark the class that is appropriate for your child:

Four Year Olds (4 days per week)	\$195/month	M T W Th	___	(must be 4 by Aug. 31)
Three Year Olds (3 days per week)	\$175/month	T W Th	___	(must be 3 by Aug. 31)
Two Year Olds (2 days per week)	\$145/month	T Th	___	(must be 2 by Aug. 31)
Two Year Olds (2 days per week)	\$145/month	M W	___	(must be 2 by Aug. 31)

General rules and policies

1. Tuition is due the first of each month paid on a one month in advance schedule.
2. All withdrawals from the program must be given in writing 30 days in advance.
3. Registration fees are refundable until June 1, 2009 and must be requested in writing.

Signature _____ Date _____

Your signature indicates that the information provided is correct and that you understand
and agree to the rules and policies stated above.

For Office Use Only

Date _____ Time _____ Fee Paid _____ Check # _____ Recorded by _____

**WEAVER PRESCHOOL – COLE MEMORIAL UNITED METHODIST CHURCH
Authorization/Dismissal Form**

Initial all that apply:

- My child may be included in water play activities.
- My child may be photographed for use in school publications and website for promoting Weaver Preschool. I understand my child's likeness becomes property of Weaver Preschool for that purpose and absolve them of any liability associated with this use.
- My family gives permission to print our family's name address, phone number, and email address for your child's class list.
- I understand that I must submit my child's immunization records prior to the first day of school.

Emergency and dismissal contacts:

The following dismissal procedure has been developed for your child's protection. Your child will be dismissed **ONLY** to the people listed on this sheet unless you call or send a note to the office. Be reminded that if parents are separated or divorced, **BOTH** parents are entitled to pick up their children **UNLESS OFFICIAL COURT PAPERS ARE PROVIDED TO US STATING OTHERWISE**. Notify your teacher at once of any changes.

Name _____ Address _____
Phone _____ Relationship _____

Name _____ Address _____
Phone _____ Relationship _____

Name _____ Address _____
Phone _____ Relationship _____

Name _____ Address _____
Phone _____ Relationship _____

Parent's Signature _____ Date _____

Medical Emergency information:

In the event of a medical emergency, our policy is to contact our parents first. If we cannot reach you, we will try to contact any others you have designated. In the event that we are unable to contact you or your designated representative(s), or if the medical emergency warrants immediate response, we will act, on your behalf and in the best interest of your child. I authorize the facility director or person in charge to take my child to:

Hospital _____ Phone _____
Address _____

Physician _____ Phone _____
Address _____

Parent's Signature _____ Date _____