

GOD'S GIFTS



Weekday Preschool

Registration 2023-2024

God's Gifts Weekday Preschool

200 East Howell Street

Hartwell, GA 30643

(706) 376-3166

hartwellfumcpreschool@gmail.com

MISSION STATEMENT OF God's Gifts Weekday Preschool

The goal of God's Gifts Weekday Preschool is to help each child to experience Christ while developing spiritually, socially, emotionally, cognitively, and physically in order to reach their full potential.

SCHOOL CALENDAR AND HOURS

School Calendar

Classes will begin August 2nd and end May 22nd. We will follow all holidays and school closings of the Hart County School System with the exception of Good Friday, March 29th, we will be closed.

Meet Your Teacher/ Open House will be July 31st 6-7pm.

Preschool Hours

8:15-11:45 a.m. (8:15-8:30 am Drop-off / 11:45-12 pm Pick-up)

Breakfast Buddies

Early drop-off is available from 7:45-8:15 for an additional \$30/month. Advanced sign-up is required. 5 student minimum.

WHY ENROLL WITH US

Staff

All of our teachers are 1st Aid/CPR certified and participate in at least 10 hours of professional development each year.

Curriculum

The *Georgia Early Learning and Development Standards* (GELDS) guide our teachers in planning quality learning experiences for our students. We also have a Christian curriculum, *Orange*, and use the *Play to Learn Preschool* curriculum in our learning centers.

Schedule

Daily activities include learning centers, circle time, table time (literacy, number sense, art, sensory, or fine motor skills), activity time, and recess.

Special activities

Each week students participate in PE, chapel, and science lab or music & movement. Each month we have events such as a field trip, special guest, holiday

parties, glow party, career day, or field day.

Facility

Each age group has its own classroom for circle time and table time as well as a classroom for learning centers. We have a new outdoor playground, and we also have an indoor playground and gym for recess on rainy days. For our special activities, we use our assembly room, fellowship hall, and sanctuary.

DISCRIMINATION CLAUSE

Services are provided and admission/referrals are made without regard to race, color, religious creed, ancestry, gender, sexual orientation, disability, age or national origin.

Check us out

More information can be found at hartwellfumc.com/pre-school, and be sure to follow us on Facebook @ Hartwell FUMC Preschool!

God's Gifts Weekday Preschool

Enrollment Information

Child's name: _____

Date of birth: _____

Please check the box to indicate which age/class your child should be enrolled in and early drop-off if applicable.

<input type="checkbox"/> <u>2-year-old (2 days)</u> Class meets Tuesday and Thursday. 8:15-11:45 a.m. Child must turn 2 by the first day of class. Diaper friendly Teacher:Student ratio 1:4 Registration Fee: \$160 (includes t shirt) Tuition: \$100 per month	<input type="checkbox"/> <u>2-year-old (3 days)</u> Class meets Monday, Wednesday, and Friday. 8:15-11:45 a.m. Child must be 2 by the first day of class. Diaper friendly Teacher:Student ratio 1:4 Registration Fee: \$160 (includes t shirt) Tuition: \$150 per month
<input type="checkbox"/> <u>2-year-old (5 days)</u> Class meets Monday thru Friday. 8:15-11:45 a.m. Child must be 2 by the first day of class. Diaper friendly Teacher:Student ratio 1:4 Registration Fee: \$160 (includes t shirt) Tuition: \$200 per month	<input type="checkbox"/> <u>3-year-old (5 days)</u> Class meets Monday thru Friday. 8:15-11:45 a.m. Child must be 3 by September 1. Child must be potty-trained. Teacher:Student ratio 1:5 Registration Fee: \$160 (includes t shirt) Tuition: \$175 per month
<input type="checkbox"/> <u>4- or 5-year-old (5 days)</u> Class meets Monday thru Friday. 8:15-11:45 a.m. Child must be potty-trained. Teacher:Student ratio 1:6 Registration Fee: \$160 (includes t shirt) Tuition: \$175 per month	<input type="checkbox"/> <u>Early drop-off</u> Available Monday thru Friday 7:45-8:15 a.m. 5 student minimum Cost: \$30/month

A \$160 registration fee (made payable to Hartwell FUMC) must accompany this enrollment form in order to reserve a spot. A current immunization form will be required by the first day of class.

Registration fees and tuition payments are non-refundable. No reimbursements are made for vacation, illness, or the closing of school due to inclement weather or unforeseen circumstance. All tuition is due the 1st of each month, and any payment received after the 10th school day of the month should include a \$15 late fee.

I understand that God's Gifts Weekday Preschool is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Child Care and Learning and that this program is exempt from state licensure.

Parent/Guardian Signature

Date

God's Gifts Weekday Preschool

Student Information

CHILD'S NAME _____ DATE OF APPLICATION _____

GENDER (circle one) boy girl

IMMUNIZATION RECORD (circle one) yes no

DATE OF BIRTH _____

MAILING ADDRESS _____

Street

City

Zip Code

PRIMARY CONTACT TELEPHONE (_____) _____

EMAIL ADDRESS _____ (for preschool use only)

MEMBER OF HARTWELL FIRST UNITED METHODIST CHURCH? (circle one) yes no

PRESCHOOL/DAYCARE EXPERIENCE—Name of Preschool/Daycare, when attended: _____

Family Information

MOTHER'S NAME _____ CELL PHONE _____

Place of employment _____ Business phone _____

Employer's Address _____

FATHER'S NAME _____ CELL PHONE _____

Place of employment _____ Business phone _____

Employer's Address _____

PARENTAL STATUS: single _____ married _____ separated _____ divorced _____

Does one parent have custody? _____ If yes, which one? _____

If other than parent, name of the person with whom the child lives: _____

Who is/are legal guardian(s)? _____

Is a parent/person NOT permitted to pick up the child at school? (Legal documentation is required for us to comply) _____

Names and dates of birth of other children in the family: _____

Are there any special circumstances of which our school should be aware? (Single parent home, adoption, grandparents living in home, etc.) _____

Any other information that may be helpful to the school regarding your child and the family situation: _____

Authorized Pick-up Information

EMERGENCY CONTACTS:

1. Primary emergency contact, who to call first if there is an emergency or sickness.

Name _____ Cell phone _____

Address _____ Home/work phone _____

2. Primary pick up person (if different from #1)

Name _____ Cell phone _____

Address _____ Home/work phone _____

Alternate local contacts authorized to pick up your child if the emergency contact cannot be reached.

Name Phone

Name Phone

Please list any additional authorized pick up people on the back of this sheet.

Medical / Insurance Information

Physician's Name _____ Telephone Number _____

Physician's Address _____

Please list any medications your child CANNOT take _____

Allergies/Asthma* _____

*If severe, an Allergy/Asthma Plan will need to be completed prior to the first day of school.

*We do occasionally have special snacks, please list food allergies or aversions.

Other medical information _____

Name of Insurance Provider _____

Member Name _____ Member ID _____

Group Number _____ Effective Date _____

Consent and Release

My child, _____, has permission to participate in all activities of God's Gifts Weekday Preschool, including field trips.

We are very proud of our students at God's Gifts Weekday Preschool and would like to share photos of our students through social media. Preschool students may be photographed, recorded, or videotaped for the purpose of advertising, website, news releases and other forms of media. This also allows you the opportunity to see what your child is doing during the preschool week. Please check below to indicate your preference.

I give permission to use photographs, recording, or video tape of my child for the purposes of advertising, website, new releases, and other forms of media.

I do not give permission for my child to be photographed.

In case of illness or injury, I agree that an ambulance, physician, or any other medical assistance may be called and used. I agree to accept all financial responsibility for any such assistance or procedures, and agree to hold God's Gifts Weekday Preschool and its staff harmless from any liability for injury to, or treatment of, my child.

Parent/Guardian signature

Parent/Guardian signature

Date _____

Date _____