First United Methodist Church Preschool



217 South Church Street Salisbury, NC 28144 704 636-3121

Dear Parents,

It is time to register for the 2024-2025 preschool year. Please read this letter very carefully for important information.

We begin with timid, terrific little two-year-olds, who soon find that this school is a special place where someone besides mom and dad love them and will take good care of them. When they turn three, they find that by playing and socializing with children their own age, each member of the class is a special child of God, but not the center of the universe. We help them find their own place! Finally, the wild and wonderful four-year-olds come to the realization that they can do many things for themselves and they are ready to go out into the world and utilize what they have learned.

We know that these years are a critical time when foundations for a child's cognitive, physical, emotional, social, and faith skills are being laid. We stress active learning, language, music and movement through an appropriate curriculum which is shaped to meet the individual needs of the child. All of God's children are welcome at First United Methodist Preschool!

The preschool day begins at 8:30 a.m. The day ends at 11:30 AM for the two-year-old classes and at 12:00 PM for the three- and four-year-old classes. The school year is from late August 2024 - May 2025.

When we meet:

- Young 2's (must be 2 by 9/1/24) will meet two days a week
- Older 2's (must be 2 by 2/1/24) will meet three days a week
- 3's (must be 3 by 9/1/24) will meet five days a week
- 4's (must be 4 by 9/1/24) will meet five days a week

Monthly Tuition Rates:

- Younger 2's, 2 Days \$185
- Older 2's, 3 Days \$210
- 3's, 5 Days \$260
- 4's, 5 Days \$285

If you have any questions, please contact me, Kelly Austin, Preschool Director, at the church at (704) 636-3121, or I may also be reached at (336)722-9260.

Thank you for registering your child at First United Methodist Preschool. I am confident that you will be very happy with your choice.

Sincerely,

Kelly Austin Preschool Director

Registration Procedures

A non-refundable registration/supply fee - \$150 is required (\$125 for the second child, \$100 for the third child and subsequent children in program for this given year), with a completed registration form and signed enrollment agreement at time of registration. Please make checks payable to First United Methodist Preschool.

Members of First United Methodist Church and families currently in the program may register between January 22nd-26th. Registration will begin at 8:30am on Monday, January 29th to the public. The following priorities for enrollment are dictated by our policy guidelines:

- 1. Any child currently enrolled in First United Methodist Preschool is assured a spot as long as the registration information is submitted during the registration period (January 22nd-26th). Be sure your child's teacher receives this information by noon on January 26th!
- 2. Children of church members will be assigned any remaining spots in the order in which they were received.
- 3. Remaining spots will be given to siblings of children who are currently enrolled or who have completed our program.
- 4. Any remaining spots will be made available to the general public on January 29th, beginning at 8:30am. This will be on a first come, first serve basis.

In case of inclement weather on any of the registration days, we will observe the following policy: If Rowan-Salisbury schools are canceled or have a delay, we will postpone registration until the next day that Rowan-Salisbury schools have a regular, full-length school day.

Your first tuition payment is due the first day of preschool.

2024-2025 REGISTRATION

Child's Name	Birth Da	ite		
Name you wish child to be called	Gend	er		
Address	City		Zip	
Mother's Name	Address			
Mobile Phone	Work Phone			
Employer	Occupation			
Father's Name	Address			
Mobile Phone	Work Phone			
Employer	Occupation			
PLEASE PRINT EMAIL ADDRESS CI	LEARLY:			
We should send correspondence to (pl	ease check): Mother	F	ather	Both
Is either parent a member of First UMC	C, Salisbury? Yes	No	Who?	
Siblings (Names and ages)				
If any sibling(s) attended First UMC Pro	eschool, please give name,	classes c	completed, and o	dates:
Child's Favorite Activities				
What special concerns do you have ab	out your child?			
Does your child have any special traits	or habits of which we shou	lld be awa	re? If so, pleas	e list
Does your child have any known medi explain.		Necessar	y medications?	lf yes, please
Child's Doctor		Telephone	9	
Two names with telephone numbers to	o call in case of emergency,	should w	e not be able to	reach you
(local numbers, please)				
,		Telephone)	

22nd–26th. Registration for all others begins at 8:30am on Monday, January 29th, on a first come/first serve basis.

Enrollment Agreement 2024-2025

Thank you for choosing First Methodist Preschool for your child. Please return this form with your registration form; we must have it signed and on file.

I,_____, parent of, ______do

hereby enroll my child in First Methodist Preschool for the 2024-2025 academic year.

I hereby agree to the following:

1. I agree to pay the following monthly tuition:

_____\$285 (5 day program) 4 year old

_____\$260 (5 day program) 3 year old

_____\$210 (3 day program) Older 2 year old

_____\$185 (2 day program) Younger 2 year old

Tuition is due on the first day of each calendar month, beginning in September and continuing through May. A late charge of \$1.00 per day will be accessed if monthly payment is not made by the 10th of the month, and I agree to pay all applicable late charges.

2. I agree to honor the preschool hours of 8:30-12:00 (11:30 for two year old classes). I understand that it is my responsibility to bring and pick up my child on time and that no teacher is required to be present after 12:00 noon. If I arrive late to pick up my child, I will be assessed a late fee as set by the preschool committee.

_____3. I agree to give written notice to the preschool director one month prior to withdrawing my child from the program. I also agree to be responsible for payment of tuition for one month after giving said notice.

_____4. I hereby give my permission for my child to attend all scheduled preschool field trips.

_____5. I hereby authorize the preschool teachers to obtain medical care for my child in the event of injury.

6. I understand that all holidays will be discussed in the classrooms. In addition, parties will be given for Thanksgiving, Christmas, Valentine's Day and Easter. I understand that if I do not wish for my child to participate in these activities, I may keep her/him home on the days they occur.

Signed_____

Date_____