

**Smyrna First United Methodist Church
Parents' Morning Out Program
Admissions Application 2019-2020**

How many months old will your child be by September 1st? _____

Class Applied For (please indicate 1st and 2nd choice, if applicable)

<i>Baby Class (2 months - 12 months)</i>	<i>Younger Toddler Class (13 months - 17 months)</i>	<i>Older Toddler Class (18 months-23 months)</i>
M/W (2 months – 7 months)	M/W	M/W
T/T (8 months – 12 months)	T/T	T/T

Allergies:

*Note, we will need a doctors form

<i>Child's Information</i>		Name Called
Full Name		
Date of Birth	Gender	Primary Phone
Address	City	State/Zip

<i>Parent 1 Information</i>	<i>Parent 2 Information</i>
Name	Name
Email	Email
Cell Phone	Cell Phone
Work Phone	Work Phone
Employer	Employer

Preferred Phone Number (please circle one): HOME PARENT 1 CELL PARENT 2 CELL

Parents Marital Status: Married/living together Separated Divorced Spouse Deceased Single

Name of Legal Guardian, if divorced or separated: _____

Describe custody and/or visitation agreement for the child. Please provide proper court documentation regarding custody of your child: _____

Family's Church Membership/Affiliation _____

Are you an active/pledging member of Smyrna First UMC? Yes No

Does your child have any siblings that are enrolled in our PMO or preschool? Yes No (If yes, please list child's name(s)

and class/days attending.) _____

For Office Use Only
Date of Registration:
Reg Fee:

App Fee:
WL:

Continued on other side. Both sides MUST be completed.

SCHOOL POLICIES

Please initial that you have read and understand the following policies of Smyrna First UMC Parents' Morning Out Program.

ADMISSION POLICES

___ Smyrna First UMC PMO accepts students without regard to race, creed, sex, religion, or national origin.

FIINANCIAL POLICIES

___ Tuition is based on a child's commitment to one full school year. If I withdraw my child for any reason prior to the end of school, I must provide written notification to the Director at least 30 days in advance. I understand that a minimum of one/ninth of the annual tuition is non-refundable.

___ Within 48 hours of acceptance into the school, a NON-REFUNDABLE registration fee of \$300 is due.

___ The balance of the annual tuition may be paid in 3 equal installments, payable by May 31st, Aug 31st, and Nov 30th. A \$25 late fee will be charged for tuition received 5 days past due. IF THE FIRST PAYMENT IS NOT RECEIVED BY **JUNE 9**, MY TUITION DEPOSIT AND CLASS PLACEMENT WILL BE FORFEITED.

___ A \$25 bank fee will be charged for any check returned for insufficient funds.

___ Registration for the following year will be void if the current year's tuition is not paid by January 1st.

___ All tuition payments must be up-to-date/current to continue for the second semester.

RELEASES AND PERMISSIONS

___ Smyrna First UMC is not responsible for any injury received by my child going to or from school.

___ I give permission for my family's name and email address to be displayed on the class Shutterfly page.

___ I give permission for my child to be photographed, both individually and as part of a group, by the school staff or designated photographers, and to have these pictures displayed within the school, on the school or Church website, on teachers' classroom websites, and in school video productions.

___ I understand that Smyrna First United Methodist Church has an exemption from the State of Georgia not to be licensed, because children are not in our facility more than 4 hours a day.

TERMS AND CONDITIONS

All children must have a signed Letter of Agreement, a copy of the child's birth certificate, a Permission for Healthcare form, an Allergy Action form signed by a physician (if appropriate), and a current Certificate of Immunization (DHR form 3231) on file by August 19.

By signing below, I agree to abide by all policies and procedures, as well as periodic revisions to policies and procedures, set forth by SFUMC Parents' Morning Out Program in its Parent Handbook, as well as through other means of communication.

Signature of Parent/Guardian _____ Date _____

AGREEMENT

CHILD'S FULL NAME: _____

DATE OF BIRTH: _____ PRIMARY PHONE: _____

In consideration of my child's being accepted by Smyrna First United Methodist PMO, neither I, my partner, nor my child will hold SFUMC PMO liable for any accident, loss, or injury to my child occurring while attending Smyrna First United Methodist Church PMO Program, on the playground of the church, or in any function connected with activities of Smyrna First PMO, whether such activity takes place on the church grounds or otherwise – including travel by car, unless such accident, loss or injury is caused by the negligence of Smyrna First PMO, in which case I shall limit any claim I have or file to no more than the liability insurance coverage of Smyrna First United Methodist PMO.

Signature and Relationship

Date