



First United Methodist Church of Greenville, AL

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(334) 382-5872 • Email: office@fumcgreenville.org
Website: www.fumcgreenville.org

2024-2025 Registration Form

PERSONAL INFORMATION

Child's Full Name: _____ Today's Date: _____

Date of Birth: _____ Age: _____ Gender: _____ Preferred Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Best Contact Person: _____ Phone Number: _____

Special concerns/allergies, medical conditions, etc. _____

Emergency Contact _____ Phone Number: _____

Pediatrician: _____ Phone Number: _____

Hospital Preference: _____

CAREGIVER INFORMATION

Mother's Name: _____ Phone Number: _____

Home Address (if different from above): _____

Mother's Employer: _____ Work Number: _____

Mother's Email: _____

Father's Name: _____ Phone Number: _____

Home Address (if different from above): _____

Father's Employer: _____ Work Number: _____

Father's Email: _____

CLASS ENROLLMENT/ 8:30 A.M.-12:30 P.M.

<input type="checkbox"/> 2 DAY PROGRAM	Monday & Friday	\$155.00/month	<input type="checkbox"/> 7-13 months	<input type="checkbox"/> 14 mo.-2 years	<input type="checkbox"/> 2-3 years	<input type="checkbox"/> 3-4 yrs.
<input type="checkbox"/> 3 DAY PROGRAM	Tuesday-Thursday	\$185.00/month	<input type="checkbox"/> 7-13 months	<input type="checkbox"/> 14 mo.-2 years	<input type="checkbox"/> 2-3 years	<input type="checkbox"/> 3-4 yrs.
<input type="checkbox"/> 5 DAY PROGRAM	Monday-Friday	\$295.00/month	<input type="checkbox"/> 7-13 months	<input type="checkbox"/> 14 mo.-2 years	<input type="checkbox"/> 2-3 years	<input type="checkbox"/> 3-4 yrs.

AFTER SCHOOL CARE 12:30-2:00 P.M.

<input type="checkbox"/> 2 DAY PROGRAM	Monday & Friday	\$45.00/month
<input type="checkbox"/> 3 DAY PROGRAM	Tuesday-Thursday	\$65.00/month
<input type="checkbox"/> 5 DAY PROGRAM	Monday-Friday	\$100.00/month

TOTAL MONTHLY TUITION

= \$200.00/month	<input type="checkbox"/>
= \$250.00/month	<input type="checkbox"/>
= \$395.00/month	<input type="checkbox"/>

YEARLY FEES

Registration \$50.00	<input type="checkbox"/>
Snack Fee \$50.00 (14mo.+)	<input type="checkbox"/>
Early Registration \$30.00	<input type="checkbox"/>

(March 1st-10th)

*All After Care Hours & Rates are pending at this time.
Only regulars (8:30-12:30) are offered until further notice.*

PLEASE TURN OVER »

CHILD PICK UP AUTHORIZATION

Please list the names of people who have your permission to pick up your child from Mother's Day Out:

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

Name: _____ Phone #: _____ Relation: _____

SIBLINGS

If your child has any siblings, please list their names and ages:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

PARENT AGREEMENT

To ensure that policies and procedures are clearly understood, we ask all parents to carefully read our handbook. Upon completion of the handbook, please initial each of the following important items:

_____ 1. I acknowledge I have received a copy of the FUMC's **Mother's Day Out Parent Handbook**. I understand it is my responsibility to read, understand, and comply with all standards set forth in the handbook. I understand that failure to do so could result in the termination of my child's position in the program.

_____ 2. I have read and understood the **Health & Safety Guidelines** on pages 7-8.

_____ 3. Registration for each child is a commitment of enrollment for the entire school year (August—May).

_____ 4. A **\$50.00 Non-refundable Registration Fee** (per child) is due at acceptance.

_____ 5. **Tuition** is due by the 1st of the month. After the 10th, a **late fee** of \$15.00 will be added.

_____ 6. There is no reduction in fees for absence, vacation, or inclement weather closings.

_____ 7. A written 2-weeks (14 days) notice is required of all children withdrawing from the program. Without notice, parents will be responsible for the payment of one month's tuition. (You may obtain a **Withdrawal Form** in the office.)

_____ 8. Carpool drop-off is at 8:30 a.m.; pickup begins at 12:10 and ends at 12:30 p.m. There is a **\$5.00 late fee** per five minutes if after hours.

_____ 9. Sick children must be kept at home and may not return to school until free of fever, diarrhea, vomiting or other contagious illness for 24 hours.

_____ 10. Parents should contact MDO of any changes in address, phone number, pick-up, or changes in family situations.

_____ 11. Do you give permission for your child to be in **photographs** at our daycare? YES NO

_____ 12. Do you give permission for your child to be in **photos on our website**? YES NO

I have read and agree to abide by these rules and regulations.

Child's Name: _____ Date: _____

Parent/Guardian: _____

(Please Print)

(Signature)