

# JWUMC DAY SCHOOL

## 2017-18 PROGRAM RATES & FEES



### Programs:

Infants: (2 mo +) 2-5 Days/Week

Toddlers: (18 mo +) 2,3,5 Days/Week

Twos: (must be 2 by 9/1/17) 2,3,5 Days/Week

(separated into older and younger classes)

Threes: (must be potty trained and 3 by 9/1/17) 3,5 Days/Week

Fours: (must be potty trained and 4 by 9/1/17) 5 Days/Week

### Fees:

\$125 Family Registration Fee

Annual Supply Fees: (due with Sept. Tuition)

Infant/Toddler/Twos: \$50/child supply fee

Threes: \$65/child supply and in-school  
enrichment programs

Fours: \$75/child supply, field trip and  
in-school enrichment programs

### Tuition:

Program Monthly Tuition:

2 Days/Week: \$195

3 Days/Week: \$225

5 Days/Week: \$260

### In order to Register:

- 1) Submit completed Registration form
- 2) Registration Fee of \$125 must accompany form
- 3) Current immunization record must accompany form

**2017-18 Registration**  
**John Wesley United Methodist Church Day School**  
**626 Savannah Highway, Charleston, South Carolina, 29407 (843) 766-3396**

**Family Information**

Family Last Name: _____	Home Phone: _____		
Mailing Address: _____			
street	city	state	zip
Family Email Address: _____			
Members of John Wesley United Methodist Church? Yes _____ No _____			

Mother's name: _____	Occupation: _____
Employer: _____	Cell Phone #: _____
Father's name: _____	Occupation: _____
Employer: _____	Cell Phone #: _____

Please list all children (including those being registered)	
Name: _____	Age: _____ Birth month / year
Name: _____	Age: _____ Birth month / year
Name: _____	Age: _____ Birth month / year

Please list below any person(s) name, phone #, and relationship to the registered child(ren) who may deliver and/or arrive to pick-up your child(ren), not to include the parents listed above. Please direct this person to visit the Day School office where a copy of their identification will be made for your child's file. If someone arrives to collect your child and the JWUMC Day School staff have not been notified in advance and their name is not written below, JWUMC Day School **CANNOT** allow the child to leave with them. Person(s) picking up a child are required to sign the child out. You may update this list at any time.

Name: _____	Cell Phone #: _____
Relationship to the child: _____	
Name: _____	Cell Phone #: _____
Relationship to the child: _____	
Name: _____	Cell Phone #: _____
Relationship to the child: _____	
Name: _____	Cell Phone #: _____
Relationship to the child: _____	

The following person(s) is/are NOT authorized to visit or pick up my child: \_\_\_\_\_

List a local contact name if parent(s)/guardian(s) cannot be reached in case of emergency:  
Name & relationship: \_\_\_\_\_ Cell Phone # (s): \_\_\_\_\_

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**Child Information**

(complete an Information sheet for each child being registered)

Name of child: \_\_\_\_\_  
first middle last nickname

Sex: \_\_\_\_\_ Female \_\_\_\_\_ Male Date of Birth: \_\_\_\_\_

Child lives with: \_\_\_\_\_ both parents \_\_\_\_\_ \* mother \_\_\_\_\_ \*father \_\_\_\_\_  
 \_\_\_\_\_ \*\* paternal grandparents \_\_\_\_\_ \*\* maternal grandparents \_\_\_\_\_ \*\* Other (NAME) \_\_\_\_\_

\*NOTE TO DIVORCED/SEPARATED PARENTS: Please provide information AND LEGAL DOCUMENTATION regarding court awarded custody and if there are/is any person(s) who may NOT call for your child.  
 \*\*MUST SHOW PROOF OF LEGAL GUARDIANSHIP.

Name of Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Name of Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Hospital Preferred: \_\_\_\_\_

List any allergies your child has and what procedures to follow: (if no allergies, please write "NKA" on the blank line).  
 ALLERGY: \_\_\_\_\_ PROCEDURE: \_\_\_\_\_

\_\_\_\_\_

Please specify below anything that we should know about present/potential medical, social or emotional issues related to your child who is seeking enrollment:  
 \_\_\_\_\_  
 \_\_\_\_\_

**JWUMC Day School may not be qualified to accept children with special needs that require specialized care. Enrollment in such instances will be left to the discretion of the Director and/or the JWUMC Day School Board.**

Program you wish to enroll your child in:

_____ Infants: (2 mos +)	_____ 2 Day (T/Th)	_____ 3 Day (MWF)	_____ 5 Day
_____ Toddlers: (15 mos +)	_____ 2 Day (T/Th)	_____ 3 Day (MWF)	_____ 5 Day
_____ Twos: (must be 2 by 9/1/17)	_____ 2 Day (T/Th)	_____ 3 Day (MWF)	_____ 5 Day
_____ Threes: <b>(must be completely potty trained)</b>		_____ 3 Day (MWF)	_____ 5 Day
_____ Fours: <b>(must be completely potty trained)</b>			_____ 5 Day

Any placement made other than the one listed above will be discussed prior to the start of school. Children will be placed according to age requirements posted by the school.

Has your child attended a childcare facility other than JWUMC Day School?  
 If so, where and when: \_\_\_\_\_

**\* Provide a current immunization record with Registration. A current immunization record must be on file prior to the first day of school \***

*John Wesley UMC Day School generally observes the same holidays/vacations as the Charleston County School District (September to May). The school reserves the right to vary the schedule if necessary. A calendar will be included in the Parent Handbook which is provided at the start of school. Calendar items will also be noted in the monthly newsletters. **In the event of an emergency**, such as inclement weather, parents are asked to check their emails. We will follow CCSD or church recommendations regarding weather closure.*

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**Parents must sign this Authorization**

DOCTOR PREFERENCE: \_\_\_\_\_

MEDICATION ALLERGIES: \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY CARE TO MINOR**

I/We, the undersigned, parent(s) or legal guardian of the minor listed below:

Minor's Name	Birth date	SSN
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In the event I/we are unobtainable, I do hereby authorize, in the event of an emergency, any X-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist licensed by the State of South Carolina and hospital service that may be rendered to said minor under the general, specific or special consent:

**JOHN WESLEY UNITED METHODIST CHURCH DAY SCHOOL**

The temporary custodian of the minor: whether such diagnosis or treatment is rendered at the office of the physician or dentist or at a hospital licensed by the State of South Carolina. I/We authorize the physician or dentist to call in any necessary consultants, in his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required. It is given to encourage those persons who have temporary custody of the minor and said physician or dentist to exercise his/their best judgment as to the requirements of such diagnosis or (medical, dental or surgical) treatment.

This consent shall remain effective until the last scheduled day of the Day School year, including the Summer Session, unless revoked sooner, in writing.

MOTHER	FATHER
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GUARDIAN	DATE
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**The Day School requires, at minimum, one signature for this form to be complete.**

**John Wesley United Methodist Church Day School**  
**626 Savannah Highway, Charleston, South Carolina 29407**  
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**SCHOOL COPY**

In order to assure that parents clearly understand the procedures and policies of *JWUMC Day School*, we ask all parents to read the policies below, signing and dating the form and returning it with your registration packet:

1. **Parents are responsible for monthly tuition payments (non-refundable), due between the 15<sup>th</sup>-25<sup>th</sup> of the month, from July to November, and from January to April. Tuition payments are expected to be paid on time.** Payments received after the due date will be considered late. Payment in full, plus a \$25.00 late fee, must be paid before the child returns to the Day School on the next scheduled school day. If payment is made late three times during the school year, a \$40.00 late fee will be assessed thereafter. Failure to pay tuition on time, including late fees, can jeopardize your child's enrollment.
2. If I tender a check to *JWUMC Day School*, which is not honored by my bank, **I agree to pay a \$20.00 service charge on any returned check.**
3. **There is no reduction of fees for absences, holidays, emergency closures or vacations.**
4. I understand that:
  - a) I, or a responsible, designated adult, must walk into the building with my child(ren) each day and make certain my child's teacher knows my child is there.
  - b) I, or a responsible, designated adult, must walk into the building to pick up my child(ren), inform my child's teacher that we are leaving **AND sign my child out.**
5. Children should not be brought to the school if they have severe colds, undetermined rash or spots, fever, severe headaches, an upset stomach, conjunctivitis or other symptoms of illness. Parents will be notified to pick up their child(ren) **immediately** if signs of illness occur during the day. Failure to pick up a sick child promptly can be reason for dismissal from the Day School. The child should not return to the center until he/she is free of symptoms for 24 hours.
6. All children need a complete change of clothing at the school each day. Those in diapers need to bring at least two diapers each day, labeled with their name. Lunch boxes and backpacks should be labeled with your child's name.
7. Parents need to inform the Day School of changes in addresses, phone number(s), employment, emergency information or any other changes in family situations.
8. Parents are to pick up their child(ren) by **closing time (1:00 p.m.)**. There will be a **\$10.00 late Fee** for children picked up after closing time (1:01 p.m.). After 1:10 p.m. **An additional \$5.00** will be added for every additional 5 minutes late. **Frequent late pickups will be reviewed as reason for dismissal from the Day School program.**
9. JWUMC Day School may not be qualified to accept children with special needs that require specialized care. Enrollment in such instances will be left to the discretion of the Director and/or the JWUMC Day School Board.
10. The Director is to be notified, in writing, **ONE MONTH IN ADVANCE** before a child is to be withdrawn. Parents are **required** to pay for that month, regardless of when the child leaves the school.
11. Class assignments are age appropriate and at the discretion of the Director. We cannot honor requests to choose or change classroom assignments (changes in days of the week the child attends may be made, with the approval of the director.)
12. Children enrolled at JWUMC Day School must be immunized against all childhood diseases. We do not accept waivers.
13. I understand it may be necessary for my child to receive emergency medical care. I will execute an authorization form for emergency care for my child and that my child will not be admitted to JWUMC Day School until the form has been signed and returned.
14. If, after a reasonable amount of time, it is found that a child **or his parents** are unable to adjust to the procedures and rules of the school, JWUMC Day School reserves the right to request the withdrawal of the child. This decision is left to the discretion of the Director.

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

**Signature of parent/guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

**Signature of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_