

ENROLLMENT AGREEMENT 2021-2022

Tuition Amount:x 10 installments; Plus Supply Fee \$100 1. I have read and understand the Athens First United Methodist Church Weekday Preschool Handb adhere to the policies and procedures described in this handbook to the best of my ability. If I have I will contact the Weekday Preschool Director. Our preschool program is not licensed and is not re licensed by the state. AFUMC Weekday Preschool has an Exemption from Bright from the Start. 2. I give permission for my child to be involved in the activities of the Athens First United Methodist C Preschool. I understand that my signature grants permission to participate in the events of the pro 3. I will turn in an up-to-date copy of GA Form 3231 (Certificate of Immunization) for my child Without this form, my child will not be permitted to attend school. (The doctor's office may 706-546-4797; or email them to catherine@athensfirstumc.org with the child's name in the start of understand that tuition is paid in ten installments; the first tuition installment for the 2021-2022 sc by June 1, 2021. If not received by this time, I understand I may forfeit my child's placement. The tuition installments are due on the first of each month starting with August 1, 2021 and will concluded 1, 2022 installment. There is a supply fee of \$100 per student due August 1, 2021. I understand fee will be assessed if any payment is not received on or before the 5th of the month. If payments 60 days delinquent, my child will be subject to dismissal from the program. I will communicate and financial problems through either the Weekday Preschool Director or Assistant Director. There will tuition fee if you cancel registration after June 1. Tuition will be required if teachers are teaching for the month of tuition.	e any questions, equired to be Church Weekday ogram. by August 17. fax forms to
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If, for any reason, I withdraw my child from the program, I understand a 30 day written notice is re- to give a 30 day notice will result in my payment of the next month's tuition.	quired. Failure
8. Media Release: I,, DO/DO NOT grant AFUMC weekday presch to use my child's name, voice, likeness and/or any audio or video footage in any of AFUMC activit	hool permission ties.
9. I understand that every consideration is given to each child. I agree that AFUMC Weekday Preschingh to dismiss a child for reasons regarding behavior, emotional disturbances, and/or health shouncessary. I am aware that dismissal would come only as a last resort.	nool reserves the uld it become
10. Insurance carrier: Policy number:	
IAVE READ AND UNDERSTAND THE ABOVE STATED POLICIES, AND I AGREE TO ABIDE BY THEII	R TERMS.
Parent Name (please print):	
Parent's Signature: Date:	