

Office Use Only

Reg. Date \_\_\_\_\_ Program: 18-23 m \_\_\_\_\_ 24-28 m \_\_\_\_\_ 29-36m \_\_\_\_\_ 3 yr. \_\_\_\_\_ 4 yr. \_\_\_\_\_ K \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Alpharetta Methodist Preschool  
18 months – Kindergarten Application  
2022-2023 School Year

Child's Name \_\_\_\_\_ Name Called \_\_\_\_\_

Birth Date \_\_\_\_\_ Please circle one: Male / Female

Address \_\_\_\_\_  
Street City State Zip

Subdivision Name \_\_\_\_\_ Zoned for which elementary school \_\_\_\_\_

Parent's Name	Business Phone
Parent's Email (email address will be shared with AM Church)	Home Phone Cell Phone <b>Cell Phone Provider*</b>
Relationship to Child	Place of Employment
Parent's Name	Business Phone
Parent's Email (email address will be shared with AM Church)	Home Phone Cell Phone <b>Cell Phone Provider*</b>
Relationship to Child	Place of Employment

**\*Cell phone provider is required to contact you in case of a church/schoolwide emergency.**

**Please circle one:**

The child lives with: Both Parents Mom Dad Guardian/Other  
Is your child currently in preschool? No @ AMP @ another school \_\_\_\_\_  
Church Membership: AM members Members @ \_\_\_\_\_ Looking for a home church  
Language(s) child speaks 1<sup>st</sup> Language \_\_\_\_\_ 2<sup>nd</sup> Language \_\_\_\_\_

Are there any medical (i.e. allergies, etc.) / developmental / emotional problems or any special procedures required for the care of your child?

If yes, please explain. Please attach a full explanation, using a separate sheet of paper, if necessary.

**AUTHORIZATION**

**Emergency Medical Contact:** Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
**Local Emergency Contact (non-parent)**

\_\_\_\_\_  
Name Home Phone Cell or Business Phone

\_\_\_\_\_  
Name Home Phone Cell or Business Phone

**Authorized Pick-up (non-parent)**

\_\_\_\_\_  
Name Home Phone Cell or Business Phone

\_\_\_\_\_  
Name Home Phone Cell or Business Phone

Alpharetta Methodist Preschool admits students of any race, color, and national or ethnic origin.  
*Building a Christ-Centered Foundation for a Lifetime of Learning.*

**General Information About Alpharetta Methodist Preschool**

- **School Hours:** 9:00am – 1:00pm.
- **Food:** All students bring their lunch to school daily. Please DO NOT send tree nuts or peanuts to school, in any form including nut butters.

**School Fees – Due at time of application. All fees are nonrefundable.**

- **18 months - 4's - \$225 1<sup>st</sup> child, \$200 each additional child** (Enrollment Fee: \$125 annually (Siblings \$100 per child); Special Events/Supply Fee: \$100 annually)
- **Kindergarten - \$325** (Enrollment Fee: \$125 annually; Special Events/Supply Fee: \$100 annually; Curriculum Fee: \$100 annually)

**Tuition - Monthly Tuition (Divided into 9 equal payments due the 1<sup>st</sup> of each month.)**

2 day	3 day	4 day	5 day
18 m – 3's - \$217	29m – 3's - \$302		3's - \$424
	4's - \$306	4's - \$373	4's - \$430
			Kindergarten - \$510

Families with more than one child attending Alpharetta Methodist Preschool will receive a \$10 discount on each child's monthly tuition.  
**18 months - 4's** - The 1<sup>st</sup> tuition payment is due on or before May 1, 2022. Should you withdraw your child for any reason after June 1, 2022; **no refund of this tuition payment will be made.** There will be no exceptions to this policy. The remaining 8 payments are due August - March.  
**Kindergarten** - Tuition payments for kindergarten are due May 1<sup>st</sup> – January 1<sup>st</sup>. **All tuition payments for Kindergarten are nonrefundable.**

**Class Request** (The administrative office determines class assignments and class groupings. Class offerings are based on student enrollment.)  
**Please mark 1<sup>st</sup> and 2<sup>nd</sup> choice.**

<b>18 months – 23 months (18m by 9/1/22)</b> <input type="checkbox"/> Monday /Wednesday <input type="checkbox"/> Tuesday/Thursday	<b>3 years old by 9/1/22*</b> <input type="checkbox"/> Tuesday/Thursday <input type="checkbox"/> Monday/Tuesday/Thursday <input type="checkbox"/> Monday/Wednesday/Friday <input type="checkbox"/> Monday through Friday
<b>24 months – 28 months (24 m by 9/1/22)</b> <input type="checkbox"/> Tuesday/Thursday	<b>4 years old by 9/1/22*</b> <input type="checkbox"/> Tuesday/Wednesday/Thursday <input type="checkbox"/> Monday through Thursday <input type="checkbox"/> Monday through Friday
<b>29 months – 36 months (29m by 9/1/22)</b> <input type="checkbox"/> Tuesday/Thursday <input type="checkbox"/> Monday /Wednesday/Friday	<b>Kindergarten (5 years old by 9/1/22) *</b> <input type="checkbox"/> Monday through Friday

\*All children enrolled in a 3-year-old class and up must be completely potty trained before entering the program in August. No fees will be reimbursed if your child does not meet this criterion.

**Please list all siblings that are also enrolling in our Program.**

Sibling's Name \_\_\_\_\_ Class days selected \_\_\_\_\_  
 Sibling's Name \_\_\_\_\_ Class days selected \_\_\_\_\_

I, \_\_\_\_\_, parent(s) / guardian(s) of the above participant do hereby consent to his/her participation in the above Program, including all activities incidental to the Program. I assume all responsibilities for, and risks and hazards of, participation in the above Program, including transportation to and from all activities of the Program. In consideration of Alpharetta First United Methodist Church conducting the above Program, I do hereby release Alpharetta First United Methodist Church and the Program, including all officials, officers, sponsors, organizers, supervisors, volunteers, participants, and all other agents, of any and all claims, demands, rights, and causes of action of whatever kind and nature, arising from and by reason of, and all known and unknown, foreseen and unforeseen, bodily and personal injuries, damages to property, and the consequences thereof, resulting from his/her participation in the program and all activities incidental to the Program.

Please sign, indicating your agreement to abide by the above fees, tuitions, payment schedule, class selection, and policies.

\_\_\_\_\_  
**Parent/Guardian Name – please print** **Child's Name – please print**

\_\_\_\_\_  
**Parent/Guardian Signature** **Date**