

ESUMC Early Childhood Program 2017-2018 Registration



Program Information

The Early Childhood Program encourages independence and self-confidence in each child while developing lasting relationships between both the families and the staff. We welcome the opportunity to help your child grow to be the best person he or she can be. More information may be obtained by contacting the ECP office for a personal tour of our facility.

Registration Information

Children who are currently enrolled in the ECP 2016-2017 school year will be placed first for the 2017-2018 school year. Siblings of currently enrolled children will be placed second and church members will be placed third. General public will be considered next. A random selection will take place when fewer spaces are available than the number of applications received.

Families currently enrolled will be given priority for the attendance schedule in which their children are currently enrolled. Families desiring a different attendance schedule will be accommodated if space is available.

For example: If your child currently attends Tues. /Thurs. classes and you wish to change and/or add the Mon./Wed./Fri. class, all families enrolled in MWF will be given priority first. All additional spaces will be secured by random selection among all currently enrolled families desiring a different attendance schedule.

Registration forms must be received by 1:00 pm on Friday, February 3 in order to maintain priority status or to be considered in the selection process. However, they can be turned in at any time prior to 2/3. Fill out the entire form and remember the non-refundable registration fee equal to *one-month's tuition of your first priority choice must accompany the form. This is truly a registration fee used as a startup to outfit the classrooms for each school year. Registration is not applied to a month of tuition. September tuition will be due by September 5, 2017. The fee will be held if a space is not available and your child is placed on a waiting list. The fee would only be processed in this scenario if a space became available and both parties agreed to placement. Families will be notified via e-mail as to their acceptance or waiting list status by February 24, 2017.

Withdrawing from ECP

A one-month notice is required prior to a child's elective withdrawal. Parents are responsible for one-month's tuition if a one-month notice is not given.

Early Childhood Program 2017-2018 Monthly Tuition Schedule

	<u>MWF</u>	<u>TTH</u>	<u>M-F</u>
Infants	\$295.00	\$230.00	\$525.00*
Toddlers	\$275.00	\$225.00	\$500.00
Two's	\$270.00	\$220.00	\$490.00
Three's	\$265.00	\$215.00	\$480.00
Pre-K (M-F)	n/a	n/a	\$350.00

*There is a \$500.00 limit per family for **registration fees.**

Make checks payable to ECP.

Melisa Welch, Director mwelch@esumc.org
228 W. Edenton St. Raleigh, NC 27603 (919) 831-1946

ECP Enrollment Options for the 2017-2018 School Year

Child's Name _____ **Gender M/F** **Birth date: Month** ____ **Day** ____ **Year** ____
My child's age as of August 31, 2017 will be _____ **year(s) and/or** _____ **months.**

Priority Status (Please check all that apply)

Currently Enrolled _____ Sibling Currently Enrolled _____ ESUMC Member _____ General Public _____

Please place a **1** beside your first class placement choice. If you have a second preference please place a **2** beside that choice. Please note the registration fee is **nonrefundable** upon placement of a child whether it is a first choice or a second choice placement. This fee is equal to but does not replace a month of tuition. The fee to be paid should be that of your first choice placement and adjustments will be made if placed in the second choice.

<u>Child's Age</u>	<u>Class</u>	<u>Enrollment Options</u>		
2 mos.-12 mos.	Infants	MWF _____	TTH _____	M-F _____
1 yr.-2 yrs.	Toddlers	MWF _____	TTH _____	M-F _____
2 yrs.-3 yrs.	Twos	MWF _____	TTH _____	M-F _____
3 yrs.- 4 yrs.	Threes	MWF _____	TTH _____	M-F _____
4 yrs. - 5 yrs.	Pre-K			M-F _____

Scholarship

The Early Childhood Program is very proud to be able to offer scholarship assistance for families going through emergency situations. We conduct fundraisers each year to help with this fund but are blessed by the generosity of our more fortunate participants. We would greatly appreciate any amount you can give.

Donation Amount _____ **Please include amount in a separate check.**

Release Statements

I give my permission for my child's picture to be posted on the ECP MemberHub. This is our private, secure site for current ECP parents only.

Parent/Guardian _____ **Date** _____

I agree to pay Edenton St. ECP the monthly tuition by the fifth of each month. Failure to do so may result in my child's withdrawal. A one- month notice is required prior to a child's elective withdrawal. Parents are responsible for one-month tuition if a one-month notice is not given.

Parent/Guardian _____ **Date** _____

I understand that the ECP is an "allergy aware" environment and I will not be able to bring in any items containing nuts of any kind. I may also be asked to abstain from other foods as well for the safety of the children in my child's classroom.

Parent/Guardian _____ **Date** _____

For Office Use Only Reg. Amount _____ Tour Date _____ Start Date _____ Class _____

Notes _____

**ESUMC Early Childhood Program
Enrollment Application for 2017-2018 School Year**



Name of Child _____ Birth date _____
(Last) (First)
Address _____ Zip Code _____

Please clearly print the parent email address(es) to be added to our MemberHub school communication tool.

Parent's name _____ Cell # _____ Home/Work # _____
Parent's name _____ Cell # _____ Home/Work# _____
Employers - _____
Please provide alternate address here if the child has dual residency _____

Medical Information

Please list any allergies, medications, treatments and/or therapies your child receives:

A copy of your child's current immunization record must be submitted prior to the first day of school unless your child is 2 or 3 years of age and attended the ECP for the 2016-2017 school year.

ECP is an Allergy Aware School. We may ask all parents to limit the foods sent to school to provide the safest environment for all children.

Emergency Information

Child's Doctor _____ Phone _____
Child's Dentist _____ Phone _____

List at least three local persons that we may contact if family members listed above cannot be reached in the event of an emergency.

Name _____ Phone # (s) _____
Name _____ Phone # (s) _____
Name _____ Phone # (s) _____

List the names of people who will pick up your child on a regular basis. If someone other than those listed below needs to pick up your child then written notice should be given to the office and your child's teacher prior to the pickup date.

I agree that the Director, Assistant Director, or Designee may authorize the physician of his/her choice to provide emergency care in the event that neither parent nor the family physician can be contacted immediately.

Parent/Guardian Signature _____ Date _____