



# CAVE SPRING

WEEKDAY SCHOOL

Do Not Write In This Space	
Date:	_____
Amount:	_____
Method:	_____
Initials:	_____

## 2023.2024 Registration Form

\_\_\_ Lambs 1 Year Old Class Tuesdays and Thursdays- **MUST BE between 16months & 23months old by Sept.30, 2023**

\_\_\_ Turtles 2 Year Old Class Tuesday through Thursday- **MUST BE 2 years old by Sept.30, 2023**

\_\_\_ Butterflies 3 Year Old Class Monday through Thursday- **MUST BE 3 years old by Sept.30, 2023**

\_\_\_ Frogs PreK Class Monday through Thursday- **MUST BE 4 years old by Sept.30, 2023**

### Part A: Child and Parent Information

Child's Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Allergies (explain): \_\_\_\_\_

Siblings Names & Ages: \_\_\_\_\_

Is your child potty-trained? \_\_\_ Yes \_\_\_ No \_\_\_ In the process (**PreK students MUST BE POTTY TRAINED**)

Child's personality Traits: \_\_\_\_\_

Child's Interests: \_\_\_\_\_

Additional Information you would like to share about your child:

\_\_\_\_\_

Parent Name: \_\_\_\_\_ Name your child calls you: \_\_\_\_\_

Primary phone number: \_\_\_\_\_ Other phone number: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Name your child calls you: \_\_\_\_\_

Primary phone number: \_\_\_\_\_ Other phone number: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Primary Language Spoken at home: \_\_\_\_\_

**Part B: Emergency Information \*(signature required)**

In the event of illness or emergency, we will contact the first listed parent's primary phone, unless indicated otherwise. If unable to reach them, whom should we call next?

1). Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2). Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of a serious accident or illness, CSUMC Weekday School staff will call 911 to transport your child to a medical facility. Please supply the following information:

Name of physician: \_\_\_\_\_ Office phone number: \_\_\_\_\_

Name of dentist: \_\_\_\_\_ Office phone number: \_\_\_\_\_

Hospital preference (if none indicated, will use closest): \_\_\_\_\_

Insurance provider: \_\_\_\_\_ Policy information: \_\_\_\_\_

**In the event that I or my alternate contacts listed above cannot be reached, the bearer of this note has my permission to transport my child to a medical facility and to obtain treatment.**

**\*Parent(s) Signature:** \_\_\_\_\_

**Part C: Other Authorized Persons (not parents) to pick up your child/Media Permission**

I, \_\_\_\_\_, authorize the release of my child, \_\_\_\_\_,  
(parent's name) (child's name)

to the following adults during the school year:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

Are there individuals that are restricted from picking up your child? Explain and provide supporting documentation if needed.

\_\_\_\_\_  
\_\_\_\_\_

I give my permission for CSUMC Weekday School to use my child's picture in the **Private** Facebook group and/or other media publications. No names will be used.

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Find our group on Facebook by searching Cave Spring United Methodist Church Weekday School. Answer the questions and ask to join!**

**Part D: General Information**

How did you find out about CSUMC Weekday School? \_\_\_\_\_

Elementary School will your child attend: \_\_\_\_\_

Has your child previously attended preschool or had group experience? If so, describe type of experience and where?

\_\_\_\_\_

Do you have a church home? If yes, where? \_\_\_\_\_

Are you interested in information about CSUMC? If yes, include preferred method of contact: \_\_\_\_\_

CSUMC Weekday School loves to have parent volunteers and often depends on them! Please check below where you would like to volunteer. (optional, but greatly appreciated)

\_\_\_ Substituting when a teacher is out \_\_\_ check here if you need prior notice \_\_\_ check here if you can be called at 7 AM.

\_\_\_ Classroom parent (for example: helping with a large craft, providing a holiday snack, etc.)

\_\_\_ Parent representative on the Weekday School Board (must be able to attend a meeting once per school year, and be contacted by other parents as needed)

\_\_\_ I would like to come in and share my job with the weekday school. (for example: veterinarian, dentist, meteorologist, etc.)

\_\_\_ I would like to come in and share my talent with the weekday school. (for example: art, music, fitness instructor, etc.)

\_\_\_ I would like to help arrange events for the weekday school. (for example: muffins with moms, donuts with dads, crafts with Santa, etc.)

\_\_\_ I have suggestions and/or other ideas for the Weekday School. Please contact me at: \_\_\_\_\_

**Part E: Tuition and Fees**

- **Non-Refundable Registration Fee of \$100.00 for first child \$80.00 each additional child** (Submitted at time of Registration).
- **Non-Refundable Supply Fee of \$50 per child.** (Submitted with first month's tuition)  
***Tuition is due one month in advance, by the 1st day of each month and is late after the 7<sup>th</sup> business day of each month.***
- **Late payment Fee:** Payments received after the 7th business day of the month will incur a fee of \$25 to be added to the monthly tuition fee.

**Lambs 1 year old class**– Tuesday and Thursday: \$190/month

**Turtles 2 Year old class**- Tuesday, Wednesday, and Thursday: \$220/month

**Butterflies 3 Year old class**- Monday through Thursday: \$225/month

**Frogs 4 Year old (PreK) class**- Monday through Thursday: \$225/month

Please make checks payable to CSUMC Weekday School/ VANCO information is included in this packet

Please ensure the following items have been included with this Registration Form:

\_\_\_\_ Signatures on this page, page 2 Part B, and the Enrollment Agreement

\_\_\_\_ Copy of the child's birth certificate or passport

\_\_\_\_ Appropriate Fees

By signing the portion below, I (we) are willing to meet the above requirements and to abide by the Enrollment Agreement and the policies of CSUMC Weekday School as stated in the Handbook.

Parent(s) signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



**CAVE SPRING**  
WEEKDAY SCHOOL



# CAVE SPRING

## WEEKDAY SCHOOL

### CAVE SPRING UMC WEEKDAY SCHOOL AND MDO

#### ENROLLMENT AGREEMENT FOR 2023/2024

THIS AGREEMENT, made this \_\_\_ day of \_\_\_\_\_, 2023, between Cave Spring UMC Weekday School, (hereinafter referred to as "School"); and \_\_\_\_\_ and \_\_\_\_\_, (hereinafter referred to jointly and severally as "Parents"), the Parents of \_\_\_\_\_, (hereinafter referred to as "Child").

For and in consideration of the promises and agreement hereinafter stated, the Parents agree to enroll and the School agrees to accept for enrollment the Child as a student at Cave Spring UMC Weekday School for the academic year beginning Wednesday, September 6, 2023, and continuing until Tuesday, May 21, 2024, (the "Academic Year"), and the parties agree that:

1. All School accounts must be current in order for registration of Child to be honored.
2. There is due and payable at the time of registration a non-refundable Registration Fee of \$100. In the event of registering more than one child per family, the fee will be \$100.00 for the older child and \$80.00 for each additional child.
3. Parents will pay September 2023's tuition by July 1, 2023 or at the time of registration if registering after July 1st. A non-refundable Supply Fee of \$50 per child is due and payable with first month's tuition. If tuition and fees are not received by July 1, 2023 the Child will lose his/her position in the School. This tuition will be refunded if a written withdrawal notice is received by the Director by August 1, 2023. After August 1, 2023, this tuition will be refunded only if the class position is filled by another student.
4. Parents will pay the School for the Child's tuition the following total sums for the academic year (please circle one):

Lambs Class MDO = \$1710

Turtles 2s Class = \$1980

Butterflies 3's Class = \$2025

Frogs Pre-K Class = \$2025

5. When Parents have paid September 2023's tuition by July 1, 2023 or at the time of registration, the remaining tuition is payable by the month and is due and payable on the first day of each calendar month, September through April. Tuition is paid one month in advance as follows: October tuition due September 1<sup>st</sup>, November tuition due October 1<sup>st</sup>, December tuition due November 1<sup>st</sup>, January tuition due December 1<sup>st</sup>, February tuition due January 1<sup>st</sup>, March tuition due February 1<sup>st</sup>, April tuition due March 1<sup>st</sup>, May tuition due April 1<sup>st</sup>.

6. Parents agree to pay a late fee of \$25 for all tuition payments received after the 7<sup>th</sup> business day of each month.

7. Parents agree to pay a fee of \$25 for each check returned by the bank.

8. Enrollment of a Child will be in jeopardy if tuition for any given month is not received on or before the last day of that month. Tuition for the unpaid month plus the assessed \$25 late payment fee will be due along with the full following month's payment on the 1<sup>st</sup> of the following month in order to maintain the Child's position in School. If, on the 7<sup>th</sup> business day of that following month, no payment is received, the School reserves the right to terminate the Child's enrollment.

9. In the event a Child withdraws voluntarily, the School requires a 30-day written notice of withdrawal. The full financial obligation shall be to pay for the entire month in which the child is withdrawing regardless of the date of the month departing. If less than the required 30-day written notice is given, an extra month of tuition will be collected to assure the School ample time to fill the vacated position while not adjusting the school budget. In all cases, if there is an opportunity to immediately fill the position, the School will review the situation to determine if the parents are obligated for any unpaid tuition. Every effort to fill the vacated position will be made by the School.

This Agreement shall become binding upon all parties upon its execution by the parties hereto both jointly and severally.

PARENT(S) SIGNATURE:

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

CAVE SPRING UMC WEEKDAY SCHOOL:

\_\_\_\_\_ Date \_\_\_\_\_

Tarra Svec, Director



# CAVE SPRING

## WEEKDAY SCHOOL

CSUMC Weekday School uses VANCO as an option to manage your payments online. This includes: Tuition, Registration, and Lunch Bunch. It is easy to use and allows you to use a credit card, pay through your bank account, set up automatic recurring payments through your bank account, and view your complete payment history from anywhere you have access to the internet. Simply follow these easy steps:

1. Visit the Weekday School page on the church website by selecting “weekday school” at the top right of the home page.([www.cavespringumc.org](http://www.cavespringumc.org))
2. Then click on the “Tuition Payments” on the left.
3. Then click on “Create Profile” button on the right side of the screen, then...
4. Follow the onscreen instructions to create an online profile and schedule your payments.

We also accept cash and checks made payable to CSUMC Weekday School. \*If you plan to use a *debit* card we kindly ask you to use the ‘pay through your bank account’ option, ‘automatic recurring payment’ option, or write a check instead as we incur fees each time any card is used.

