

**CHAMBLEE METHODIST KINDERGARTEN**  
**2022-2023 Class Registration Form**  
Please print clearly and legibly in blue or black ink.

**Child's Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_

**Name you wish your child to be called:** \_\_\_\_\_

If you are a member of a church, please tell us where: \_\_\_\_\_

Preschool or Parents' Morning Out Currently Attending \_\_\_\_\_

Please note any ALLERGIES your child has \_\_\_\_\_

Has your child been recommended for and/or received professional assistance for any health, speech, psychological or educational issues? If yes, please explain \_\_\_\_\_

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

Age group registering for \_\_\_\_\_

List days preferred, if applicable (1<sup>st</sup> choice) \_\_\_\_\_

(see below for options) (2<sup>nd</sup> choice) \_\_\_\_\_

(3<sup>rd</sup> choice) \_\_\_\_\_

Registration fee attached \$ \_\_\_\_\_ (registration fee only; please do not pre-pay any other fees; check made out to CMK or Chamblee Methodist Kindergarten)

**Registration fee church member (\$75.00)    Non church member (\$115.00)    Second child (\$85.00)**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Class Options**

<p><b><u>2 Year Classes</u></b>                      Tuesday &amp; Thursday (2-days)                      Wednesday &amp; Friday (2-days)                      Monday, Tuesday, &amp; Thursday (3-days &amp; child must be 3 by 2-1-2023)</p>	<p><b><u>3 Year Classes</u></b>                      Monday, Tuesday, &amp; Thursday (3-days)                      Monday, Wednesday, &amp; Friday (3-days)                      Monday – Thursday (4-days)</p>
<p><b><u>PreK Classes</u></b>                      Monday – Thursday (4-day)                      Monday – Friday (5-day)</p>	<p><b><u>Kindergarten Class</u></b>                      Monday – Friday (9:00am – 1:00pm)</p>

## CMK Enrollment Agreement 2022-2023

I, the undersigned, agree to pay **Chamblee Methodist Kindergarten** the following fees:

**Registration fee** – Registration fee(s) are due at the time of enrollment. Registration fee(s) is non-refundable and non-transferable.

**\$115.00 – 1<sup>st</sup> child of a non-church member**

**\$85.00 – Any additional child of non-church member**

**\$75.00 – Per child for church members**

**Tuition fee** -All tuitions are based on the yearly cost of the program (for the school year) and are divided into 9 equal payments. **The first of the 9 payments (your non-refundable tuition deposit) is due by May 10, 2022 for 2s, 3s & PreK. The first payment for kindergarten is due by April 15, 2022.** A reminder notice will be sent prior to these payments being due. **The remaining 8 payments are due by the 10<sup>th</sup> of the month from September–April.** No refunds are offered for absences due to illness, vacation, or trips as CMK enrollment is a full year commitment for your child. Tuition is not refunded if a school day is cancelled or if a family moves or withdraws a student from CMK.

Number of Days Attending Per Week	Tuition Payment Amount	Annual Tuition Total
2 days	\$255.00	\$2,295.00
3 days	\$310.00	\$2,790.00
4 days	\$345.00	\$3,105.00
5 days	\$380.00	\$3,420.00
Kindergarten	\$425.00	\$3,825.00

**Curriculum fee (Kindergarten only)** – A (non-refundable) curriculum fee of \$100 is due by April 15, 2022.

### **Additional Enrollment Agreements**

I understand the school will observe the same in-service days and holidays as the DeKalb County School District, plus Good Friday, a holiday observed by the church, as well as any other days approved by the Kindergarten Board. These holiday & in-service days were taken into consideration when tuition costs were set.

I agree to give at least two weeks' notice of my child's withdrawal with the exception of a doctor's note.

I understand the school hours are 9:00am to 12:00pm (except for Kindergarten hours Mon. – Fri. 9:00am to 1:00pm) and that the above tuition fee is the cost for these hours. I understand that optional extended care is available from 12:00pm to 1:00pm at an additional cost.

I understand that the Chamblee Methodist Kindergarten carries liability insurance, and the school is exempt from state licensure since it is half-day program.

I understand that my child will attend chapel once or twice a month.

I also give permission to include names, mailing addresses, e-mail addresses, and telephone numbers in the school directory and class email list. I understand that the school directory and class email list are compiled for the sole use and convenience of Chamblee Methodist Kindergarten's parents and staff. All names, mailing addresses, phone numbers, and email addresses are for school use only and may not be used for any commercial or political purposes. If you would like to opt-out of the directory please check here. **OPT-OUT**

I understand the photos and videos taken of class activities by the staff may be posted via a password-protected site such as Shutterfly. Only parents will be given permission to access these sites. These are for parents only and should not be forwarded. If you prefer your child's picture not appear on the password-protected site, please notify the teacher. We request that parents not post any personal photos of school activities on social media unless your child is the only student in the picture. Additional information regarding the school's data privacy policy is in the school handbook and may be made available upon request.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Child(ren)'s First and Last Name**

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

**CHAMBLEE METHODIST KINDERGARTEN**  
**2022-23 New Student Data Form**  
Please print clearly and legibly in blue or black ink.

**Child's Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_

**What name would you like the teachers to use (written and verbal) in the classroom?** \_\_\_\_\_

Child's Date of Birth: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

Boy  Girl

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**Is your family new to CMK?**  
**If yes, please complete the information in Section 1.**  
**If no, please complete the information in Section 2.**

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**Section 1:**

**Child's Home Address:** \_\_\_\_\_  
Street City Zip

Home Phone (\_\_\_\_) \_\_\_\_\_

**Father's Information:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

**Mother's Information:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

- If no home number is listed, the mother's cell number will be listed in school directory.

How did you hear about us? \_\_\_\_\_

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**Section 2:**

Name of sibling(s) currently or previously attending CMK: \_\_\_\_\_

Name of parents: \_\_\_\_\_