Zoar United Methodist Church Preschool

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2026-2027
Enrollment and Registration Packet

Welcome

Welcome from the Pastor

Families and Friends of the Zoar UMC Preschool,

I would like to welcome you all to the preschool of Zoar United Methodist Church! Our preschool has been a part of Zoar UMC for decades, and we consider you to be a part of our church community! When you are a part of the preschool program, we consider you to be family!

Our congregation is invested in our preschool. Members of our church make up our involved preschool board! We desire to be connected and consider the preschool to be a ministry of our church!

If you are a returning family, we welcome you back home! If this is your first time with our preschool, we extend our welcome and hospitality!

As the pastor, I want to offer an invitation to join with us in worship on Sunday mornings at 10:00 am. If you do not have a church home, we hope you will consider yours to be Zoar UMC!

May God Bless Our Time Together,
Rev. Tracy Sever
Pastor of the Zoar UMC

Welcome from the Preschool Director

Dear Zoar Preschool Families,

Welcome to Zoar United Methodist Church Preschool! We are honored that you have chosen Zoar for your child's early learning experience.

At Zoar Preschool, we believe the early childhood years are a precious time for growth, discovery, and building confidence. Our goal is to create a warm and nurturing environment where children feel safe, loved, and excited to learn each day.

Our program blends developmentally appropriate early childhood education with Christian values that emphasize kindness, compassion, and respect for others.

With many years of experience working with young children here at Zoar, it is a joy and privilege for me to serve as Preschool Director. I care deeply about this program, our teachers, and every child who walks through our doors.

We look forward to partnering with your family during these important early years.

Tracie Tolentino
Preschool Director

How did you hear about us? _____

Class Selection & Pricing

Child's name: _____

Child's age as of September 1st, 2026: _____

Registration Fee for all classes is $300. Registration fee is a separate, non-refundable fee and is not applied to your child's tuition.

Class	Yearly Tuition	Monthly Installment
Infants and Toddlers		
3 Days (T,W,TH)	$2,300	$230
4 Days (M – TH)	$2,600	$260
5 Days (M – F)	$2,850	$285
2-year-old		
3 Days (T,W,TH)	$2,300	$230
4 Days (M – TH)	$2,600	$260
5 Days (M – F)	$2,850	$285
3-year-old		
4 Days (M – TH)	$2,500	$250
5 days (M – F)	$2,750	$275
4-year-old		
4 Days (M – TH)	$2,500	$250
5 days (M – F)	$2,750	$275

* All students entering our 3- and 4-year-old classes should be fully potty-trained before the start of school.

**Classes are guaranteed only if a minimum number of students enroll.

***Without pre-approval by the director, weekly days of attendance CANNOT be changed. If your child shows up without authorization, they will not be able to attend that day. This ensures that all classrooms have the proper student and teacher ratios to maintain the quality and safety of the class.

****Mid-year and late semester enrollment will be prorated based on the remainder of the school year.

Family Information

Parent / Guardian #1

Name: _____

Relationship to Child: _____

Cell Phone: _____

Email: _____

Employer: _____

Occupation: _____

Preferred Contact Method: ☐ Text ☐ Phone ☐ Email

Parent / Guardian #2

Name: _____

Relationship to Child: _____

Cell Phone: _____

Email: _____

Employer: _____

Occupation: _____

Preferred Contact Method: ☐ Text ☐ Phone ☐ Email

Family Status & Custody

Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Single

Custodial Parent(s):

☐ Mother and Father ☐ Mother ☐ Father ☐ Grandparents ☐ Other: _____

Legal Documentation: Is there a custody agreement we need to be aware of? ☐ No ☐ Yes

*****NOTE: When custody of any child is in question, ZUMC Preschool must act in accordance with the court. All legal papers pertaining to custody must be on file in our office. Please submit documentation with this form.*****

Sibling Information

Please list names and ages of any siblings:

1. _____ Age: _____
2. _____ Age: _____
3. _____ Age: _____
4. _____ Age: _____

Student Information

Child's Full Name: _____ **Preferred Nickname:** _____

Date of Birth: _____ **Age on September 1st:** _____

Gender: ☐ Male ☐ Female **Class Applying For:** _____

Home Address: _____

City/Zip: _____

Child lives with: ☐ Mother and Father ☐ Mother ☐ Father ☐ Other: _____

Has your child attended preschool or childcare before? ☐ Yes ☐ No

If yes, where and how long? _____

Have you applied for GA-PreK and are currently on the lottery wait-list?

☐ Yes ☐ No ☐ N/A

Potty Training Status

☐ Fully trained ☐ In progress ☐ Not yet started

Does your child wear:

☐ N/A ☐ Diapers ☐ Pull-ups (Pull-ups provided for changing must have side openers.)

Has your child received services for:

☐ Speech Therapy ☐ Occupational Therapy ☐ Physical Therapy ☐ Early Intervention ☐ None

If yes, please explain: _____

_____

_____

Does your child experience any of the following?

☐ None ☐ Separation anxiety ☐ Sensory sensitivities

☐ Difficulty with transitions ☐ Food restrictions ☐ Other: _____

What comforts your child when upset?

_____

_____

List some of your child's favorite toys or activities: _____

_____

Describe your child in three words:

Is there anything else we should know about your child?

_____

_____

_____

Emergency and Medical Information

Medical Information

Child's Doctor / Clinic: _____

Doctor Phone: _____

Immunization form # 3231 is due 30 days from the first day of attendance.

First day of attendance: _____ Form due by: _____

Does your child have any ALLERGIES?

☐ Food ☐ Medication ☐ Environmental ☐ None

	ALLERGY	REACTION	TREATMENT
1.			
2.			
3.			
4.			

Medical Conditions: _____

_____

Medications: _____

_____

Authorized Pick Up

The following individuals are authorized to pick up my child from Zoar Preschool. A valid ID will be required. If we cannot contact the parents or emergency contacts, we will begin to contact your authorized pick-up individuals.

	Name:	Relationship:	Phone Number:
1.			
2.			
3.			
4.			

***Please list LOCAL emergency contacts that we can contact in the event of an emergency that can be authorized to pick up your child. List them in the order that you want them to be contacted.**

LOCAL Emergency Contact #1

Name: _____

Relationship: _____

Phone: _____

LOCAL Emergency Contact #2

Name: _____

Relationship: _____

Phone: _____

Media Release

Photography Permissions

Zoar United Methodist Preschool often takes photos and/or videos of our students for various purposes, including but not limited to: classroom projects, the school's private Facebook group, classroom apps (**Brightwheel**), and the annual end-of-the-year program.

• _____ (**Initial here**) I do **GRANT** permission for my child to be photographed while enrolled at Zoar United Methodist Preschool for the purposes listed above.

OR

• _____ (**Initial here**) I **DENY** permission for my child to be photographed while enrolled at Zoar United Methodist Preschool, resulting in my child being excluded from all involvement in photos and videos, including but not limited to class photos and programs.

Parent Handbook Acknowledgement

I acknowledge that I have read the Zoar Preschool Parent Handbook and agree to follow the policies and procedures outlined by the registration paperwork and parent handbook provided.

Parent / Guardian Signature: _____

Printed Name: _____

Date: _____

Tuition and Fee Agreement

1. **Tuition Investment:** I agree to pay an annual tuition of **$_____** for the school year. For my convenience, this may be paid in **_____** equal installments of **$_____**, due on the **1st of each month**.
2. **Registration Fee:** A **NON-REFUNDABLE** registration fee of **$300** is due at the time of enrollment to secure the student's placement.
3. **Payment Policies:**
    - **Late Fees:** Payments not received by the **3rd of the month** incur an automatic **$10 late fee**.
    - **Delinquency:** Accounts more than **30 days overdue** will result in the child being unenrolled.
    - **Payment Method:** All payments (annual or monthly) are processed via credit or debit through the **Brightwheel** app.
4. **Commitment Terms:** Enrollment is for the **entire school year** and is not a month-to-month contract. Monthly installments remain the same regardless of:
    - School holidays or closures (including inclement weather).
    - Student absences.
    - Months with fewer school days (e.g., December and May).
5. **Withdrawal Notice:** A 30-day notice is required to withdraw a child from the program. Exception: students immediately transferring into a local Ga-PreK program.
6. **Commitment to Success:** We are committed to the success of every child; however, our program may not be the ideal setting for all developmental or behavioral needs. If we observe that a child requires more specialized support than our staff can provide, we will conduct thorough evaluations and meet with the family to discuss the child's best interests.
7. **Transitions:** If it is determined that our school cannot adequately serve those needs, the Preschool reserves the right to initiate a transition. At that time, we will provide referrals to age-appropriate GCPS and/or county support services. Parents are required to begin this transition process within **30 days** of the recommendation. While we will make every effort to work within the specific timeframes of outside agencies, our priority is to ensure the child begins moving toward an environment that can most effectively and safely serve him or her.

ACKNOWLEDGEMENT:

I have read the regulations regarding tuition installment procedures. I fully understand them and agree to abide by them.

Childs name: _____

Parents name: _____

Parents Signature: _____

Date: _____

FOR OFFICE USE ONLY

- **Registration Fee Paid:** $_____ **Date:** _____
- **Form #3231 Received:** ☐ Yes ☐ No
- **Brightwheel Invite Sent:** ☐ Yes ☐ No
- **Teacher/Class Assigned:** _____