

Isle of Hope United Methodist Church Weekday Ministries



Fees for 2026-2027

SCHOOL HOURS

Monday - Thursday 9:00 - 1:00

Friday 9:00 - Noon



Lunch Days

Monday - Thursday, children will need to bring their lunch.

Registration Fee

\$225.00 for the first child and \$175.00 for each additional child in the family - **Due with application and is not refundable** unless we do not have a place for your child when school begins in September.

Supply Fee (Due May 1, 2026 and is not refundable)

2 days a week program \$200

3 days a week program \$250

5 days a week program \$325

Tuition

Cherubs

These children must be four by September 1

Five days a week (M-F) at \$2,835.00/ year or \$315.00/ month

Tots

These children must be three by September 1

Three days a week (M, T, TH) at \$2,160.00/ year or \$240.00/ month

Five days a week (M-F) at \$2,835.00/ year or \$315.00/ month

Pee Wees

These children must be two by September 1

Two days a week (T & TH) at \$1,800.00/ year or \$200.00/ month

Three days a week (M, T, TH) at \$2,160.00/ year or \$240.00/ month

Five days a week (M-F) at \$2,835.00/ year or \$315.00/ month

Wee Ones

These children must be 6 months by September 1

Two days a week (T/TH or M/W) at \$1,800.00/ year or \$200.00/ month

Applications are accepted beginning the first working day in January, and are processed in the following order: (a) current students who are returning; (b) brothers and sisters of current students; (c) "first come" basis. Currently enrolled students have until January 31st to enroll without losing their place.

If you have any questions, contact Wez Childers, Director, by phone at 912-355-8527 (church), or Wez's 912-308-7778 (cell).

Age Group ____ 2026-2027 # of days ____
Re-enrollment Yes ____ No ____
Brother/Sister in program now Yes ____ No ____
Waiting list Yes ____ No ____

Date of Application ____
Date and Time Received ____

Isle of Hope United Methodist Church Weekday Ministries Registration Form

Full Name of Student _____ Male/Female ____

Age ____ Birthdate _____ Preferred name _____

Home Address _____ Zip _____

E-mail Address _____

Phone # for handbook _____ Business Phone _____ Cell Phone _____

Parent Name _____ Occupation _____

Parent Name _____ Occupation _____

Name and phone numbers of persons to call in an emergency (other than mom/dad)

1. _____
2. _____

Church Affiliation _____

Name of Physician _____ Phone _____

Does your child have any diseases, fears, allergies, and/or special needs that would affect their participation in our program?

List here: _____

Brothers? Name(s) and age(s) _____ School _____

Sisters? Name(s) and age(s) _____ School _____

Pet(s) _____

Registration Fee: (\$225.00 for first child and \$175.00 for each additional child in the family)

Due now and is not refundable.

Supply Fee Due May 1, 2026, and is not refundable.

I agree to the above policy for refunds of fees. I understand that the POLICIES of Weekday Ministries are available online at www.iohumc.com. I have read and accept the terms and responsibilities stated in this application and the Weekday Ministries POLICIES. I understand that Weekday Ministries is not licensed and has been granted an exemption by the Georgia Department of Early Care and Learning. A notice that our program is not licensed and is not required to be licensed by the state is posted in the school hallway. I understand that IOH Methodist Church carries liability insurance for the Weekday Ministries program.

Parent or Guardian's Signature

Date

Tuition: Due the first of each month, September through May.

Make checks payable to IOHUMC Weekday Ministries. Mail this form and fee to IOHUMC Weekday Ministries, 412 Parkersburg Rd., Savannah, Ga. 31406 / ATTN: Wez Childers, or return to the church office.

OFFICE USE ONLY

Amount paid with registration _____ Confirmed _____