



New Hope Preschool Enrollment 2026-2027 School Year

Welcome to Our Preschool!

We are thrilled to have the opportunity to join you on your child's first steps in learning! At New Hope Preschool, children explore, discover, and grow in a caring and nurturing environment designed to support their unique developmental needs. We want you and your child to feel right at home as you begin this exciting preschool journey!

We can't wait to watch your little one learn, grow, and thrive with us!

Registration & Tuition Information

Registration Fee:

\$150 for one child

\$250 for families with more than one child enrolled

Registration fees are Non-Refundable.

A \$50 discount on tuition is applied for each additional child enrolled.

Enrollment is offered on a first-come, first-served basis, we encourage families to submit materials promptly.

Registration fee and required forms must be submitted for enrollment to be complete.

Tuition is collected **one month in advance** and is due by the **5th of each month.**

August Tuition and the Activity Fee are due by July 1, 2026.

Listed below are the class options and prices for the 2026-2027 school year

2 Year Old Class

9am - 12:30pm

2 days a week - \$275.00 per month

Monday /Wednesday **Or** Tuesday /Thursday

Older 2 Year Old Class

9am - 12:30pm

(Must be turning 3 before January 1st)

2 days a week - \$275.00 per month

Monday /Wednesday **Or** Tuesday /Thursday

4 days a week - \$325.00 per month

****All 3's Must be in pull-ups and actively attempting to potty train.**

3 Year Old Class

9am to 1:00pm

3 days a week - \$300.00 per month

4 days a week - \$325.00 per month

Pre-K / Kindergarten Prep

9am to 1:00pm

3 days week - \$325.00

Tuesday, Wednesday, Thursday

4 days a week - \$350.00 per month



There is a one-time Activity fee of

\$200.00

The activity fee assist in covering the variety of activities children will participate in during the school year,

(Due by July 1st)



Tuition is determined on a yearly basis and divided into 10 equal payments, due July 1st through April 1st .

We Grow With
New Hope
United Methodist Church
PRESCHOOL

2 Year Old Class Tuition

2 days a week - \$275.00 (Monthly) \$2,750.00 (Yearly)

Older 2 Year Old Class Tuition

2 days a week - \$275.00 (Monthly) \$2,750.00 (Yearly)

4 days a week - \$325.00 (Monthly) \$3,250.00 (Yearly)

3 Year Old Class Tuition

3 days a week - \$300.00 (Monthly) \$3,000.00 (Yearly)

4 days a week - \$325.00 (Monthly) \$3,250.00 (Yearly)

Pre-K / Kindergarten Prep Class Tuition

3 days a week - \$325.00 (Monthly) \$3,250.00 (Yearly)

4 days a week - \$350.00 (Monthly) \$3,500.00 (Yearly)

Online Payments

Online payments can be made on our website :

www.newhopeumc.org/preschool

Please select "Preschool Tuition" from the drop down menu.

There is a 2.9% fee if you choose to pay online.

DO NOT uncheck the "cover fees" box.

Tuition Payment Schedule

Date Due	Tuition for the Month of:
July 1st	August Tuition Plus Activity Fee Due
August 1st	September Tuition
September 1st	October Tuition
October 1st	November Tuition
November 1st	December Tuition
December 1st	January Tuition
January 1st	February Tuition
February 1st	March Tuition
March 1st	April Tuition
April 1st - Last Payment	May Tuition

New Students

If you are new to New Hope Preschool, be on the lookout for a welcome email from the following email address: newhopepreschool4815@gmail.com.

You should receive this within 2-3 weeks of turning in your registration packet and paying your registration fee. This will be to welcome you to our school and to verify your contact information.



Preschool Website:
www.newhopeumc.org/preschool

Preschool Hours:
Monday-Thursday 9:00 am - 1:00 pm

Church Office Hours:
Monday-Thursday 9:00 am - 2:00 pm

Address:
New Hope United Methodist Church
Attention: Preschool
4815 Dawsonville Highway
Gainesville, GA 30506
770-889-7440

Preschool Enrollment 2026-2027 School Year

Please Fill out the information below on what days your child will be attending for the 2026-2027 school year to help better place your child in a classroom.

My child _____ will be enrolling in the:

_____ **2 Year Old Class** They will be attending the following 2 days:
_____ Monday \ Wednesday or _____ Tuesday \ Thursday

_____ **OLDER 2 Year Old Class (Must be turning 3 before January 1st)**
They will be attending the following 2 days:
_____ Monday \ Wednesday or _____ Tuesday \ Thursday

_____ **OLDER 2 Year Old Class - 4 days**

_____ **3 Year Old Class - 3 days** They will be attending the following 3 days:
_____ Monday _____ Tuesday _____ Wednesday _____ Thursday

_____ **3 Year Old Class - 4 days**

_____ **Pre-K Class 3 days**
_____ Tuesday _____ Wednesday _____ Thursday

_____ **Pre-K Class 4 day**

_____ **Kindergarten Prep (4 day only) (Age 5 by September 1, 2025)**



Preschool Registration Form

2026 - 2027 School Year

Child's Name _____ Name child goes by: _____
First Last

Date of Birth _____ Male _____ Female _____

Address _____

City _____ Zip _____

Child lives with: Both Parents _____ Mother _____ Father _____ Other _____

Mother's Name _____ Mother's Email Address _____

Mother's Cell Phone _____

Father's Name _____ Father's Email Address _____

Father's Cell Phone _____

Names and Ages of Siblings

Sibling's Name: _____ Age: _____

Sibling's Name: _____ Age: _____

Sibling's Name: _____ Age: _____

ALLERGIES / HEALTH CONCERNS

Please list all Allergies that your child may have: (Foods, Medications, Insect Sting, Etc....)

Are there any medical, emotional, or behavioral conditions of which we should be aware?

Emergency Contact Information / Pick Up Authorization

In the event of an emergency (including illness, injury, or school closure), every effort will be made to contact the parent/guardian first. If we are unable to reach you, please list individuals we may contact on your behalf. Your child will **only** be released to the individuals listed below. A valid photo ID will be required for verification each time a child is signed out of class.

Contact Name	Emergency Phone Number	Relationship to Child

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event of an accident, illness, or medical emergency involving my child, every reasonable effort will be made to contact the parent(s) or legal guardian(s). If I cannot be reached, I hereby authorize and give consent, **only in the event of an emergency**, for the Director, teachers, and/or staff of **New Hope United Methodist Church** to obtain or arrange for necessary emergency medical care and transportation for my child to the nearest appropriate medical facility.

I further authorize New Hope United Methodist Church Preschool Program and its representatives to consent to and authorize medical evaluation, treatment, and care by a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel. This authorization includes, but is not limited to, the administration of first aid, emergency care, hospitalization, anesthesia, surgery, diagnostic procedures (including X-rays and routine tests), and the administration of medications or injections as deemed medically necessary by such medical professionals.

I understand that I am financially responsible for any medical care provided to my child and that this authorization does not obligate New Hope United Methodist Church Preschool Program to provide or pay for medical services.

I hereby release, indemnify, and hold harmless **New Hope United Methodist Church Preschool Program**, New Hope United Methodist Church, its staff, volunteers, officers, directors, overseeing committee, and any affiliated individuals or agencies from any and all claims, demands, liabilities, damages, or causes of action arising out of or related to any accident, injury, illness, or medical treatment involving my child while participating in or attending the preschool program, except in cases of gross negligence or willful misconduct.

This authorization shall remain in effect for the duration of my child's enrollment unless revoked in writing.

Child's Name: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ **Date:** _____

Photo & Video Permission Form

I give permission for my child _____ to be photographed and/or videotaped for activities essential to the church-based preschool program. These activities may include classroom projects, memory books, class or hallway decorations, weekly chapel, and preschool events.

I understand that photographs and recordings may also be used for preschool or church-related purposes, including newsletters, the church or preschool website, social media, or online platforms such as YouTube.

I acknowledge that these images and recordings will be used respectfully and solely in connection with the preschool and church ministries.

Parent/Guardian Signature: _____ Date: _____