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HARMONY GROVE
UMC PRESCHOOL
PLAY, LEARN, AND GROW TOGETHER!

2026-2027

Student Enrollment Packet & Checklist

- ❑ Enrollment Form
- ❑ Health and Medical Form
- ❑ Emergency Contact Form
- ❑ Authorization and Consent
- ❑ Enrollment & Finance Contract
- ❑ Georgia Immunization form #3231

For Office Use Only

Student's Name _____ Assigned Classroom_____
Student's Name _____ Assigned Classroom _____
Student's Name _____ Assigned Classroom_____

- ❑ Welcome Letter Sent
- ❑ Welcome PowerPoint Sent
- ❑ Brightwheel Registration Sent

Harmony Grove UMC Preschool

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Accredited by North Georgia United Methodist Preschool Association.

*Tuition & Payment Options

Number *of days attending/week*	***Option 1*** *10 Monthly Payments*	***Option 2*** *2 Semi-Annual Payments*	***Option 3*** *1 Annual Payment*
1 Day (Toddler class only)	**$180**	**$900**	**$1,800**
2 Day (Toddler class only)	**$260**	**$1,300**	**$ 2,600**
3 Day M / W / F (2's, 3's, and Pre-K)	**$300**	**$1,500**	**$3,000**
5 Day Monday- Friday (2's, 3's and Pre-K)	**$350**	**$1,750**	**$3,500**

Other Fees	Amount
Annual Enrollment Fee *nonrefundable*	**$200.00**
Late Payment Fee (if not paid by the 5th of the month)	**$40.00**
Returned Check	**$40.00**
Late Pick Up Fee (if picked up after 1:45pm- 2:00pm. Additional $1.00 per minute after 2:00pm)	**$30.00**
Program Fee (one time payment, covers class supplies, school app, and special school events)	**$100.00 per student**
Teacher & Staff Appreciation Fee (one time payment)	**$75.00 per family (1 child), $125.00 per family (2 children), $150.00 per family (3 children)**
"Refer a Friend" Discount Receive a one time $25 credit towards tuition when a referred friend enrolls	**$25.00 credit**

School Hours of Operation:

9:30 am to 1:30 pm

School Calendar

HGPS follows Gwinnett County School System calendar for holidays, breaks, & closures **some exceptions occur-see preschool calendar*

Tuition Payments:

Our preschool program operates in a 10-month school calendar: August - May. Tuition is charged annually and paid in 10 equal monthly installments by the 5th of every month. **Failure to pay tuition may lead to dismissal from our program.** **Tuition subject to change*

All fees are required and non-refundable.

The Program Fee will be invoiced in August or the 1st month enrolled. The Teacher & Staff Appreciation Fee is invoiced in September or 2nd month enrolled.

Payments accepted:

Cash, check, cashier's check in the preschool office. Credit card, debit, or electronic banking via preschool app.

Extracurricular Classes:

After school classes may be offered and determined by interest & enrollment. See preschool office for additional information.

Sibling Discount:

$20.00 off the registration fee. No discount off tuition.

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Enrollment Form

Student Information

Please print clearly	Child 1	Child 2	Child 3
Name *(First & Last)*			
Date of Birth Month/date/year	____ / ____ / _____	____ / ____ / _____	____ / ____ / _____
New or returning student			
Class (Circle one) *HGPS follows GCPS for birthday cut off date of September 1st for classroom placement.	**Toddler** **2's** **3's** **Pre-K**	**Toddler** **2's** **3's** **Pre-K**	**Toddler** **2's** **3's** **Pre-K**
# of Days each week? ***Circle your choice*** *Toddlers may only attend 2 days a week. 2 years and older can attend 3 days or 5 days a week*	2 3 5	2 3 5	2 3 5
Gender	M F	M F	M F
Independent toileting? **Students must be fully potty trained when entering the 3's & Pre-K*	Y N	Y N	Y N
Allergies or sensitivities/reactions *(Medical, food, insect, etc.) Please be specific-additional sheet can be provided if needed*			
Physical disabilities or concerns? (eyes, ears, speech, other)			
Medications *(please list all medications and dosage)*			
Dietary restrictions (Allergy, cultural, religious, etc.)			
Are there any other concerns, special needs or information you wish to make us aware of?			
Teacher / Class Assignment (Office only			

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Enrollment Form

Social and Learning

Has your child(ren) attended another preschool program or daycare? If so, where and what were the dates of attendance?
1)
2)
3)

Is your child(ren) meeting their developmental benchmarks for their age? Do you see any concerns or limitations we should be aware of? Has your child ever had any type of evaluation (private, Babies Can't Wait, Gwinnett County Schools)? If yes, Harmony Grove Preschool may request a copy of documentation. (example: Speech, Vision, Occupational Therapy-OT, Physical Therapy-PT, Sensory, Behavioral, Cognitive, Attention Deficit Hyperactivity, Autism Spectrum Disorder (ASD) etc)

Is there any additional information to share with the teachers that would contribute to a better understanding of your child(ren) and their needs? (i.e. difficulty sharing, very active, separation anxiety, limited English, etc)

What do you hope your child(ren) will gain from a year at Harmony Grove Preschool?

What county do you reside? circle one: Gwinnett Dekalb other_____
Do you know your zoned elementary school? No ☐ Yes, please list_____

Primary Language spoken at home: English ☐ Spanish ☐ other_____

Family have limited English? circle one: Parents Child Both None

Disclaimer: ***As a non-profit private school, we reserve the right to not accept or release your child from our program if this is not the best placement for your child due to their behavior, specialized learning, or any other condition.***

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Enrollment Form
Family Information

(Please complete all fields for both parents)

Parent (Mother) /Guardian	Parent (Father) /Guardian
Street Address	Street Address
City & Zip	City & Zip
Email	Email
Preferred Phone/Cell Phone	Preferred Phone/Cell Phone
Occupation & Employer	Occupation & Employer
Date of Birth	Date of Birth

Parents' Marital Status: Married Divorced Single Widowed
(circle one)

Custody issues?
☐ No ☐ Yes- Please provide documentation to school office

Siblings? (names & ages)

Are you interested in volunteering in the preschool? If yes, ✓ check all that apply: before school_____ during school hours _____ after school _____ serving as "room parent" _____ would like additional information_____

How did you learn about our school? *Please circle all that apply*: Advertisement
Social Media (Facebook/Instagram) Referral (please share family name _____)
other_____

FOR OFFICE USE ONLY

Child 1: _____ Teacher: _____

Child 2: _____ Teacher: _____

Child 3: _____ Teacher: _____

Enrollment Form
Medical, Health, and Immunization

Family Pediatrician:

Practice/Medical Group:

Address, City & Zip:

Phone: ( )

Preferred Hospital :

Insurance Provider:

Phone: ( )

Claim Address, City & Zip:

Policy Holder:

Policy Number:

Group Number:

Member ID:

Any medical or physical special needs? Wears glasses? Skin conditions? Please detail:
If you student requires special medical/health care while at school, families are required to submit a health/medical plan from their medical provider.

If none, please check ✓ ☐

*** Harmony Grove Preschool requires a current copy of student's immunization (form 3231). Failure to submit this form may result in suspension of program attendance until this form is on file in the preschool office.**

Enrollment Form
Emergency Contacts

The following people are authorized to remove the child from the facility (with written or verbal notification from the custodial parent(s)/guardian(s)). In addition, Emergency Contacts will be called in case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached.

Contact #1 **Name**	
Address, City, & Zip	
Contact Phone: ( )	**Relationship**
Contact #2 **Name**	
Address, City, & Zip	
Contact Phone: ( )	**Relationship**

Permission to Transport Student:

These individuals will be required to show their valid Driver's License the 1st time transporting your student for identification and verification purposes.

1)_____

2)_____

3)_____

FOR OFFICE USE ONLY

Child 1: _____ **Teacher:** _____

Child 2: _____ **Teacher:** _____

Child 3: _____ **Teacher:** _____

Enrollment Form
Authorization and Consent

Emergency Medical Treatment Release

In case of an emergency, I (parent/guardian) _____, hereby authorize the staff and administration representing Harmony Grove Preschool to give consent for any and all necessary emergency medical and/or first aid for my child while they are in the preschool's custody. It is understood that a conscientious effort will be made by the school to contact me or one of the people listed on my child's emergency contacts before any medical action is taken. If the need arises, I will prefer they have my child taken to _____hospital.

**Note-depending on the medical condition, emergency services staff may make medical or transportation decisions in the best interest of the child before parental involvement.*

Parent/Guardian Signature:

Administration of Medication Policy

I understand that Harmony Grove Preschool personnel will **not** administer medications. Any medications, prescription or otherwise, must be administered by the parent / guardian outside of school hours.

Special Note Harmony Grove Preschool staff may administer medicine (i.e., Benadryl, Epi-Pen, asthma inhaler, etc.) if your student begins to suffer a severe reaction/health crisis and it is deemed life threatening.

Parent/Guardian Signature:

General Photo/Video Release

I hereby grant Harmony Grove Preschool permission to take and use my child's photograph/video in connection with school activities, projects, school displays, portfolios, publications, social media accounts, and website related to the preschool without payment or any other consideration in perpetuity. These photographs/videos are used for internal/external communication and projects, promoting the preschool, and as shared content amongst families.

Special Note The preschool will never identify a child's name and/or family name on our social media/website unless prior authorization is obtained.

Parent / Guardian Signature:

Enrollment Contract

Finance

1. I agree to pay the **non-refundable** registration fee, as stated below, at the time of enrollment.
2. I agree to pay tuition, as set forth in the HGPS Registration Packet and HGPS Parent Handbook. Tuition payments will begin when the student is registered for school.
3. I agree to pay the **full** monthly tuition fee. I understand that tuition **will not** be adjusted or reduced due to illness, holidays, family travel, or any other absence. In addition, families may **not** change their scheduled days or send in their child to "make up" a missed school day. HGPS reserves the right to pause attendance or withdraw a family if tuition has not been paid, and no arrangements have been made with the director after 2 months. Families understand that if they are withdrawn, they may lose their spot in the classroom. Families must submit the full amount due including any outstanding fees to return to the classroom if there is still availability.
4. I understand that I am responsible for all school related fees and that payment is due when notified from the preschool office. I acknowledge that failure to pay school fees can result in a pause in attendance and/or withdrawal from the program.
5. In case of withdrawal of my child from the program, I agree to provide **written notice** to the Preschool Director **30 days prior to the date of withdrawal.** I understand I am responsible for **full tuition** up to and through the **30-day** notification period. Regardless of reason for withdrawal**, after March 1st, all** families are required to pay their full tuition until the end of the school year.
6. I understand that a fee of **$40** will be charged for any check returned for non-sufficient funds.
7. I agree to pay the "Late Pick-Up" fee of $30.00 per child if my child(ren) is / are still present in the building after 1:45 p.m. Beginning at 2:00pm, families will be charged an additional $1.00 per minute late.
8. Legal authorities may be contacted for children left at the school for more than 2 hours after closing time, if not contacted by the parent or guardian.
9. I understand that Harmony Grove Preschool and its personnel are not responsible for accidental personal injury or loss of property.
10. Harmony Grove Preschool reserves the right to withdrawal a child after all resources have been exhausted to acclimate the child to the classroom and school environment. Harmony Grove Preschool may dismiss a child from the program without prior notice, if in the opinion of the administration that it is in the best interest of the child and the school.
11. Harmony Grove Preschool, its owner, director, employees or associated volunteers are **NOT** responsible for reimbursement of any medical expenses incurred because of accidental incidents to a child or incidents between children resulting in injuries that occur to a child or children during attendance at our preschool.
12. The terms of this agreement are subject to change in whole or in part by Harmony Grove Preschool without notice.
13. I understand that Harmony Grove Preschool is not licensed by the state of Georgia and is exempt as a "private" church school facility. The preschool carries liability insurance on all students.
14. Harmony Grove Preschool serves children 12 months – 24 months for no more than 4 hours a day and no longer than 8 hours per week. Children ages 2 and older are served up to 5 days per week.
15. I have read, understand and agree to abide by the terms and conditions of this agreement as stated above.

Signature: **Date:**

Parent / Guardian:
(print name)

Parent Initials- Received Tuition Payment form:

Child (1) Name:

Child (2) Name:

Child (3) Name:

For Office Use:

FEES:

1. Registration Fee $_____
2. Annual Program Fee $100.00
3. Teacher & Staff Appreciation Fee $75.00
5. Tuition Amount $_____
6. Total Due Today $_____

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Date paid: _____/_____/_____ Amount $ _____ Received by: _____

Form of payment: Cash_____ Check#_____ Credit card (via school app): _____

Class assignment: Toddlers(12-24 mos.) _____ 2's _____ 3's_____ Pre-K_____