



Medical Consent and Waiver Policies 2020-2021

Please initial that you have read the following policies of Weekday Ministry
Please complete and sign the back page.

Child's Name _____

Child's Birthdate _____

ADMISSION POLICIES

_____ Weekday Ministry accepts students without regard to race, creed, sex, religion or national origin.

_____ I acknowledge I have read and have access to the Weekday Ministry Parent Handbook at www.mariettafumc.org/find-your-place/preschool/

FINANCIAL POLICIES

_____ Weekday Ministry's tuition is based on a child's commitment to one full school year. As a courtesy to me, tuition payments are divided into nine (9) equal installments, payable monthly, one month in advance.

_____ The registration fee, equal to one month's tuition, is due January 31, 2020, or at the time of enrollment in order to complete the registration process and is NON-REFUNDABLE. Current students will be placed on a class list only if tuition payments for the current school year are up-to-date. A signed copy of the medical consent and waiver policy is due with the registration fee.

_____ September tuition is due by May 1, 2020 and is NON-REFUNDABLE. If September tuition is not received by May 10, 2020, your child is subject to forfeiting their place in the program.

_____ Kindergarten Curriculum/Technology fee is due by May 1, 2019 and is NON-REFUNDABLE.

_____ My child's participation in the Weekday Ministry program is subject to the timely payment of tuition and fees due.

_____ Tuition is due one month in advance and a late fee will be charged for tuition received after the 5th of the month. There will be a \$15 late fee charged to your child's account if tuition is received after the 5th of the month. Tuition received after the 10th of the month will be subject to a \$20 late fee. Late fees will continue to accrue until payments are received and the account is made current.

_____ I am to give one month's notice in case there is a need to withdraw my child from the Weekday Ministry program. If I fail to do so I am responsible for that month's tuition. All tuition payments are non-refundable and non-transferable.

_____ There will be no financial credits due to illness, inclement weather, travel, or any other reason. If my child will be absent for an extended period of time, I am responsible for paying all monies due in order to retain his/her placement in the program. Failure to do so will result in forfeiture of my child's enrollment in the program.

HEALTH AND WELLNESS POLICIES

_____ A Certificate of Immunization (form 3231) and Physician's statement are due on or before August 10, 2020. My child will not be allowed to attend the first day of school without meeting this requirement. Immunization forms may expire during the school year, therefore must be renewed within 30 days of expiration.

_____ All children attending 3-year old classes and above must be completely toilet-trained and able to independently use the restroom when school begins. Each child should be wearing underwear, not Pull-ups or diapers, at school.

OTHER POLICIES

_____ Weekday Ministry has an exemption from the State of Georgia not to be licensed, because the child is not in our facility more than 4 hours a day. Weekday Ministry is a school of Excellence in the North Georgia United Methodist Conference.

_____ Teacher requests cannot be guaranteed due to class size, boy/ girl ratios and balancing birthdates.

MEDIA RELEASE

_____ I give permission for my family's name, address, email and home/cell phone number to be printed and distributed to parents of Weekday Ministry in the form of class lists and/or school directory. This list may not be used for business purposes or solicitations.

_____ During the school year, photos/images are taken of children and classes at Weekday Ministry for the School and Church's use only. By initialing, you are giving your consent which will enable the School/Church to use a photo/image of your child for blogs/websites, brochures or advertisements.

CONSENT FOR MEDICAL TREATMENT

To whom it may concern:

It is mutually understood that in the event of an accident or illness involving my child while in the care of Weekday Ministry, the staff shall use their best efforts to contact me. In the event I am not immediately available, the staff is authorized to secure such medical care as the situation may reasonably warrant.

I, _____, hereby authorize First United Methodist Church Weekday Ministry to sign on my behalf any and all forms required in order to obtain emergency medical or hospital care for my child, _____ and specifically authorize and request that necessary treatment be provided to my child. A photocopy of this authorization and consent for medical treatment shall have the same force and effect as the original.

It is agreed that where the school has acted in good faith to secure appropriate treatment following an accident or illness involving my child, any and all liability as might exist is expressly waived by me, the parent or guardian.

I have read and understand the above Weekday Ministry policies.

Parent Signature

Date

Please Print Name