

Parent Checklist

In order to register your child at the Weekday Learning Center you must print, complete and submit the following packet. **It is necessary to fill out separate packets for each child that you are registering.**

- Student Information Sheet (Teachers)
- WLC Registration Sheet (Bookkeeper)
- WLC Credit Card Payment Authorization OR Electronic Funds Transfer Authorization (Bookkeeper)
- WLC Registration Form (Child's File)
- WLC Discipline & Guidance Policy (Child's File)
- Well Statement (Child's File)
(We will accept a fax copy from the Doctors office. WLC Fax # 281-852-0167)
- WLC Authorization for Facebook & Photographer Website (Office)
- AUMC Photo, Web Site, Press Audio and Electronic Media Release (Church Office)
- Allergies & Medical Condition (Teachers & Office)
- School Directory (Teachers & Office)
- Email Request (Office)
- Shot Record (Nurse)
(We will accept a fax copy from the Doctors office. WLC Fax # 281-852-0167)
- Original Birth Certificate or a Certified Copy (Nurse)
(We will make a copy of it.) This is for new enrollees at the WLC.

If you have any questions feel free to contact the WLC at 281-852-0967 or darlajanak@gmail.com



Atascocita United Methodist Church
Weekday Learning Center
19325 Pinehurst Trail Drive
Humble, Texas 77346
281-852-0967

January 16, 2012

Dear Parent,

Registration for the Diving Deep Summer Fun of 2012, and the Rockin' 2012-13 school year is here! Summer Fun is for children 12 months by September 1 of the current school year to children going into the 4th grade. The regular school year is for children 12 months by the current school year to PreK 5yrs.

The Weekday Learning Center of Atascocita United Methodist Church is an awesome, loving, Christian preschool that provides a special opportunity for your child to learn, grow, and experience not only academics, but the love of Jesus! ☺ The staff is in constant training of new teaching techniques, classroom management and learning tools, as well as sharing in a daily prayer and devotion time.

Registration for our current enrollees and church members begins on Monday, February 13th as soon as the staff is ready to begin. Registration for Open Enrollment begins on Tuesday, February 21st. On both these days, doors will open no later than 7:45am. Registration will be held in the Life Center Welcome Center. All available spaces are filled on a first come, first served basis. Waiting lists will begin as soon as a class has filled with paid registration forms.

Included in the packet, you will find all paper work necessary to enroll your child in the Weekday Learning Center, as well as additional information about our program. **A new enrollment requirement this year is that all families will have tuition payments drafted automatically using either a credit card or electronic funds transfer from a checking or savings account.** At the time of registration, a birth certificate, bring immunization records, a physician's well child statement, and registration fees are also required to complete registration. The Weekday Learning Center accepts Visa, MasterCard, Discover and American Express.

Thank you for choosing the Weekday Learning Center and blessings to you and your child!

In His Peace,
Beth Johnson
AUMC Children's Ministry & WLC Director

Will your child attend Summer and/or Fall
Student Information Sheet

This sheet will be kept by your child's teacher.

Child's Name _____ Male or Female

YES NO Can your child's picture be on Facebook?

(The WLC post pictures to our facebook account regularly so that you can keep up with your child's day.)

YES NO Can your child's picture be on a professional Photographer Website?

(This is how you will view proofs and purchase pictures online.)

Child's Birthday _____

Parents Name _____

(Mother and Father/Guardian)

Address _____ City _____ Zip Code _____

Email Address _____

Does your child have any allergies? _____

Who does your child live with? _____

(mother, father, step mother/father, grandparent, other)

Mother's/Guardian's Numbers

Home _____

Work _____

Cell _____

Father's/Guardian's Numbers

Home _____

Work _____

Cell _____

Who will be bringing your child to school most of the time?

Does your child have any siblings? Name and Ages

Is there anything that we should know about your child?

Weekday Learning Center Registration Sheet

Registering for Fall and/or Summer

Child's Age as of September 1, 2012 _____ Grade/ Child will be in as of August 2012? _____

Sex of Child Male or Female

YES or NO My child's picture may be posted on Facebook?

YES or NO My child's picture may be posted on a Professional Photography website?

YES or NO Are you a Member of Atascocita United Methodist Church?

(For church member discount)

Child's Name _____

Child's Birthday _____
(please include year)

Mother's Name: _____ Father's Name: _____

Mother's TDL # _____ Father's TDL # _____

Address _____ City _____ Zip Code _____

Email Address _____

YES on NO Is this a change of address from last school year?

Mother's Phone #'s

Father's Phone #'s

Home _____

Home _____

Work _____

Work _____

Cell _____

Cell _____

Any Siblings? Name and Ages (Even if they do not attend the WLC.)

Throughout the year if there are any changes made to your address phone number or email etc. Please make us aware.

Child's Name: _____

Office Use Only

Summer School Registration

T _____ W _____ Th _____

1 Day \$80.00
2 Days \$100.00
3 Days \$120.00

**Summer School
Extended Care Registration**

T _____ W _____ Th _____

1 Day \$20.00
2 Days \$22.50
3 Days \$25.00

Fall Registration

M _____ T _____ W _____ Th _____ F _____

Preschool Prep 1's, 2's
(circle the correct price)

1 Day \$95.00
2 Days \$130.00
3 Days \$155.00
4 Days \$215.00
5 Days \$260.00

Preschool 3's/4's/5's
(circle the correct price)

M/W/F \$180.00
T/Th \$155.00
M-F \$320.00

Fall Extended Care Registration

AM

PM

M _____ T _____ W _____ Th _____ F _____

M _____ T _____ W _____ Th _____ F _____

1 Day \$50.00
2 Days \$55.00
3 Days \$60.00
4 Days \$65.00
5 Days \$70.00

1 Day \$50.00
2 Days \$55.00
3 Days \$60.00
4 Days \$65.00
5 Days \$70.00

Check # _____ Cash _____ Credit Card _____

RECURRING PAYMENT PLAN AUTHORIZATION FORM: Credit Card

Complete and return this form to:

AUMC Weekday Learning Center

19325 Pinehurst Trail Drive
Humble, TX 77346
(281) 852-0967



CREDIT CARD PAYMENT AUTHORIZATION

(Please Print)

I authorize AUMC Weekday Learning Center, to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I authorize AUMC Weekday Learning Center to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize AUMC Weekday Learning Center to use the third party sender, RapidTuition, to process all payments.

Cardholder Name:

Phone:

Children Names (if applicable):

Please enter children names if the cardholder's last name is different.

Cardholder Billing Address:

City:

State:

ZIP Code:

Card Type:

Visa

MasterCard

Amex

Discover

Account Number:

Expiration Date:

Signature:

Date:

PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS

RECURRING PAYMENT PLAN AUTHORIZATION FORM: ACH

Complete and return this form to:



AUMC Weekday Learning Center
 19325 Pinehurst Trail Drive
 Humble, TX 77346
 (281) 852-0967

ELECTRONIC FUNDS TRANSFER AUTHORIZATION
 (Please Print)

I authorize AUMC Weekday Learning Center, to initiate either an electronic debit, or create and process a demand draft against my Checking or Savings Account for the purpose of collecting childcare related payments. I authorize AUMC Weekday Learning Center to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize AUMC Weekday Learning Center to use the third party sender, RapidTuition, to process all payments. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Account Holder's Name: _____ **Phone:** _____

Children Names (if applicable): _____

Please enter children names if the account holder's last name is different.

Account Holder's Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Bank/Credit Union Name: _____

Bank/Credit Union Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Bank Account Type: Checking Savings Business Checking

Routing Number: _____ **Account Number:** _____
 (See Sample Below) (See Sample Below)

This authorization will remain in full force and effect until I notify AUMC Weekday Learning Center in writing of its termination. Notification must be received 5 business days in advance of termination date to permit RapidTuition and your bank reasonable time to act upon it.

Signature: _____ **Date:** _____

PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS

(Please attach a copy of a voided check below - deposit slips not accepted)



This is the location of the 9 digit Transit Routing Number for your Bank.

This is where you will find your account number.

Weekday Learning Center
Registration Form

*Please make sure every blank is complete. This is a State Mandated Criteria, and the WLC will be cited for non-compliance if all of the blanks are not completed.

Child's age as of Sept. 1st 2012 _____ Grade your child will be in as of August 2012 _____

Child's Name _____ Birth Date _____

Address _____
Address City Zip Code

Mother's/Guardian Name: _____ Father's/Guardian Name: _____

TDL # _____ TDL # _____

Home _____ Home _____

Work _____ Work _____

Cell _____ Cell _____

Mother's/Guardian's Employment _____

Father's/Guardian's Employment _____

Emergency contact other than parent:

Name Address Phone #

Name Address Phone #

(We will contact this person in case we cannot get in touch with either parent or guardian.)

I hereby authorize the WLC to allow my child to leave the Center with the following persons:

Name _____
Home# Cell #

Name _____
Home# Cell #

Name _____
Home# Cell #

Name _____
Home# Cell #

Does your child have any special needs or medical concerns, such as allergies, existing illnesses, previous serious illnesses, recent injuries, any medication prescribed for long-term use, or other information which the staff should be aware of?

YES OR NO If yes, please explain:

THIS SECTION MUST BE COMPLETE!

AUTHORIZATION FORM EMERGENCY MEDICAL TREATMENT:

In the event that I cannot be reached to make arrangements or emergency medical attention, I authorize the WLC director or person in charge to take my child to the following for necessary treatment:

Please Circle Your Child's Doctor's Information

Humble Pediatrics (Kingwood Location)
Dr. Penn, Stanley, Leach, Mohsin.
611 Rockmead Dr.
Kingwood, Texas 77339
281-348-7575

Humble Pediatrics (Atascocita Location)
Dr. Smith, Gilford, Harper, Farrior, Smoot
18350 Timber Forest Drive
Humble, Texas 77346
281-446-2196

Dr. William, Weed, Mann
2755 W. Lake Houston
Kingwood, Texas 77339
713-442-2100

Dr. Barnhart, Hassel, Chin, Gilley
20035 W. Lake Houston Pkwy
Kingwood, Texas 77339
281-359-1000

Other: _____
Name, Street Address, City, State and Phone number

Please Circle Your Hospital Of Preference

Texas Children's Hospital
6621 Fannin
Houston, Texas 77030
832-348-7575

Kingwood Hospital
22299 Hwy 59 North
Kingwood, Texas 77339
281-348-8000

Northeast Hospital
18915 Memorial Northeast
Humble, Texas 77338
281-540-7700

Other: _____
Name, Street Address, City, State and Phone number

In the event of an emergency, I understand that the Center will call the nearest physician/paramedics and have the child taken to an emergency facility.

**Any expenses incurred as a result of the above, will be borne by the child's family.*

I am the person having the power to consent to medical treatment of such minor.

Signature _____ Date _____

2/2012-7

LIABILITY RELEASE:

*I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the WLC as deemed age appropriate.

*I grant permission for my child to be included in evaluations and pictures connected with the WLC program.

*The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

*I recognize that accidents do happen, and thus agree to hold free of liability the AUMC- WLC staff and the Atascocita United Methodist Church if such an incident occurs except in the case of proven negligence.

Signature _____ Date _____

PARENT ACKNOWLEDGEMENTS

RELEASE OF INFORMATION

Is permission granted for your child's information to be included in the school directory?
(parents name, address, email address, and home phone number)

YES

NO

I AM AWARE THAT REGISTRATION FEES ARE NON-REFUNDABLE AND NON-APPLICABLE TO TUITION.

Signature _____ Date _____

EVERYTHING LISTED ON THE FRONT AND BACK OF THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature _____ Date _____

THIS IS TO ACKNOWLEDGE THAT I CAN ACCESS THE WEEKDAY LEARNING CENTER STUDENT HANDBOOK ONLINE AT WWW.AUMC.ORG.

Signature _____ Date _____

I UNDERSTAND THAT THE WEEKDAY LEARNING CENTER IS NOT RESPONSIBLE FOR MY CHILD'S NUTRITIONAL VALUE OR DAILY FOOD NEEDS.

Signature _____ Date _____

Child's Name: _____

Discipline and Guidance Policy for Weekday Learning Center.

Discipline must be:

- Individualized and consistent for each child.
- Appropriate to the child's level of understanding; and
- Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- Reminding a child of behavior expectations daily by using clear, positive statements;
- Redirecting behavior using positive statements; and
- Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- Corporal punishment or threats of corporal punishment;
- Punishment associated with food, naps, or toilet training;
- Pinching, shaking, or biting a child;
- Hitting a child with a hand or instrument;
- Putting anything in or on a child's mouth;
- Humiliating, ridiculing, rejecting, or yelling at a child;
- Subjecting a child to harsh, abusive, or profane language.
- Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
- Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, chapters 746 and 747, Subchapters L. Discipline and Guidance

My signature verifies I have read this discipline and guidance policy.

Signature

Date

Check one please:

- _____ parent
_____ employee/caregiver
_____ household member of child-care home

2/2012-9

Weekday Learning Center
19325 Pinehurst Trail Drive
Humble, Texas 77346
Telephone- 281-852-0967
Fax- 281-852-0167

Well Statement

Child's Name: _____

Child's Birthday: _____

I have examined the above named child within the past year
and found he/she physically able to take part in the
Weekday Learning Center program and activities.

Physician Signature _____

Date _____

*The WLC will accept a faxed copy of a "Well Statement"
from your child's Doctor.*

Atascocita United Methodist Church

Photo, Web Site, Press, Audio and Electronic Media Release

Will your child attend Summer and/or Fall

Child's Name: _____ Child's Birthday _____

Parent Signature: _____ Date: _____

YES or NO (Please Circle)

I hereby grant permission for the Weekday Learning Center to utilize my child's photograph for the purpose of promoting and sharing the activities and daily routines of the preschool on our church website: www.aumc.org

Name of Adult: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Email _____

I, _____ being of legal age, hereby consent that the photograph(s), motion picture (s), and/or or videotape (s) which I, or my child _____ posed for or appeared in, and/or audio recording made of my voice, or my child's, may be used by ATASCOCITA UNITED METHODIST CHURCH, its assignees or successors, in whatever way they desire, including web site, television and electronic media. Furthermore, I hereby consent that such photographs, films, recordings, plates, tapes and any electronic media are the property of the ATASCOCITA UNITED METHODIST CHURCH and they have the right to sell, duplicate, reproduce, and make other uses of such photographs, film, recordings, plates, and tapes as they may desire free and clear of any claim whatsoever on my part.

Office use only

Class _____

Days _____

FALL STUDENTS ONLY



School Directory

*****We only make a directory for the Fall school year,*****

Child's Name: _____

Child's Birthday: _____

Parent Signature: _____

Can we release your child's information? Your child's name, parent's name, address, email address and phone numbers will be included in the directory. A directory goes out to all the students at the Weekday Learning Center. We don't pass this information out to the public.

YES or NO

2/2012-13

This is only for the students that are attending the WLC in the Fall.

EMAIL REQUEST



If your email address changes throughout the year, please let the office know.

Please write legibly.

*******You only have to fill out one form per family.*******

Your Name: _____

Children's Names: _____

Your Email Address: _____

(Please print legibly)

Office Use Only:

Class _____ Days _____

The Weekday Learning Center will be furnishing all of our students with a WLC T-Shirt the day of Registration.

These shirts will be worn on all fieldtrips.
We also have one day each month, as
T-Shirt day.



We are also offering adult and children Sweatshirts for \$10.00 each
(2/4, 6/8, 10/12, 14/16, S, M, L, XL, XXL)

If you do not receive a T-Shirt please contact the WLC office.
281-852-0967/darlajanak@gmail.com

2/2012-15

**Weekday Learning Center
Registration Rates
2012-2013**

Registration Rates

Preschool Prep (1's, 2's)

1 Day	\$95.00
2 Days	\$130.00
3 Days	\$155.00
4 Days	\$215.00
5 Days	\$260.00

Preschool (3's, 4's, 5's)

M/W/F	\$180.00
T/Th	\$155.00
M- F	\$320.00

****REGISTRATION FEES ARE NON-REFUNDABLE AND NON-TRANSFERRABLE.****

Tuition Rates

Preschool Prep

	<u>1's</u>	<u>2's</u>
1 Day	\$150.00	\$145.00
2 Days	\$200.00	\$195.00
3 Days	\$235.00	\$230.00
4 Days	\$310.00	\$305.00
5 Days	\$380.00	\$370.00

Preschool (3's, 4's, 5's)

MWF	\$295.00
T/Th	\$230.00
M-F	\$475.00

*Tuition will be automatically drafted on the 1st of each month. If your credit card or electronic funds transfer is declined you must submit an alternate credit card or EFT account by the 10th of the month or a \$10.00 late fee will be added to your account.

*Registration Rates include: WLC T- Shirt, Classroom Supplies, 4 parties (Halloween, Christmas, Valentine and Easter) and 6 luncheon days (Thanksgiving Feast, Rodeo Lunch, Chinese New Year, Cinco de Mayo, Carnival Day and Water Day.)

*Children who attend more than 3 days a week will receive 2 T-Shirts and will have 2 of each party and special luncheon days.

*There is a \$10.00 monthly tuition discount for all AUMC members. There is a \$20.00 monthly tuition discount for families with multiple siblings at the WLC. Only one of these discounts can be applied.

Weekday Learning Center
Before and After School Care
2012-2013

Before School Care is offered for children ages 3, 4 and 5.
It begins at 8:15am and runs until school starts.

After School Care is offered for children ages 3, 4, and 5.
It begins after school and runs until 4:00 pm.

The program is offered Monday through Friday.

If your child will attend both before school and after school care, you
will pay registration and tuition for each program.

Rates per Month:

Yearly registration per program

1 day	2 days	3 days	4 days	5 days
\$50.00	\$55.00	\$60.00	\$65.00	\$70.00

Monthly Tuition per program

8:15am until school starts & after school until 4:00pm

1 day	2 days	3 days	4 days	5 days
\$60.00	\$75.00	\$90.00	\$105.00	\$125.00

WLC Summer Fun 2012

"Divin' in the Deep Blue Sea"



Children 1 year through 4th grade will dive deep into the under water world of the sea! The children will swim through the ocean learning about life- coral reefs, marine animals, divers, submarines, and more! Come join the deep blue sea adventures!

Session Dates:

June 5th-21st T/W/TH from 9:30am-2:30pm
July 10th-August 2nd T/W/TH from 9:30am-2:30pm

Registration for 7 weeks:

1 day- \$80.00 2 days- \$100.00 3 days- \$120.00

Tuition for all 7 weeks:

1 & 2 yrs.

1 day: \$240.00

2 days- \$330.00

3 days- \$400.00

3 yrs. through 4th grade

1 day: \$270.00

2 days- \$385.00

3 days- \$500.00

Payment Options: 1/2 tuition is due the first day, June 5th, with the remaining tuition due on July 10th; or the entire payment can be made on June 5th.

2/2012-18

WLC Summer Fun 2012

"Divin' in the Deep Blue Sea"



© Dennis Cox * www.ClipartOf.com/9038



Summer Fun Extended Care

Summer Fun Extended Care is for children age 3yrs. and older. Sessions are offered from 8:15am-9:30am and 2:30pm-4:00pm each school day.

Registration Rates per session:

1 day- \$20.00 2 days- \$22.50 3 days- \$25.00

**Tuition Rates per session for the 7 weeks of
Summer Fun:**

1 day- \$105.00 2 days- \$130.00 3 days- \$155.00

Teacher Request

God has blessed the children of the Weekday Learning Center with the most wonderful teachers, who He gives incredible talents, enormous patience and beautiful love! At this time of year, most parents are looking ahead and anticipating who their child will be blessed to have next year.

Because we rely on God, and place our faith in Him when placing children in classrooms, **we have a policy that we DO NOT accept requests for teachers or classmates.**

Please understand that it is impossible to accommodate requests for over 350 children.

Thanks for understanding!