

Jubilee Shores

weeschool

registration

paperwork



2019-2020

a non-profit ministry of  
Jubilee Shores United Methodist Church

# Curriculum

We have chosen a curriculum for each room based on the developmental needs of the children in the classroom.

## Toddler Curriculum (10 months-23 months)

We will keep your child on his/her daily schedule as much as possible. During the day, we will do activities with your child to help them develop their social, emotional, cognitive, language and physical skills. This is great time for them to learn that they can be safe and loved outside of the home.

**Each of the following classes also include art, music, bible stories and outdoor play daily.**

## Curriculum (2 years)

We have chosen a curriculum from McGraw-Hill called "Doors to Discovery" which is a feeder curriculum to Baldwin County Schools that focuses on oral language, phonological awareness, concepts of print, alphabet knowledge and writing and comprehension. We also incorporate the following areas: large and small motor, cognitive, social, emotional and spiritual.

## Curriculum (3 years)

We have chosen a curriculum from McGraw-Hill called "DLM Express for Four Year Olds" which is a feeder curriculum to Baldwin County Schools, supplemented with a kindergarten preparatory phonics program that has proven to provide a solid base for reading and writing. We also incorporate the following: large and small motor skills, cognitive development, socialization, and emotional strengths.

## Curriculum (4 years)

We have chosen a curriculum from McGraw-Hill called "DLM Express for Five Year Olds" which is a feeder curriculum to Baldwin County Schools, supplemented with a kindergarten preparatory phonics program that has proven to provide a solid base for reading and writing. We also incorporate the following: large and small motor skills, cognitive development, socialization, and emotional strengths. As well as our daily curriculum, we have **Spanish Classes every Thursday** for both Four year old rooms with Mrs. Dina von Campe (This is **not** an additional price)

## Extra Curricular Activities:

- \* **Whiz Kids** offers a child appropriate introduction to the computer world twice a month
- \* **Dance Arts South** offers a dance class for boys and girls once a week during school hours

As a school family we meet on Wednesdays mornings for *worship*—this is an exciting discovery of the bible, experienced together as a group. The children learn bible verses, sing together and dive into a bible adventure— this is a fun interactive time of worship.

# weeschool

## Registration Checklist

we will need the following before your child can participate in the *weeschool* program:

- \* Registration paperwork
- \* Certificate of Immunization (blue card)
- \* Copy of Insurance card
- \* a signed fee agreement with tuition policy (given at the time of registration)

If you have any questions, please feel free to contact  
the Director, Amber Jones at 929-0829  
[amberjones@jubileeshores.net](mailto:amberjones@jubileeshores.net)

# PLEASE KEEP THIS SHEET

## school supplies

### Supply List for August and January

- 1 poly / plastic folder any color, 2 pockets (August only, unless a replacement is needed)
- 2 rolls of paper towels
- 4 packages of baby wipes
- 66 ounces of goldfish (2 large boxes)  
or (7 small boxes)
- 2 large containers of Clorox wipes
- 2 boxes of Tissues

please put your name on all supplies, the teachers will record the items

Please follow the directions below to sign up for free *weeschool* text reminders, alerts and weather closings.

Grab your phone

(662) 579-3829

ENTER THIS NUMBER

@wees

TEXT THIS MESSAGE



LIKE US ON

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@weeschool Jubilee Shores UMC

**This portion to be filled out by director only:**

Directors  
initials:

Registration first 1/2 \$ \_\_\_\_\_ Ck # \_\_\_\_\_ second 1/2 \$ \_\_\_\_\_ Ck # \_\_\_\_\_

Date Starting \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Class attending \_\_\_\_\_ Monthly Tuition: \$ \_\_\_\_\_

Child's name : \_\_\_\_\_ goes by \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Child's age as of September 1, 2019 \_\_\_\_\_ Gender: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(7:30am-9:00am) Please check which early mornings your child will attend:

Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_

(9:00am-1:00pm) Please check the days your child will attend:

Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_

(1:00pm- 5:00pm) Please check the afterschool days your child will attend:

Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_

Please list any allergies and/or special conditions: \_\_\_\_\_

Parent's Relationship to Each Other: (circle) Married ~ Divorced ~ Other

CHILD RESIDES WITH: (circle) parents ~ mother ~ father ~ grandparents ~ other

**Mother / guardian Information:**

Mother's Name: \_\_\_\_\_ Primary Phone # \_\_\_\_\_

secondary phone #: \_\_\_\_\_ Mother's Employer: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Father / Guardian Information:**

Father's Name: \_\_\_\_\_ Primary Phone # \_\_\_\_\_

secondary phone #: \_\_\_\_\_ Father's Employer: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Are both parents (or Guardians) approved for school pick up and drop off?** \_\_\_\_\_

# Emergency Contacts:

## Classroom / Teacher Information

Child's Name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Please list allergies / special conditions your teacher should know about :  
\_\_\_\_\_

### Release of Child:

#### **please list parents in the order in which we should call**

I authorize that my child be released by JSUMC *wee school* to the following persons:

**Parent #1** Name : \_\_\_\_\_ 1) Cell Phone # \_\_\_\_\_  
2) Other Phone #: \_\_\_\_\_  
Can #1 be reached during school hours: yes  no  which works better: text  phone call

**Parent #2** Name : \_\_\_\_\_ 1) Cell Phone # : \_\_\_\_\_  
2) Other Phone #: \_\_\_\_\_  
Can # 2 be reached during school hours: yes  no  which works better: text  phone call

#### Persons to be contacted if parent /guardian can't be reached, please list in the order in which we should call

Contact # 1 Name: \_\_\_\_\_ child calls them \_\_\_\_\_  
Contact Phone # : \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Contact # 2 Name: \_\_\_\_\_ child calls them \_\_\_\_\_  
Contact Phone # : \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Contact # 3 Name: \_\_\_\_\_ child calls them \_\_\_\_\_  
Contact Phone # : \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Office Use only:** did parent sign a medication release form: yes  no

Does the child require EpiPen for allergies: yes  no

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2018-2019

To be filled out by director and signed by the parent

Fee Agreement Ages: 10 months – 5 years
Operating Hours: each program has individual costs
7:30 am– 9:00 am early morning program
9:00 am –1:00 pm regular day program
1:00pm– 5:00 pm after school program

Tuition: paid monthly on the first of each month one months notice for cancellation

Monthly Tuition for Early Morning 7:30 am-9:00 am:

- One day: \$25.00/monthly
Two days: \$45.00 /monthly
Three days: \$65.00/monthly
Four days: \$85.00/ monthly
Five days: \$100.00/monthly

\$ \_\_\_\_\_
\$ \_\_\_\_\_
\$ \_\_\_\_\_

Monthly Tuition from 9:00 am– 1:00 pm:

- One day \$85.00 / monthly
Two days \$150.00 /monthly
Three days \$175.00 /monthly
Four days \$200.00 /monthly
Five days \$225.00 /monthly

Monthly Tuition for After School 1:00 pm-5:00 pm:

- One day \$65.00 /monthly
Two days \$ 100.00 / monthly
Three days \$ 125.00 / monthly
Four days \$150.00 / monthly
Five days \$ 175.00 / monthly

Total for all 3 programs:
\$ \_\_\_\_\_
This is your tuition monthly

Registration Fees: (this fee can be paid in 2 payments)

Annual Registration Fees: non refundable and 1/2 is due at the time of registration

- One day \$ 175.00 / one time annually
Two days \$225.00 / one time annually
Three days \$250.00 / one time annually
Four days \$275.00 / one time annually
Five days \$300.00 / one time annually

I agree to pay the above monthly total on the first of each month, if my account is 3 weeks past due, my account will be put on hold for one week and my child will not be able to return during that week until the entire balance is paid. If it is not paid during that week, the spot will be given to the next child on the waiting list. Tuition is not prorated for holidays and the registration fee is non- refundable.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# weeschool

Emergency / First aid / Medical card / Insurance

Physician's Name \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

Age \_\_\_\_\_ Weight \_\_\_\_\_

Medical conditions: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Regular Medications Taken: \_\_\_\_\_

Hospital to be taken to - in case of emergency: \_\_\_\_\_

Family Religious Preference \_\_\_\_\_

Church Attending if applicable \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy# \_\_\_\_\_

Policy holder: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Doctor Phone # \_\_\_\_\_

Doctor's Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Emergency Authorization:

I give permission to *JSUMC weeschool* program to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred.

Special Instructions / hospital preferences:

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# weeschool

## Medication Release Form

If at any time your child becomes ill and needs medication, the teacher cannot administer the medicine without this form being signed.

I, as legal guardian, give my permission to JSUMC *weeschool* to administer any medication that I may provide (with written directions) to my child as needed or over the counter medications that are kept by the weeschool **only with my verbal consent and signature below.**

**Signature:** \_\_\_\_\_

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**Does your child have a Daily Medication Dispersed due to an ongoing condition? Yes \_\_\_\_\_ NO \_\_\_\_\_**  
**IF YES, PLEASE FILL OUT THE FORM BELOW**

Child: \_\_\_\_\_

Date: \_\_\_\_\_

Medication: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

What time should it be taken? \_\_\_\_\_

Frequency \_\_\_\_\_ Duration \_\_\_\_\_

Dosage \_\_\_\_\_

Special Instruction for administering the child's medication  
(a sippy cup, pacifier medicator, etc.)

Prescription or over the counter (circle)

Prescribed by whom: \_\_\_\_\_



Parent Acknowledgement Form

2019– 2020

Please understand that the Parent Handbook has important information regarding the *weeschool* program and states all policies. If at any time you have a question regarding these policies you should consult the Director. Your relationship with our *weeschool* is voluntarily entered into and is subject to termination by you or the center at will, with or without cause at any time upon two weeks notice.

**I acknowledge that I have access to the Parent Handbook via the Weeschool website and can request at any time a printed version.**

**Parent Signature** \_\_\_\_\_

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

**Please check your local news for Baldwin County school closings due to weather or sign up for our “remind 101” Text Messaging Service.**

I understand that we observe the same holidays and “inclement weather” school closings as Baldwin County Public Schools and there are no refunds or make-ups for missed days unless directed by the public schools. We do not prorate tuition for holidays or inclement weather.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_