Red Bank UMC Preschool

2909 Old Barnwell Road – Lexington, SC 29073

Phone: 803-359-0329 Fax: 803-957-2259

Email: preschool@rbumc.com/

Website: RBUMC.COM

Office Use
Months Days
Class
Fee Agreement & Parent Pledge Registration Fee Supply Fee Immunization Birth Certificate General Health Form

2025 - 2026 Preschool Registration

Place a check mark by the programs you would you like to enroll your child in for the 2025-2026 school year.

Your child's class placement is determined by their age before September 1^{st.}

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Program	Time	Ages	Price
Early Bird Dropoff	7:15A – 8:15A Mon – Fri	30 months and up	\$80/month \$10/day
Loving Beginnings 3 Days or 5 Days	8:15A – 12:00P Mon – Fri	6 weeks – 18 months	3 Days - \$240/month 5 Days - \$280/month
Preschool	8:15A – 12:00P Mon – Fri	18 months – 4 yrs old	\$280/month
Lunch Bunch	12:00P – 2:00P Mon – Fri	30 months and up	\$140/month \$10/day
Afterschool Rollover	2:00p – 6:00P Mon – Fri	4 years old only	\$85/week

Registration Fee - \$150 is due at the time of registration to confirm enrollment. **REGISTRATION FEE IS NONREFUNDABLE.**Supply Fee - \$75 nonrefundable to cover cost of supplies. Due by first day of school.

С	hild's Information				
Full Name:			Gender:	MALE	FEMALE
Preferred Name:		Date of	Birth:		
Address:					
City: S	tate:	Z	p code:		
Allergies:		,			
Pa	rent Information 1				
Name:		R	elationship:		
Phone:	Email:				
Place of Employment:		Р	hone:		
Pa	rent Information 2				
Name:		R	elationship:		
Phone:	Email:				
Place of Employment:		Р	hone:		

	Additional Chil	d's Information	
Does your child live with both parents?	If not, with whom	does the child live?	
Please list any special circumstances the	at would be helpfu	for their teacher to be	aware of:
Names and ages of siblings:			
What age was your child potty trained:		Previous childcare pro	grams attended:
Does your child have any fears?		Church your family at	tends:
What do you do at home to comfort yo	ur child when they	are upset?	
All students are required to h	ave an up-to-date imr	alth Record nunization form on file befo orms are not accepted.	ore the first day of school.
Does your child have any recurring head Bronchitis, Croup, Eczema, etc.)	lth problems we sh	ould be aware of? (Asti	nma, Ear Infections, Strep Throat,
Does your child have any medical situat	tions, behavior con	cerns, or other concern	s we should be aware of?
Does your child receive any outside ser Physical Therapy, Speech)	vices or have they i	n the past? (Early Inter	vention, Speech, Occupational or
Doctor's Name:			Phone:
Medical Insurance Company:			Policy #:
I understand I need to provide an up-to-date otherwise the child will not be able to start to			n's office, before the first day of school,
Religious exemption forms are not accepted			Data
Parent Signature:			Date:
		mmunications	
Occasionally we need to send a mass email con Please list below anyone that you would like to			_
NAME		EMAI	L

Authentication for Er	mergency Informa	ation
I hereby grant permission for any staff person at Red Bank obtain emergency medical treatment for my child,		take whatever steps may be necessary to
obtain emergency medical treatment for my child,		
These steps include but are not limited to the following: Att		·
parent through any of the persons listed below, Attempt to	contact the child'	s physician.
If we cannot contact you, we will call an ambulance OR ha of a staff person in his/her personal vehicle.	ve the child taker	to the Emergency Room in the company
I also understand that I am responsible for any resultant me	edical treatment e	xpenses.
Parent Signature:		Date:
Emergenc	y Contact 1	
Full Name:		Relationship:
Phone:	Alt. Phone:	
Emergenc	y Contact 2	
Full Name:		Relationship:
Phone:	Alt. Phone:	
Authorization	on for Release	
If my child is to be picked up by anyone other than a parent/g or note) or in the case of an emergency I will call the preschool		y their teacher in writing (text, email,
I understand that anyone listed below may pick up my child p parent/guardian.	provided the school	has been notified by a
These individuals must provide a picture ID or have the child	d's Brightwheel co	de.
Parent Signature:		Date:
	ck Up Person 1	
Full Name:	•	Relationship:
Phone:	Alt. Phone:	
Authorized P	ick Up Person 2	
Full Name:		Relationship:
Phone:	Alt Phone:	
Authorized Pi	ck up Person 3	
Full Name:		Relationship:
Phone:	Alt. Phone:	

Fee Agreement

Program	Time	Ages	Price
Coulty Divid Duomoff	7:15A – 8:15A	20 months and un	\$80/month
Early Bird Dropoff	Mon – Fri	30 months and up	\$10/day
Loving Beginnings	8:15A - 12:00P	6 weeks – 18 months	3 Days - \$240/month
3 Days or 5 Days	Mon – Fri	6 weeks – 18 months	5 Days - \$280/month
Preschool	8:15A – 12:00P	18 months – 4 yrs old	\$280/month
1 103011001	Mon – Fri	10 1110111113 4 913 014	
Lunch Bunch	12:00P - 2:00P	30 months and up	\$140/month
Lunch Bullen	Mon – Fri	30 months and up	\$10/day
Afterschool Rollover	2:00p - 6:00P	4 years old only	\$85/week
Arterscribbi Rollovei	Mon – Fri	4 years old offig	905/ WEEK
Desistration Foo		A11	\$150 – Due at time of
Registration Fee	-	ALL	registration.
Complete For		40	\$75 – Due by first day of
Supply Fee	-	18 months – 4 yrs old	school.

Registration fee - \$150.00 due at time of registration to confirm enrollment. REGISTRATION FEE IS NON REFUNDABLE.

Supply Fee - \$75.00 nonrefundable to cover costs of supplies. Due by the first day of school.

Monthly Tuition - Tuition is to be paid by the 1st of each school month, no later than the 5th.

Tuition for students of all ages for 5 days is \$280 monthly.

Tuition for students in the infant/toddler class for 3 days is \$240.00 monthly.

Family discounts are offered as follows: 1st child is full price, 2nd (or more) child is \$250.00 rather than \$280.00 for those enrolled in 5 days or \$220 rather than \$240 for those enrolled in 3 days.

Red Bank United Methodist Church members (parent/legal guardian) receive \$40.00 off monthly tuition.

Early Bird Payment - Due on the 1st of each school month. If you only need 1 day, pay \$10.00 the day of and notify director/teacher as soon as possible.

Lunch Bunch Payment - Due 1st of each school month. If you only need 1 day, pay \$10.00 the day of and notify director/teacher as soon as possible.

Late Payment - A late fee of \$10.00 will be added to tuition if not paid by the 5th of the month.

Returned Check - A \$25.00 fee will be charged and payment on the check and fee will be required in cash or money order within 15 days of initial contact.

Failure to pay your student's tuition more than 5 days past the due date, written notification will be given to the parent(s) and/or legal guardian. If the tuition is not satisfied or arrangements have not been made with the preschool director before 15 days past the due date, Red Bank UMC Preschool reserves the right to forfeit that child's space in the program on the 16th day and all past due accounts must be paid in full.

Late Pick-up - Please note there is a late fee assessed for each minute (\$1/1 minute) that staff is required to stay beyond 12:20 PM on our time clock.

Fee Agreement

I have read the fee agreement for the 2025/2026 school year and understand that I am obligated to pay all fees as listed within the time frame listed. Tuition payments are due on the 1st day of each month. If the 1st is a holiday or weekend, then I must ensure that my payment is due the next school day before the 5th day of that month. If my child is withdrawn, I am responsible for all monthly fees for the month of my written notice of withdrInstructional Assistantawal is given to the office.

I understand that all fees including registration and tuition is nonrefund	ab	O)	ı	I	ŀ	I	ı))	Ł	ıl	а	ĉ	i	ł	d	(1	١	r	Ì	ı	J	U	ί	f	f	5.	е	(r	١	n	r)	C	(١	r	I		5	S	į	i		١	1	r	1)	0	(į	į	t	İ	İ	Į	ι	Į	t	•	ĺ	Ł	C	١	n	ı	а	ć	١	٦	r)	C	į	ti	t	3	ĉ	r	1	t	i	S	į	i	ζ	ρ	ş	2	E	•	r	r	1		ζ	g	٤	Ì	١	1	r	İ	i	ľ	ł	0	(l	Į	J	ι	ι	I	ŀ	:	0	C	((ı	١	١	١	1	1	r	r	r	r	r	r	Ì	Ì	r	Ì	r	r	r	r	r	Ì
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Parent/Guardian Signature:	 Date:

Photo and Video Release

We take a lot of pictures here at RBUMC Preschool. We use these in creating bulletin boards, photo albums, educational projects, and more to show kids having fun, playing, and learning.

We would like your permission to photograph/videotape your child for use in these projects.

I hereby (give / do not give) my permission for any photo/video to be used for marketing, to include but not limited to albums, bulletin boards, advertisements, etc. for the discretional use of Red Bank UMC Preschool.

Parent/Guardian Signature: ______ Date: _____

RBUMC Preschool Parent Pledge

Our goal is to introduce and nurture the Christian faith in young children, to assist families in providing the best opportunities for emotional, physiological, and spiritual growth in their children, and to prepare little minds for kindergarten and beyond.

I am aware of the following:

Red Bank UMC Preschool is a Christian school and is a ministry of Red Bank United Methodist Church.

Class placement is determined by the child's age before September 1st of that school year.

Children registering for a 3-year-old and above class MUST be potty proficient. If my child is in a 3-year-old classroom or above and is not potty trained, my assistance will be required in my child's classroom.

The first day of school for 2025/2026 is Wednesday, August 20, 2025, and the last day of school is Friday, May 15, 2026.

Red Bank UMC Preschool does not make up weather days, or other days when school is closed due to emergency situations. We follow Lexington School District One protocol.

All students are required to have an up-to-date immunization form on file. Religious exemption forms are not accepted.

I pledge to support Red Bank UMC Preschool in the following ways:

If my child has food allergies or I have dietary concerns, I will notify my child's teachers of such in writing, and I will send my child's snack if deemed necessary.

I will share pertinent health information about my child with my child's teacher in writing. I may be asked to provide information from my child's doctor in the event of a medical concern.

I will follow RBUMC Preschool's health policy, and I will not knowingly send my child to school when they are sick.

If I have concerns, I will discuss them with my child's teacher first. If concerns or issues are not addressed in a responsible time frame, I will then contact the Preschool's Director.

I will respect the privacy of preschool families.

I will pay my tuition on the first of each month, and I will pay a late fee of \$10.00 if my tuition is paid after the 5th of the month. I understand that if the payment is not made by the 15th of the month, the student's spot may be forfeited.

I have read and agree with the information stated above in the Parent's Pledge

Parent/Guardian Signature:	_ Date:
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