ARDMORE UNITED METHODIST CHURCH 

**Through-The-Week School**

630 South Hawthorne Road

Winston Salem, NC 27103

School Office 336-722-8430

**2025-2026 REGISTRATION**

To register, complete the attached registration form and return to school with the registration payment. All checks should be made payable to Ardmore UMC TTWS.

Registration Fee for all ages is $145.00 per child, due at registration.

For Fall registration there is a maximum of $315.00 per family.

There is a $45 Activity Fee for the 4-yr-old and Readiness classes

to cover the cost of Field Trips. This is due September 1st.

Registration fees and September tuition are non-refundable

***Age cut off date for a class is August 31.***

**MONTHLY TUITION FEES**

| Two days a week | Infants | **$235.00** |
| --- | --- | --- |
| All others | **$230.00** |
| Three days a week | Infants | **$260.00** |
| All others | **$255.00** |
| Four days a week | Infants | **$290.00** |
| All others | **$285.00** |
| Five days a week | Infants | **$340.00** |
| All others | **$335.00** |
| Readiness Class: 9am-1pm (Lunch Bunch include) | **$435.00** | |

Tuition is paid a month in advance on the 10thof each month

September tuition is sent by June 1st

October tuition is sent by September 1st

Families with more than one child receive a 5% discount per child

Tuition checks may be left in the TTWS Office, or paid directly on Brightwheel

A fee of $15.00 is charged for each returned check

**REGISTRATION INFORMATION**

Insurance Coverage for each child will be paid by the school from your registration fee.

A medical form must be completed by your family physician and be in the hands of the Director by the first day the child attends Ardmore United Methodist TTWS.

Classes for all ages are in session from 9:00 to 11:55 a.m.

∙ **INFANTS & TODDLERS** (babies beginning at 6 weeks through toddlers that are one-year-old)

Classes available M-F, MWF or Tue/Th

∙ **TWO-YEAR-OLD PRESCHOOL** classes available M-F , MWF or T/Th. All classes include Music once a week.

∙ **THREE-YEAR-OLD PRESCHOOL** classes meet 5 days M-F, MWF or T/Th. All classes include Music once a week. *It is our policy that your child must be toilet trained to enter a three-year-old class. If this poses a problem, please talk to the Director. We will evaluate each request on an individual basis.*

∙ **FOUR-YEAR-OLD PRESCHOOL** classes meet 5 days a week M-F, MWF or T/Th. Classes include Music once a week and offsite field trips throughout the year. A $45.00 Activity Fee helps cover the cost of field trips.

A monthly Chapel Program is provided for the 2-5-year-old classes.

**ADDITIONAL PROGRAM**

**LUNCH BUNCH**: Every afternoon from 12:00 p.m. to 12.55 pm.

o Your child must bring their own lunch and beverage. Please label your child's lunch with their name, teacher’s name, and note any food allergies.

o A fee of $7.00/day per child is charged and you will be billed monthly bills are sent on Brightwheel at the first of the month.

o Lunch bunch is **not** offered the first school day of each month due to TTWS Staff meeting.

o ***You must pick up your child no later than 1:00 p.m.***

***LATE FEE FOR LUNCH BUNCH pick up is $5.00 for the first two times and $10.00 thereafter.***

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**336.722.8430**

REGISTRATION FORM

Childs Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Goes By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male □ Female □ Birthdate \_\_\_\_\_\_\_\_\_\_\_

Home Adress\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 1’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 1’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2’s Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check program desired:

□ ***Five-Year Readiness Class*** 5 Days □

□ ***Four-Year-Old Preschool*** 5 Days □ 4 Days □ 3 Days (Mon/Wed/Fri) □ \*2 Days (Tue/Thu)) □ *(Available if space allows)*

□ ***Three-Year-Old Preschool*** 5 Days □ 3 Days (Mon/Wed/Fri) □ 2 Days (Tue/Thu) □

□ ***Two-Year-Old Preschool*** 5 Days □ 3 Days (Mon/Wed/Fri) □ 2 Days (Tue/Thu) □

□ ***Infant & Toddler Preschool***

Crib Baby (Infant – One-year-old) □ Mon □ Tue □ Wed □ Thu □ Fri □

Toddler (One – Two-year-old) □ Mon □ Tue □ Wed □ Thu □ Fri □

Brothers and Sisters \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ages\_\_\_\_\_\_\_\_\_\_ Church Affiliation Yes □ No □ Name of Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCIES: If parents cannot be reached call:**

**Must be local**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies or Special Needs (please list and/or explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Preschool Experience Yes □ No □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Interests \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Challenges/Fears\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments about your child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What would you like to accomplish with your child this year?

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my permission for emergency treatment (if neither parent can be reached).

Hospital Preference: Novant Forsyth Medical Center □

Atrium Wake Forest Baptist Health □

Other □

Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration Fee ($145) Paid? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_