ARDMORE UNITED METHODIST CHURCH

Through-The-Week School

630 South Hawthorne Road
Winston Salem, NC 27103
School Office 336-722-8430

2026-2027 REGISTRATION

To register, complete the registration form on our web site, ardmoreumc.org, you will receive an invoice that you can pay online or with a check made out to Ardmore UMC TTWS.

Registration Fee for all ages is $150.00 per child, due at registration.
For Fall registration there is a maximum of $320.00 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.

Age cut off date for a class is August 31.

***Registration fees and September tuition are NON-REFUNDABLE**
****VACCINATIONS ARE REQUIRED FOR ENROLLMENT AND ATTENDANCE***

Monthly Tuition Fees

Two days a week	Infants	**$240.00**
	1-3's class	**$235.00**
Three days a week	Infants	**$265.00**
	1-3's class	**$260.00**
Four days a week (offer for 4's class only)	Offered only for 4's class	**$290.00**
Five days a week	Infants	**$345.00**
	1-4's class	**$340.00**
Readiness Class: 9am-1pm (Based on interest)	**$440.00**	

Tuition is paid a month in advance on the 10th of each month

September tuition is due by June 10
October tuition is due by September 10

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 returned along with a copy of current vaccinations prior to the first day of school.

Classes for all ages are in session from 9:00 to 11:55 a.m, door opens 11.45.

• **INFANTS & TODDLERS -** (Infants - 6 weeks to 12 mo. /Toddlers - 12 -24 mo.)
Classes available: 5 Days (M-F), 3 Days (MWF), or 2 Days (T/TH)

• **TWO-YEAR-OLD PRESCHOOL -** All classes include Music once a week.
Classes available: 5 Days (M-F), 3 Days (MWF), or 2 Days (T/TH)

• **THREE-YEAR-OLD PRESCHOOL** - All classes include Music once a week.
Classes available: 5 Days (M-F), 3 Days (MWF), or 2 Days (T/TH)
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 include Music once a week and offsite field trips throughout the year. A $45.00 Activity Fee will be required to cover the cost of field trips.
Classes Available: 4 Days (M-TH) or 5 Days (M-F)

• **READINESS CLASS -** This class is for children who would like additional Kindergarten preparation. Class includes Music once a week and offsite field trips throughout the year.
A $45.00 Activity Fee will be required to cover the cost of field trips.
Class Available: 5 Days (M-F) 9 am - 12:55 pm, extended day including lunch.

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, doors open at 12.45 pm.

- 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.
- 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. Ex:September's Lunch bunch will be billed Oct 1.
- Lunch bunch is **not** offered the first school day of each month due to TTWS Staff meeting.
- ***You must pick up your child no later than 1:00 p.m.***

LATE FEE FOR GENERAL PICK UP from 12.05 pm AND LUNCH BUNCH pick up from 1.05 pm is $7.00 for the first two times and $14.00 thereafter.

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REGISTRATION FORM

Child's Name_____ Today's Date_____

Name Goes By _____ Male ☐ Female ☐ Birthdate _____

Home Address_____

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 ☐ (9-1 pm, Lunch Bunch included)

☐ ***Four-Year-Old Preschool*** 5 Days ☐ 4 Days ☐

☐ ***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) ☐

☐ ***Toddler Preschool*** 5 Days ☐ 3 Days (Mon/Wed/Fri) ☐ 2 Days (Tue/Thu) ☐

☐ ***Infant Preschool*** 5 Days ☐ 3 Days (Mon/Wed/Fri) ☐ 2 Days (Tue/Thu) ☐

Brothers and Sisters _____ Ages_____

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 ($150) Paid? _____