

Hello, Parents:

Thank you for showing an interest in the Cheverly Weekday Nursery. We have a very impressive program and are sure you will be incredibly pleased when you have an opportunity to visit. Enclosed is the information packet with application as requested. This packet includes information about registration. If you have not submitted your registration application, please do so at your earliest convenience and schedule a visit as soon as possible. If you have any further questions, do not hesitate to call. We look forward to working with you in the future.

Delphine Kelly, director

Pastor Lillian Smith



2024 Summer Fee Schedule

	Days/Week	Length	START	END	Weekly Tuition	All 6 Weeks Tuition	Activity/Supply Fee
All Ages	5, Mon-Fri	Full Day	8:00 AM	3:30 PM	\$ 265.00	\$ 1,590.00	\$ 150.00
	5, Mon-Fri	Half Day	8:00 AM	12:00 PM	\$ 235.00	\$ 1,410.00	\$ 150.00
	3, Mon-Wed	Full Day	8:00 AM	3:30 PM	\$ 190.00	\$ 1,140.00	\$ 150.00
	3, Mon-Wed	Half Day	8:00 AM	12:00 PM	\$ 160.00	\$ 960.00	\$ 150.00
	2, Thu-Fri	Full Day	8:00 AM	3:30 PM	\$ 135.00	\$ 810.00	\$ 150.00
	2, Thu-Fri	Half Day	8:00 AM	12:00 PM	\$ 105.00	\$ 630.00	\$ 150.00

The payment for a summer tuition is due one week prior to chosen session. A 10% Sibling Discount is applied to families with more than one student.

All prepaid tuition is nonrefundable.

Parents who want to enroll their child(ren) in a half-day option are asked to submit their application and indicate their desire for half-day, not full-day. The plan is to fill the class with full-day children first. A waiting list will be created for people who only want a half-day option. Half-day slots will be filled after full-day slots are filled.

			Weekly Cost	Total for Full Summer
AfterCare	<i>only available to Full-day students</i>	3:30 PM - 6:00 PM	\$77.50/child	\$465/child



Summer 2024

2801 Cheverly Avenue, Cheverly, Maryland 20785
 301-232-9150 | WDN@cheverlyumc.org

Return completed form directly to the CWDN office, or email to WDN@cheverlyumc.org.
 Upon receipt of this form, you will receive an email with a link to a full Registration Packet with forms for signatures.

CHILD'S INFORMATION (Please print clearly)

Child's Full Name: _____ Gender: F M
 Preferred Name: _____
 Age: _____ Birthdate: _____ Child is potty trained: Yes No
month day year
 Home Address: _____
Number & Street Name City State Zip Code
 Languages spoken in home: _____
 Has your child attended nursery, preschool, or childcare before? No Yes
 If Yes, where? _____
 Does your child have any allergies, asthma, seizures, or chronic illness? No Yes
 If Yes, please describe: _____
 Are medications needed for this condition? No Yes
 Does your child require a nut-free (or other food allergen) environment? No Yes
 At CWDN we strive to create an inclusive and supportive environment for all children. To ensure that we can provide the best possible care and assistance, we kindly ask if there is any specific needs or considerations regarding your child's health or development that you would like us to be aware of?

Does your child have an IEP or a 504 plan? No Yes (If yes, please attach documents)
A nonrefundable Registration Fee of \$150 is due with application for all students.
 If applying online you will receive an emailed invoice for the Registration Fee. (Registration Fee for both Fall AND Summer is \$250)
 A 10% Sibling Discount is applied to families with more than one student. Please complete separate application for each child.
New Students only, a Birth Certificate and Immunization Records are also due with application.

Summer Sessions to attend:

Session I June 20-26, 2024 Session II June 27-July 6, 2024
 ALL SESSIONS Session III July 8-12, 2024 Session IV July 15-19, 2024
 Session V July 22-26, 2024 Session VI July 29-August 2, 2024

Number of Days per week to attend.

(choose 1)> 5 days, M-F 3 days, M-W 2 days, Th-F

Length of Day to Attend:

(choose 1)> Full-day, 8a-3:30p Half-day, 8a-12p

AfterCare needed, available to Full-day Students ONLY: 3:30-6p.

For New Applicants ONLY:

	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
Full Legal Name:		
Relationship to Child:		
Cell Phone:		
Occupation:		
Employer:		
Work Phone:		
E-mail Address:		

Status of Parents: () Married () Single () Divorced () Widowed () Separated

Applicant lives with: _____



2024-25 Academic Year Fee Schedule

	Days/Week	Length	START	END	Monthly Tuition	Total Tuition	Activity/Supply Fee
All Ages	5, Mon-Fri	Full Day	8:00 AM	3:30 PM	\$1,026.00	\$ 9,234.00	\$ 365.00
	5, Mon-Fri	Half Day	8:00 AM	12:00 PM	\$ 886.00	\$ 7,974.00	\$ 365.00
	3, Mon-Wed	Full Day	8:00 AM	3:30 PM	\$ 640.00	\$ 5,760.00	\$ 240.00
	3, Mon-Wed	Half Day	8:00 AM	12:00 PM	\$ 560.00	\$ 5,040.00	\$ 240.00
	2, Thu-Fri	Full Day	8:00 AM	3:30 PM	\$ 440.00	\$ 3,960.00	\$ 175.00
	2, Thu-Fri	Half Day	8:00 AM	12:00 PM	\$ 380.00	\$ 3,420.00	\$ 175.00

The annual cost of tuition is divided into 9 monthly payments, beginning August 1, and then September 1 through May 1. A 10% Sibling Discount is applied to families with more than one student.

All prepaid tuition is nonrefundable.

Parents who want to enroll their child(ren) in a half-day option are asked to submit their application and indicate their desire for half-day, not full-day. The plan is to fill the class with full-day children first. A waiting list will be created for people who only want a half-day option. Half-day slots will be filled after full-day slots are filled.

			Monthly Cost	Total for School Year	
AfterCare	<i>only available to Full-day children</i>	3:30 PM	6:00 PM	\$280/child	\$2,520/child



School Year 2024-25 (start date September 3, 2024)

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CHILD'S INFORMATION (Please print clearly)

Child's Full Name: _____ Gender: F M
 Preferred Name: _____
 Age: _____ Birthdate: _____ Child is potty trained: Yes No
month day year
 Home Address: _____
Number & Street Name City State Zip Code
 Languages spoken in home: _____
 Has your child attended nursery, preschool, or childcare before? No Yes
 If Yes, where? _____
 Does your child have any allergies, asthma, seizures, or chronic illness? No Yes
 If Yes, please describe: _____
 Are medications needed for this condition? No Yes
 Does your child require a nut-free (or other food allergen) environment? No Yes
 At CWDN we strive to create an inclusive and supportive environment for all children. To ensure that we can provide the best possible care and assistance, we kindly ask if there is any specific needs or considerations regarding your child's health or development that you would like us to be aware of?

 Does your child have an IEP or a 504 plan? No Yes (If yes, please attach documents)

A nonrefundable Registration Fee of \$150 is due with application for all students.

If applying online you will receive an emailed invoice for the Registration Fee. (Registration Fee for both Fall AND Summer is \$250)
A 10% Sibling Discount is applied to families with more than one student. Please complete separate application for each child.
New Students only, a Birth Certificate and Immunization Records are also due with application.

Number of Days per week to attend:

(choose 1)> 5 days, M-F 3 days, M-W 2 days, Th-F

Length of Day to Attend:

(choose 1)> Full-day, 8a-3:30p Half-day, 8a-12p

AfterCare needed, available to Full-day Students ONLY: 3:30-6p.

Start Date, if other than Sep 3, 2024: _____

For New Applicants ONLY:

	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
Full Legal Name:		
Relationship to Child:		
Cell Phone:		
Occupation:		
Employer:		
Work Phone:		
E-mail Address:		

Status of Parents: () Married () Single () Divorced () Widowed () Separated

Applicant lives with: _____

COVID 19 WAIVER

The health and well-being of our children, staff and families remain our top priority. In order to minimize the risk of COVID-19 entering our environment and spreading amongst our community, we will only allow children in the facility.

Furthermore, all participants and families agree to and abide by the following:

- If the student or anyone in the household is sick, please do not come to camp/school
- Staff are required to wear face masks while indoors and will wear masks outdoors as feasible. Children are encouraged to wear a mask
- Temperatures will be checked upon arrival for all children by their parents and for staffers to read before entry
- All children and staff will wash their hands immediately upon entering the program and throughout the day
- All children and staff will be prescreened each day and certified as a low risk for entry every day
- All left over lunch items (including containers) will be disposed of at the end of lunch period
- Student will remain in cohort groups throughout the day that will not exceed 15 participants
- Hand sanitizer will be available, where feasible, however, we will make every effort for hand washing to be under running water with soap and water

ASSUMTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact, including individuals without disease symptoms. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited or limited the congregation of groups of people. Weekday Nursery has put several preventative measures and enhanced cleaning protocols to reduce the likelihood of spreading COVID-19 in the campus environment, however, the Cheverly UMC Weekday Nursery cannot guarantee that you or your children will be infected with COVID-19. Further, attending activities at Cheverly Weekday Nursery could increase your child(ren)'s risk of exposure to or contracting COVID-19.

READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH

____ INITIALS – By signing this agreement, I acknowledge the contagious nature of COVID – 19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability and death. I understand that there is a risk of becoming exposed to or infected by COVID-19 at the Cheverly Weekday Nursery.

____ INTIALS – I understand the risk of becoming exposed or infected by COVID-19 at Cheverly UMC Weekday Nursery may result from the actions, omissions or negligence of myself and others, including but not limited to children, staff, and their families. I voluntarily agree to assume all the foregoing risks and accept sole responsibility for any injury to myself or my child(ren) (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim or expense of any kind, that I or my children may experience or incur in connection with my participation at the Cheverly UMC Weekday Nursery.

____ INITIALS – On my behalf, and on the behalf of my children, I release covenant not to sue, discharge and hold harmless Cheverly UMC Weekday Nursery its employees, agents, and representatives of and from Claims, including labilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto.

____ INITIALS – I agree that to the best of their ability, my child will follow all school safety guidelines laid out by Cheverly UMC Weekday Nursery and will attempt to always practice safe social distancing and clean hygiene during participation at Cheverly UMC Weekday Nursery.

Signature of Parent/Guardian Date

Printed Name of Parent/Guardian Date

Cheverly UMC's
**WEEKDAY
NURSERY**



AUTHORIZATION
TO PICK UP CHILDREN

The following people have authorization to pick up my children:

Child name _____

Child name _____

Parent name _____

Parent name _____

I give Authorization to the following people to pick up the above named children:

1. _____

Relationship to child _____

2. _____

Relationship to child _____

3. _____

Relationship to child _____

4. _____

Relationship to child _____

Signature of authorized parent _____

Date: _____

School Contract for the 2024 Summer/ 2024-25 Academic School Year

The Cheverly UMC Weekday Nursery asks that each parent carefully read the following tuition and policy agreement. Please have each parent living in the household sign the agreement. Your signature indicates compliance with our policies.

____1. Late Tuition Policy: If tuition is not received in the office within the first three business days of the scheduled due date, a \$30.00 late fee will be charged to your account.

____2. The school is closed at 3:30 pm. Late fees for children not enrolled in aftercare who are not picked up by 3:00 pm will assess late fees. Additionally, similar fees will apply to half-day children, not picked up on time. Late fees for children enrolled in aftercare begins at 6:00 PM. A fee \$1.00 per minute for Late Pick-Up will be charged to any parent picking their child up after 6:00 pm. While fees will still apply, if you are going to be late, please contact the school as soon as you are aware of the problem. Continued abuse of pick-up time may result in the child's expulsion. Parents will be required to pay the late fee in cash before the child can return to school. This also applies to early school closings.

____3. A \$35.00 processing fee will be charged for Returned Payments, by the Weekday Nursery.

____4. A \$150 registration fee is due with application and non-refundable. The annual cost of tuition is divided into 9 monthly payments beginning August 1, and then September 1 through April 1. All prepaid tuition is nonrefundable. A one-time activity/supply fee is required.

____5. This contract is binding for the entire school year and parents are liable to pay monthly tuition for each month during the entire academic school year. Newly enrolled children have a probationary period of 30 days to give a written notice of withdrawal. After the probationary period, new parents are liable to pay the monthly tuition for the remainder of the academic school year. Cheverly Weekday Nursery does reserve the right to request withdrawal of any children for any reason.

____6. Medication should be administered at home. Should it be necessary for medication to be administered to your child during the school day, parents must sign the appropriate forms and the medication must be in its original container. Many situations do require a doctor's signature as well on the form. It is required that parents administer the first dosage for the day at home.

____7. Parents are responsible for providing a wholesome lunch for their student(s). Nuts and candy are not permitted.

____8. Cots are available for your child to rest. Parents are expected to provide appropriate linen that will be sent home on Friday for cleaning and should be returned or replaced Monday morning.

____9. The state of Maryland requires that all Health Records be submitted to the school on or before the first day of classes. As required by the state of Maryland, any child without the forms, state required forms or lack of appropriate immunizations will not be permitted to enter the program. Parents are responsible for updating the immunizations annually. Families are required to abide by CDC, state, and local health department mandates regarding communicable diseases. Sick children will not be permitted to remain in school and will be sent home immediately.

____10. If your child is not able to participate in the daily activities of the school, you must make other arrangements for your child until they are healthy enough or able to resume in the daily activities. In the

event your child becomes ill at the WDN and requires emergency medical transportation, parents will assume any fees associated with that transport and medical care.

____ 11. Only persons listed in the online parent portal will be permitted to pick your child up, unless prior written authorization is provided. Even with written authorization, a picture ID is required.

____ 12. I understand that aftercare hours are Monday through Friday, from 3:30 – 6:00 p.m.

____ 13. Cheverly UMC Weekday Nursery follows Prince George’s County Public Schools for unexpected emergencies and inclement weather decisions within our academic calendar. No refunds are issued for emergency closings.

____ 14. I give the Cheverly UMC Weekday Nursery my permission to use my child(ren)'s photo/video/audio/etc. in the promotion of its programs.

____ 15. I have received a copy of the consumer education brochure entitled “Parent's Guide to Regulated Child Care.”

____ 16. I agree to and/or have already submitted a completed COVID-Waiver form.

____ 17. THIS CONTRACT IS BINDING FOR THE 2024 SUMMER AND/OR 2024-25 ACADEMIC SCHOOL YEAR. It is subject to change upon renewal.

Signature of Parent/Guardian 1

Date

Signature of Parent/Guardian 2

Date