



Union Day School 2026 – 2027 **FULL DAY** Registration Packet

Full Day Program Registration Fees
\$200 per child
\$150 for Union church members
\$50 for each sibling

ITEMS NEEDED TO SECURE YOUR CHILD'S SPOT FOR THE UPCOMING SCHOOL YEAR:

1. **Registration Packet:** Currently enrolled students may complete the registration packet in Brightwheel or submit a paper copy. New students must complete a paper copy of the packet and bring it to the Day School on February 17th.
2. **Registration Fee:** New students must submit the registration fee with the Registration Packet. If your child or sibling is currently enrolled, the fee will be billed through Brightwheel and drafted on March 16, 2026. A **Parent** or **Guardian** must be a member of Union United Methodist Church to receive the church member discount. ***This fee is non-refundable.***
3. **DSS 2900 Form:** A requirement for all children.
4. **Immunization Form (new students only):** Must be on official DHEC form. Can be sent via fax (803-781-3034) or email. We do not accept religious exemptions.

Please contact Leslie Kulp, Day School Director, with any questions.

Email: lkulp@unionirmo.org

Phone: (803) 781-0630

Fax: (803) 781-3034

FULL DAY PROGRAM DESCRIPTION:

- Runs year-round. Monday – Friday, 7:30 am – 5:30 pm
- Ages 6 weeks – 4 years old
- Loosely follows the Lexington/Richland District 5 Calendar during the school months, does not include Early Release Days. Summer calendar is separate.
- The infant, 1-year-old, and 2-year-old classrooms are in the Family Ministry Center Building (FMC).
- 3K and 4K classes are held in the Wesley Center.

2026 – 2027 Program, Tuition, and Fees

Your child must be the age of the class they plan to enter on or before September 1, 2026.

Age/Class	Hours	Monthly Tuition	Annual Supply Fee
Infants	7:30 am - 5:30 pm	\$1020	\$160
	7:30 am - 4:30 pm or 8:30 am - 5:30 pm	\$995	\$160
1 Year Olds	7:30 am - 5:30 pm	\$1010	\$175
	7:30 am - 4:30 pm or 8:30 am - 5:30 pm	\$985	\$175
2 Year Olds	7:30 am - 5:30 pm	\$1000	\$175
	7:30 am - 4:30 pm or 8:30 am - 5:30 pm	\$975	\$175
3 Year Olds and 4 Year Olds	7:30 am - 5:30 pm	\$990	\$175
	7:30 am - 4:30 pm or 8:30 am - 5:30 pm	\$965	\$175

****Drop ins will be allowed with advance notice for either the 7:30 am to 4:30 pm or 8:30 am to 5:30 pm schedule if care is needed before or after your selected drop-off or pick up time. Cost is \$10 per day.****

SUPPLY FEE:

The Annual Supply Fee will be posted on July 15th and will be due on August 4th. Supply fees and payments will be made via Brightwheel.

TUITION:

Tuition is due on the 1st of each month. September tuition is due on September 1st. All tuition charges and payments will be made via Brightwheel. **New students will pay prorated tuition for August which will be due on August 26th.**



2026 – 2027 **FULL DAY** Registration Form

Child's Full Legal Name: _____ Male or Female

Preferred Name: _____ Date Of Birth: ___/___/___ Age: _____
(At 9/1/2026)

Mother's Name: _____ Father's Name: _____

Mother's Cell: (____) _____ - _____ Father's Cell: (____) _____ - _____

Mother's Email: _____ Father's Email: _____

Home Address: _____ City/Zip: _____

Check all that apply:

Returning Student Sibling Enrolled Member of Union Church New to Union Day School

Please select the class you are enrolling your child in:

Infants 1 Year Olds 2 Year Olds 3 Year Olds 4 Year Olds

Three- and Four-Year Olds must be fully potty-trained to start.

Please indicate the hours you would like to enroll your child in:

7:30 am – 5:30 pm (10 hours) 7:30 am – 4:30 pm (9 hours) 8:30 am – 5:30 pm (9 hours)

Teacher request for 3K and 4K only: _____
(Teacher requests are not guaranteed)

For Office Use Only *required for admission

Date:	Registration Fee	Media Release Y N Prv	DSS 2900*	Immun.* Exp. Meets	Discipline*	Emerg. Consent*	Allergies Y N	Class Assigned:
	Cash Check # BW							Extended Care:

Does your child have any allergies? Y N

If yes, please list here _____

Are parents married? Y N

If not, are there stepparents? Y N

Are there any custody issues? Y N

If yes, Union Day School must have copies of legal documents on file if there are any special circumstances of which we need to be aware.

Please provide any other information regarding your child's family life we should know:

Please list/describe any special concerns (medical, social, physical, etc.):

If your child is receiving (or being considered for) services, please list where/what type of service:

- I understand that my child will not be enrolled until the Day School receives this signed form, a current immunization record, DSS 2900 and processes the non-refundable registration fee.
- Prorated August tuition for new students will be due on August 26th. September tuition will be posted by the first day of school and is due on September 1st. Monthly tuition is due on the 1st of each month and is paid through Brightwheel. I understand that holidays, absences, and weather closures are not deducted from monthly tuition.

Parent Signature: _____ **Date:** _____

Union Day School Child Discipline Policy

Union UMC Day School is committed to providing children and families with quality learning in a safe and loving Christian environment. A major part of our belief is to use a system of discipline that will provide a positive learning experience leading each child to develop a strong sense of individual worth and responsibility. We use social emotional curriculum techniques from Conscious Discipline as well as redemptive discipline which involves praying for and with your child. The following are guidelines for handling discipline:

1. No corporal or physical punishment.
2. No behavioral expectations that are not developmentally appropriate.
3. Use of consistency, fairness, and patience.
4. Use of logical consequences instead of punishment. Acceptable consequences are: removing a child from one play area to another, limiting play privileges and giving your child appropriate choices.
5. Use of self-regulation skills will be taught during group learning so that when those skills are needed, the child can calm him/herself.
6. Use of positive reinforcement. What you pay attention to the most is what you'll get. Thus, appropriate behavior will be recognized and reinforced.
7. Use of a "safe place" where a child self-calm will be used in place of time-out.
8. The Director will involve a child's parents in the disciplinary process only when uncontrollable behavior and/or behavior that is potentially harmful to the child or others persists.

CHILDREN ARE SUPERVISED BY SIGHT AS WELL AS SOUND AT ALL TIMES

By signing, I agree that I have read and understand the Union UMC Day School's Discipline Policy.

Print Child's Name here

Parent's Signature

Date

Union Day School

Pick Up Authorization and Expectations

Authorized Pick-Up

Name(s), address(es), and verification of identification (such as a driver's license, other picture identification and/or carpool number) of **ANYONE** authorized to pick up the child from Union Day School is required. Your child can only be released to those people designated by written request.

It is expected that when you are called to come pick up your child for whatever reason, that you come promptly and within a reasonable amount of time.

I authorize the following people to pick up my child from Union Day School:

Name	Phone Number	Relation to Child

I have read and understand Union Day School's policy on authorization and expectations of pick-up.

Print Child's Name here

Parent's Signature

Date

Union Day School Media Consent Form

Child's Name _____

Throughout the year, our staff takes pictures of our students for various projects they are doing with their classes. We would like to share some of these pictures by posting them on the **Union Day School website** and **Facebook** page. We also could have pictures and/or stories about our school featured in the **church newsletter** and **area newspapers**.

Please indicate whether you **do or do not** grant permission for the release of your child's picture for the purposes stated above. If the form is not returned, your child's photo could be released for the purposes stated above. Your child's name WILL NOT be released.

_____ **YES, I DO** grant permission for the release of my child's picture for the purpose stated above.

_____ **NO, I DO NOT** grant permission for the release of my child's picture for the purposes stated above.

Private Postings

Teachers also post pictures on Brightwheel and/or their private Instagram page. Pictures posted to Brightwheel or the class's private Instagram page will **only be seen by the parents/families of the children in your child's class and/or Union Staff members**.

Please indicate below if you give consent to our **private postings**.

_____ **YES, I DO** give consent for **private postings**

_____ **NO, I DO NOT** give consent to **private postings**

Any additional comments or information we should know:

Parent/Guardian Signature _____ Date _____

Union Day School Emergency/Medical Release Consent Form

I give permission to Union Day School to make whatever emergency measures are judged necessary for the care and protection of my child while under the supervision of the school. In case of a medical emergency, I understand that my child will be transported to the appropriate healthcare facility by the local emergency unit for treatment if the local emergency resource deems it necessary. It is understood that in some medical situations the staff will need to contact the local emergency resource before the parent/guardian, child's physician and/or adult acting on the parent/guardian's behalf.

The Director, Assistant Director(s), or their designee will travel with the child if transport is needed.

Print Child's Name here

Parent's Signature

Date

South Carolina Department of Social Services
Child Care Regulatory Services

**GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION
TO CHILD CARE FACILITY**

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: _____ County: _____

Address: _____
Street Address – no Post Office Boxes City, State, Zip

Child's Name: _____
Last First Middle Initial Nick Name

Date of Birth: _____ Enrollment Date: _____

Child's Current Home Address: _____
Street Address City, State, Zip

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

2. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

Is Child currently enrolled in school? (5K up to 6 years old) Yes No

My Child will regularly attend this facility **FROM** _____ am/pm **TO** _____ am/pm

If Child is a drop-in, indicate hours of care: **FROM** _____ am/pm **TO** _____ am/pm

Check all days Child will regularly attend this facility: **Mon** **Tue** **Wed** **Thurs** **Fri** **Sat** **Sun**

Check all meals Child will receive daily: **Meals are not offered** **Breakfast** **Morning Snack** **Lunch**
 Afternoon Snack **Dinner** **Evening Snack**

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____
Name

Street Address City, State, Zip Telephone

Emergency Care Provider: _____
Emergency Facility Name

Street Address City, State, Zip Telephone

Dental Care Provider: _____
Name

Street Address City, State, Zip Telephone

Health Insurance Provider: _____

Certificate of Immunization: Yes No N/A Please explain: _____

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:

Additional Comments: _____

I certify that to the best of my knowledge _____
Child's Name

is in good mental and physical health and able to participate in the child care program at

Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Director/Operator/Staff Designee