

FIRST UNITED METHODIST CHURCH
PRE-SCHOOL APPLICATION FORM
School Year 2018-19

Date _____

Child's Name _____ Sex: M _____ F _____

Name they are called _____

Month, Day, Year of Birth _____ Today's Age _____

Child's Age on 9/1/18 _____

Child must be 3 years of age by above date to enter 3-year old Preschool Class.

Address: _____

Home Telephone Number: _____

E-Mail Address: _____

Emergency Contact Name and Number: _____

Mother's Full Name: _____

Occupation _____ Work # _____ Cell # _____

Father's Full Name: _____

Occupation _____ Work # _____ Cell # _____

Status: Married _____ Divorced _____ Other _____

Does child live with Parents _____ Grandparents _____ Other _____

If other, please specify: _____

Church Affiliation: _____

Physician: _____

Allergies: _____

Special Needs or Concerns: _____

Siblings: Names and Ages: _____

Please enroll my child in:

Please circle for 2 Year Old Class: 2 day/wk: Monday & Wednesday or Tuesday & Thursday

2 day/wk **2 year old class** (\$80/mo.) _____ \$80 Registration Fee **Checks made payable to Cathy Mobley

4 day/wk **2 year old class** (\$150/mo.) _____ \$150 Registration Fee

Please circle for 3 Year Old Class: 2 day/wk: Monday & Wednesday or Tuesday & Thursday

2 day/wk **3 year old class** (\$80/mo.) _____ \$80 Registration Fee **Checks made payable to Anna DeMott

4 day/wk **3 year old class** (\$150/mo.) _____ \$150 Registration Fee

4 day/wk **4 year old class** (\$150/mo.) _____ \$150 Registration Fee **Checks made payable to Sandra Weaver

4 day/wk **Kindergarten class** (\$180/mo.) _____ \$180 Registration Fee **Checks made payable to Sheri Grantham

3, 4 AND 5 YEAR OLDS MUST BE POTTY TRAINED

(Please turn over for more information)

***SAFE SANCTUARIES**

The General Conference of The United Methodist Church, in April 1996, adopted a resolution aimed at reducing the risk of child sexual abuse in the church. Thus, in covenant with all United Methodist congregations, we adopted this policy for the prevention of child abuse in our church.

There are cameras in all Pre-school rooms that protect the Child and Teacher.

PLEASE NOTE: *The Registration Fee guarantees your child a place in our program and is non-refundable.*



MEDICAL RELEASE: *If my child needs medical care while he/she is in your custody, I authorize you to seek such medical care and to execute any documents required by a health provider. I also understand that all attempts will be made to contact me if any injury results.*

Signature: _____ Date: _____