

FIRST UNITED METHODIST CHURCH
Preschool Application
2022-2023

Date: _____ Child's Name: _____

Sex: M _____ F _____ Name they are called: _____

DOB: ____/____/____ Today's Age: _____ Child's Age on 9/1/2022: _____

Child must be of class age by above date to enter.

Address: _____

Phone Number: _____ Email Address: _____

Emergency Contacts:

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Mother's Name: _____

Occupation: _____ Work #: _____ Cell #: _____

Father's Name: _____

Occupation: _____ Work #: _____ Cell #: _____

Status: Married _____ Divorced _____ Other _____

Does child live with: Parents _____ Grandparents _____ Other _____

If other, please specify: _____

Church Affiliation: _____

Physician: _____ Physician Office Number: _____

Allergies: _____

Medications: _____

Special Needs or Concerns: _____

Siblings Names and Ages: _____

3 & 4 YEAR OLDS MUST BE POTTY TRAINED!

Please enroll my child in:

Mrs. Cathy's 2-Year-Old Class:

2 day/wk. class: _____ **Circle one:** Monday/Wednesday or Tuesday/Thursday.

\$90 Registration Fee/ \$90 Monthly Tuition.

4 day/wk. class: _____

\$180 Registration Fee/ \$180 Monthly Tuition.

Mrs. Anna's 3-Year-Old Class:

2 day/wk. class: _____ **Circle one:** Monday/Wednesday or Tuesday/Thursday.

\$90 Registration Fee/ \$90 Monthly Tuition.

4 day/wk. class: _____

\$180 Registration Fee/ \$180 Monthly Tuition.

Mrs. Linzee's 4-Year-Old Class:

4 day/wk. class: _____

\$180 Registration Fee/ \$180 Monthly Tuition.

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.

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.

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

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date: _____ Class: _____ Amount Paid: _____