

# 2026-2027 Enrollment Registration

Fredericksburg United Methodist Church Preschool and Kindergarten

Child's Name (please print clearly) \_\_\_\_\_

Preferred Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_ Male or Female \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ With whom does the child live? \_\_\_\_\_

My child has the following allergies: \_\_\_\_\_

My child has the following special needs: \_\_\_\_\_

Please circle which class your child will be attending:

3s Tues/Thurs      4s Mon/Weds/Fri      4s Mon-Fri      Kindergarten  
3s Tues/Weds/Thurs      4s M/W/F Extended Day      4s Mon-Fri Extended Day

Please initial the following statements to indicate that you fully understand these policies:

I understand that the \$90 registration fee is non-refundable. \_\_\_\_\_

I understand that a non-refundable supply fee of \$90/\$100/\$120 and the first month's tuition is due by August 3 to guarantee that my child will be attending FUMC Preschool. Failure to pay these fees on time will result in the loss of my child's placement. \_\_\_\_\_

## Parent Information

Parent 1 Name \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

Address (If different than above) \_\_\_\_\_

Address (If different than above) \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

## Emergency Contacts

Please list the names of 2 people (other than the child's parents) **who can take responsibility for your child in case of an emergency.**

Name \_\_\_\_\_

Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Contact Number \_\_\_\_\_

Relationship to child \_\_\_\_\_

Relationship to child \_\_\_\_\_

In addition to parents and emergency contacts, my child may be released to the following persons: \_\_\_\_\_

How did you learn about FUMC Preschool? \_\_\_\_\_ Are you a member of FUMC? \_\_\_\_\_

If a friend told you about our program, who can we thank for their referral? \_\_\_\_\_

New students: Has your child attended preschool elsewhere? \_\_\_\_\_ If so, where? \_\_\_\_\_