



2017/2018
Registration form
Clarksville First United
Methodist Church
PRESCHOOL

PLEASE FILL IN THIS FORM COMPLETELY IF YOU WISH TO REGISTER
YOUR CHILD FOR THE 2017/2018 SCHOOL YEAR. APPLICANTS ARE
ACCEPTED ON A FIRST-COME BASIS.

**** Payment of the Registration Fee holds your child's place in the program.**

Application Date _____ Name he/she

is

Child's Full Name _____ Called _____

Birthdate (mm,dd,yyyy) _____ Age _____ Sex _____

Child's Primary Language English _____ Other _____

Home Address _____

City _____ Zip Code _____

Home Phone # _____ Cell or Emergency # _____

Email address _____

**You have my permission to use my child's picture in printed or electronic media to benefit or promote the preschool. (Ex. flyers, brochures, newspapers, videos, church web site, etc.)

_____yes _____no Signature _____

Does the child live with both parents? Yes _____ No _____

If no, please check with whom: Mother _____ Father _____ Other _____

If other, list relationship to child (Grandparent, Uncle, etc.) _____

Are you a church member? _____yes _____no

What church? _____

Mother's Name _____ **Marital Status** _____
Home Address _____ Home Phone _____
_____ Cell Phone _____
E-Mail Address _____
Place of Employment _____ Work Phone _____

Father's Name _____ **Marital Status** _____
Home Address _____ Home Phone _____
_____ Cell Phone _____
E-Mail Address _____
Place of Employment _____ Work Phone _____

Guardian's Name _____ **Marital Status** _____
Home Address _____ Home Phone _____
_____ Cell Phone _____
E-Mail Address _____
Place of Employment _____ Work Phone _____

AUTHORIZED INDIVIDUALS TO WHOM THE STUDENT MAY BE RELEASED:

Check all that apply: Mother ___ Father ___ Other ___
If you checked other, list those individuals below.

1. _____ Phone _____
Relationship to the child _____
Address _____

If you cannot be reached may we call this person in case of emergency? ___yes ___no

2. _____ Phone _____
Relationship to the child _____
Address _____

If you cannot be reached may we call this person in case of emergency? ___yes ___no

3. _____ Phone _____
Relationship to the child _____
Address _____

If you cannot be reached may we call this person in case of emergency? ___yes ___no

MEDICAL DATA:

Allergies? Yes _____ No _____

Specify:

Foods _____

Medications _____

Other _____

Child's Physician _____ Office Phone _____

Child's Dentist _____ Office Phone _____

Hospital Preference _____

*In the event that none of the persons listed may be reached, I authorize CFUMC Preschool to obtain treatment from the nearest doctor or emergency medical facility.

A copy of your child's current immunization form must be provided prior to the first day of school.

This program operates as a ministry of Clarkesville First United Methodist Church, and is exempt from licensure through the state of Georgia.

Signature of Parent or Guardian

Registration Fee: \$50

Supply Fee: \$50 (\$25 due Aug. 1 & \$25 due Jan. 1)

Graduation Fee: \$20 for Pre-K students only (due April 1)

TUITION FEES (per month):

- \$120 - 2 days per week (2 yrs. by 9/1/17)
Two day option if for two's only
- \$160 - 3 days per week (2, 3 or 4 yrs. by 9/1/17)

Due the 1st day of each month. If the first day of the month does not fall on a school day, then tuition is due the first school day of each month. A late fee of \$10 per day will be applied for each day that tuition is late. If you have circumstances that prevent you from paying on time, please talk to the director.

FOR OFFICE USE ONLY

REGISTRATION FEE: Date paid _____ Amount paid _____
_____by check (# _____) _____by cash

SUPPLY FEE: Date paid _____ Amount paid _____
_____by check (# _____) _____by cash

1ST MONTH'S TUITION: Date paid _____ Amount paid _____
_____by check (# _____) _____by cash