

CFUMC Preschool



**PLEASE FILL IN THIS FORM COMPLETELY, IF YOU WISH TO REGISTER YOUR CHILD FOR THE 2018/2019 SCHOOL YEAR. STUDENTS ARE ACCEPTED ON A FIRST-COME BASIS.**

Application Date \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Preferred Name (if different) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

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

City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Church Membership/Affiliation \_\_\_\_\_

Does your child live with both parents? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, with whom does your child live \_\_\_\_\_

**EMERGENCY INFORMATION:**

**Mother's Name** \_\_\_\_\_ **Marital Status** \_\_\_\_\_

Home Address (if different from above) \_\_\_\_\_

Home Phone (if different from above) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Marital Status** \_\_\_\_\_

Home Address (if different from above) \_\_\_\_\_

Home Phone (if different from above) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**Guardian's Name** \_\_\_\_\_ **Marital Status** \_\_\_\_\_

Home Address (if different from above) \_\_\_\_\_

Home Phone (if different from above) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**INDIVIDUALS AUTHORIZED TO PICK UP MY CHILD:**

Check all that apply: Mother  Father  Other

If you checked other, list those individuals below.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

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

If you cannot be reached, may we call this person in case of emergency?  yes  no

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

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

If you cannot be reached, may we call this person in case of emergency?  yes  no

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

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

If you cannot be reached, may we call this person in case of emergency?  yes  no

Please list individuals who **may not** pick up your child: \_\_\_\_\_  
\_\_\_\_\_

**\*Any person unfamiliar to us will be required to show photo identification**

You have my permission to use my child's picture in printed or electronic media to benefit or promote the preschool. (Ex. church website, bulletin boards, preschool newsletter, preschool Facebook page)

( ) Yes ( ) No Signature \_\_\_\_\_

**MEDICAL INFORMATION:**

Please list medical conditions, including chronic health problems or allergies. **Please list all food allergies.**

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Is your child on daily medication? ( ) Yes ( ) No If yes, please list\_\_\_\_\_

Does your child have any speech, hearing or visual problems? If so, briefly explain\_\_\_\_\_

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Child's Physician\_\_\_\_\_ Office Phone \_\_\_\_\_

Child's Dentist\_\_\_\_\_ Office Phone \_\_\_\_\_

**\*In the event that none of the persons listed as emergency contacts 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:** \$75 - This fee reserves your child's space in a class and is due at the time of registration.

**Supply Fee:** \$25 due Jan. 1

**Graduation Fee:** \$10 due April 1 (Pre-K students only)

**TUITION FEES (per month):**

- \$120 - 2 days per week ( 2 yrs.by 9/1/18) This option only for children two years old
- \$160 - 3 days per week (2, 3 or 4 yrs. by 9/1/18)

**Clarkesville First UMC Preschool operates on a fixed rate tuition.  
All fees and tuition paid are non-refundable.**

**FOR OFFICE USE ONLY**

Registration Fee: Date paid \_\_\_\_\_ Amount paid \_\_\_\_\_  
\_\_\_\_\_by check (# \_\_\_\_\_) \_\_\_\_\_by cash

Second Semester Supply Fee: Date paid \_\_\_\_\_ Amount paid \_\_\_\_\_  
\_\_\_\_\_by check (# \_\_\_\_\_) \_\_\_\_\_by cash