

CFUMC Preschool



PLEASE FILL IN THIS FORM COMPLETELY, IF YOU WISH TO REGISTER YOUR CHILD FOR THE 2019/2020 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.**

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_____

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 March 1 (Pre-K students only)

TUITION FEES (per month):

- \$120 - 2 days per week (2 yrs.by 9/1/19) This option only for children two years old
- \$160 - 3 days per week (2 or 3 yrs. by 9/1/19)
- \$200 - 4 days per week (4 yrs. by 9/1/19)

**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