



2018/2019
Registration form
Clarke'sville First United
Methodist Church
PRESCHOOL

PLEASE FILL IN THIS FORM COMPLETELY IF YOU WISH TO REGISTER
YOUR CHILD FOR THE 2018/2019 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

Child's Full Name _____ is
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: \$75

Supply Fee: \$25 due Jan. 1

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

TUITION FEES (per month):

- \$120 - 2 days per week (2 yrs. by 9/1/18)
Two day option is for two's only
- \$160 - 3 days per week (2,3 or 4 yrs. by 9/1/18)

Tuition is due the 1st of each month (August-May). If the 1st of the month does not fall on a preschool day, please mail your payment or take it to the church office. Outside the office is a drop box that can be accessed any time of the day.

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