



Fairfield United Methodist Preschool
1505 NC Hwy 62 W • High Point, NC • 27263
(336) 434 – 0703 • fairfieldpreschool@northstate.net

REGISTRATION FORM 2018-2019

Date _____

Full Name of Child _____ Gender _____

Name by which Child is Called _____ Date of Birth _____ Primary Phone _____

Street Address _____ City _____ Zip Code _____

Child is under the custodial care of: both parents mother father other (please fill in Guardian info below)

Mother's Name _____ Cell Phone _____

Business Phone _____ E-mail Address _____ Preferred Form of Contact _____

Business Name/Address _____

Father's Name _____ Cell Phone _____

Business Phone _____ E-mail Address _____ Preferred Form of Contact _____

Business Name/Address _____

Guardian's Name _____ Cell Phone _____

Business Phone _____ E-mail Address _____ Preferred Form of Contact _____

Business Name/Address _____

Other Children in Family:

Number of Brothers _____ Names & Ages _____

Number of Sisters _____ Names & Ages _____

Other Adults Living in the Home: _____

Emergency Contacts: *If neither parent can be reached, in case of emergency*

Name _____ Telephone _____

Name _____ Telephone _____

Tell us why you wish to enroll your child at our Preschool: _____

Church Affiliation: _____

If you have no church affiliation or are looking for a church home; you are always welcome at Fairfield UMC! We worship on Sunday mornings at 8:45 & 11:00. Our children & family ministries are active and vibrant. We would love to have you!

What experience has your child had in group events with other children (play groups, nursery programs, Sunday School, etc.)? _____

Special Information or Concerns _____

Your child's favorite toy and play activity _____

Child's Youth T-Shirt Size (check one): X-Small Small Medium

Tuition/fees:

Monthly Tuition:

- Two Days Per Week \$120
- Three Days Per Week \$160
- Four Days Per Week \$185

Fees:

- Registration \$70 (Due with registration form)
- 2's & 3's Activity Fee* \$25 (Due by October 1st)
- 4's Activity Fee** \$40 (Due by October 1st)

**Activity fee covers the cost of field trips and special events.*

***Activity fee for Four Year Class also includes Clifford Reader subscription & graduation fee.*

Class Schedules:

Two Year Class *Children must be two years of age by August 31st of the enrollment year.*

Scheduled Class Days (Check one)

- | | |
|---|---|
| <input type="checkbox"/> Monday/Wednesday | <input type="checkbox"/> Monday/Tuesday/Wednesday |
| <input type="checkbox"/> Tuesday/Thursday | <input type="checkbox"/> Mon/Tues/Wed/Thurs |
| <input type="checkbox"/> Tuesday/Wednesday/Thursday | |

Three Year Class *Children must be three years of age by August 31st of the enrollment year.*

Scheduled Class Days (Check one)

- | | |
|---|---|
| <input type="checkbox"/> Monday/Wednesday | <input type="checkbox"/> Monday/Tuesday/Wednesday |
| <input type="checkbox"/> Tuesday/Thursday | <input type="checkbox"/> Mon/Tues/Wed/Thurs |
| <input type="checkbox"/> Tuesday/Wednesday/Thursday | |

Four Year Class *Children must be four years of age by August 31st of the enrollment year.*

Scheduled Class Days (Check One)

- Monday/Tuesday Wednesday
- Tuesday/Wednesday/Thursday
- Mon/Tues/Wed/Thurs

Parents' Agreement:

I have carefully read the information and policies for the Fairfield UMC Preschool Program.

I agree and hereby offer my/our support.

Signed _____ Date _____

In order to hold your child's place and to plan our staffing needs for the school year, your registration fee is due at the time of registration. Classes are subject to change based on number enrolled. To confirm enrollment, prepay May 2019 tuition by 7/15/18

FOR OFFICE USE ONLY:

Date Registration Received: _____ Registration Fee (\$70) Received: _____ Cash Check
May 2019 Tuition Fee Prepaid: _____ Cash Check *(May 2019 tuition due by 7/15/18)*

Fairfield United Methodist Preschool

Betsy Sink, Director Sheila Breese, Co-Director

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