



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

## REGISTRATION FORM 2021-2022

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 \$125
- Three Days Per Week \$165
- Four Days Per Week \$190

**Fees:**

- Registration \$75 (Due with registration form)
- 2's & 3's Activity Fee\* \$25 (Due by October 1<sup>st</sup>)
- 4's Activity Fee\*\* \$40 (Due by October 1<sup>st</sup>)

*\*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 31<sup>st</sup> of the enrollment year.*

**Scheduled Class Days – Two's will be Tuesday and Thursday- unless we have enough requests for other dates (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 31<sup>st</sup> of the enrollment year.*

**Scheduled Class Days – Three's will be Tues/Wed/Thurs – unless we have enough requests for other dates (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 31<sup>st</sup> of the enrollment year.*

**Scheduled Class Days - Four's will be Tues/Wed/Thurs – unless we have enough requests for other dates (Check One)**

- |   |
|---|
| <input type="checkbox"/> Monday/Tuesday/Wednesday   |
| <input type="checkbox"/> Tuesday/Wednesday/Thursday |
| <input type="checkbox"/> 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.*

**FOR OFFICE USE ONLY:**

Date Registration Received: \_\_\_\_\_ Registration Fee (\$75) Received: \_\_\_\_\_ Cash Check

Fairfield United Methodist Preschool

Sheila Breese, Director

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