

Select Preferred Class: (circle days and age)

M, W or T, Th 18 mo, 2, or 3 (\$115)

M, W, F 18mo, 2, or 3 (\$140)

M-F 2, 3, or Pre-K (\$165)

Office Only

Date Registration Paid: \_\_\_\_\_

Check # \_\_\_\_\_

Amount Paid \_\_\_\_\_

**Registration Form  
Villa Rica First United Methodist Church  
Children's Morning Out/Preschool  
2018-2019**

**General Information**

Name of Child \_\_\_\_\_  
Last First Preferred (Nickname)

Child's Age (on 9-1-18) \_\_\_\_\_ Birthday \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

<b>Parent/Guardian:</b>	<b>Parent/Guardian:</b>
<b>Relationship to child:</b>	<b>Relationship to child:</b>
<b>Home Address:</b>	<b>Home Address:</b>
<b>Home Phone #:</b>	<b>Home Phone #:</b>
<b>Alternate Phone #:</b>	<b>Alternate Phone #:</b>
<b>Email:</b>	<b>Email:</b>

Are you registering a sibling with this child? \_\_\_\_\_ If yes, give name and age \_\_\_\_\_  
I heard about VRFUMC Preschool from \_\_\_\_\_

**Just A Little Background...**

Child lives with: Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Other \_\_\_\_\_  
Parents Married \_\_\_\_\_ Divorced/Separated \_\_\_\_\_ Remarried \_\_\_\_\_ Custody Papers \_\_\_\_\_

**Circle All That Apply**

Has Never Been Separated From You

Active	Excitable	Flexible	Talks	Sings	Passive
Inquisitive	Likes Books	Imitates	Follows	Leads	Free Thinker
Aggressive	Feeds Self	Likes Music	Potty Trained		

Comments about your child you would like to make to the teacher \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I have read and agreed to all information for the Villa Rica First United Methodist Church CMO/Preschool Program and have asked any concerning questions that I may have. I have also, to the best of my knowledge, completed this form honestly and adequately for the enrollment of my child.*

*I understand that the registration fee and the applicable monthly fee are non-refundable. If my child fails to attend on a day for which I have paid, I will lose that day and the fee will not be credited toward a future date unless conditions which necessitate the absence agree with those stated in the "Guidelines for the VRFUMC CMO/Preschool." Monthly fee is 1/10 of the annual tuition.*

*I also understand that if I fail to comply with the regulations and guidelines furnished to me for this program, it will then be up to the Director's discretion as to whether my child shall be removed from enrollment. **By signing this form you are granting permission for Villa Rica First United Methodist Church to use your child's photos in any display or advertisement related to the church.***

**\*\*\*COPY OF IMMUNIZATION Record is required by Open House. (You will receive a postcard with date and time.)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY INFORMATION AND PERMISSION FOR MEDICAL TREATMENT**  
**VILLA RICA FIRST UNITED METHODIST CHURCH**  
**CHILDREN'S MORNING OUT/PRESCHOOL**

**Medical Information and Health Concerns**

Pediatrician Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Name \_\_\_\_\_ Policy No \_\_\_\_\_

**Note: Child will be taken to Tanner Hospital, Villa Rica in case of an emergency.**

Does your child have any allergies to medication, food, or is your child on any medication? \_\_\_\_\_

If so, please specify \_\_\_\_\_

Does your child have any special physical limitations? \_\_\_\_\_ If so, please specify \_\_\_\_\_

Has your child ever been exposed to tuberculosis, hepatitis, AIDS, or any other contagious diseases? \_\_\_\_\_

If so, please specify \_\_\_\_\_

Anything else you would like us to know? \_\_\_\_\_

**Persons who are to be contacted in case of an emergency. (Do not Parent/Guardian, please.)**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

***In the event that I cannot be reached, I give permission for my child to be treated/transported by professional medical personnel. I will assume full responsibility for all charges related to the above. I approve any necessary treatment to be administered as first aid to my child until my arrival.***

Signature \_\_\_\_\_ Date \_\_\_\_\_