



Douglas First United Methodist Church Preschool 2018-2019

The DFUMC Preschool Program is operated as a part of the church's education program in harmony with and in furtherance of the policies of the United Methodist Church approved in detail by the Administrative Council.

Our school does not stress religious indoctrination, but we do stress moral and spiritual values. Our goal is to help children grow in their knowledge of God and His love for all people. Stories of Jesus and His teachings and Bible stories will be read to the children. Church doctrine will not be a part of our curriculum. Children of all faiths are welcome.

Our Classes

The DFUMC Preschool offers the following classes:

1 Year Old – This class meets 2 days a week (Tues/Thurs). Children must be 1 year of age **on or before September 1 and walking** to enroll. Tuition is \$120 per month.

2 Years Old – This class meets 3 days a week (Mon/Wed/Fri). Children must be 2 years of age **on or before September 1** to enroll. Tuition is \$135 per month.

3 Years Old – This class meets 3 or 5 days a week. Children must be 3 years of age **on or before September 1 to enroll and be potty trained by the start of school.** Tuition is \$135 per month for the 3 days or \$185 per month for the 5 days. (We encourage you to enroll in 5 day program, even if you can't attend every day.)

A one-time, non-refundable registration fee of \$150 is required upon registration for each child to cover classroom supplies and expenses. Tuition is due on the 1st of each month.

For more information contact
Clara Hayes, Preschool Director
384-4404

Weekday Preschool Registration First United Methodist Church

1 year olds: (Tuesday, Thursday) **2 year olds:** (Monday, Wednesday, Friday) **3 year olds:** (3 day, 5 day)

GENERAL HISTORY

Date of Report _____

Child's Name (Please underscore name child is called) _____

Date of Birth _____

Address _____

Present Age (Years) _____ (Months) _____

City _____ Zip Code _____

Height _____

Weight _____

() _____

Home Phone _____

Father's Name _____

Mother's Name _____

Occupation _____

Occupation _____

() _____

() _____

() _____

() _____

Business Phone _____

Cell Phone _____

Business Phone _____

Cell Phone _____

Email _____

Email _____

Education _____

Education _____

Church Membership (Father) _____

Church Membership (Mother) _____

Does child live with both parents? _____ If not, which one? _____

If a parent is deceased, please give date. _____

Photograph and Video Usage Consent

The staff of the Douglas First United Methodist Church Preschool often takes photographs to be used in the classroom or distributed to each child's family. Pictures (in photo and video form) are also published for advertisement and promotion purposes at church gatherings, on our official church website, our preschool Facebook page and/or in the local newspaper.

I give permission for my child to have his/her photograph or video taken and published by any teacher or the preschool director employed by Douglas First United Methodist Church (DFUMC) Preschool for the advertisement and promotion of the DFUMC Preschool Program **only**.

Parent's/Guardian's Signature _____

Date _____

FOR OFFICE USE ONLY:

_____ Registration Fee _____ Immunization Records _____ Birth Certificate _____ Enrollment Package

Child's Identification Record

Child's full legal name _____

Date Enrolled _____

Child's preferred name _____

Sex _____

Birth date _____

SS# (optional) _____

Address _____

Phone (home) _____

City, ST ZIP Code _____

Phone (cell) _____

Who has legal custody _____ Relationship _____

Address _____ Phone _____

Mother's Name _____ Phone _____

Home Address _____ Zip _____

Place of employment _____ Phone _____

Address _____ Zip _____

Father's Name _____ Phone _____

Home Address _____ Zip _____

Place of employment _____ Phone _____

Address _____ Zip _____

Other household members: Adults _____

Children and ages _____

Child's physician/health resource _____

Address _____ Phone _____

Child's dentist _____

Address _____ Phone _____

Has child had:

Surgery _____ Date _____

Serious Illness _____ Date _____

Allergies _____ Date _____

Convulsions _____ Date _____

Accidents _____ Date _____

Burns _____ Date _____

Other _____ Date _____

Special needs of child _____

Instructions regarding toileting _____

Child's habits, fears, etc. _____

Previous preschool or group experiences (include dates): _____

I give permission to consult the child's physician/health resource listed above in case of emergency if parent cannot be reached.

Parent's/Guardian's Signature

Date



Notice of Exemption

I, _____ acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Parent Signature

Date