

FUMC Preschool Registration Form 2023-2024 School Year

Child's Full Name _____

Preferred Name _____ Male _____ Female _____

Birthdate _____

Full name of parent/guardian _____

Full name of parent/guardian _____

Address _____

Street

City

Zip

Mom's Cell: _____ Mom's Work: _____

Dad's Cell: _____ Dad's Work: _____

Specify the **cell** phone number you prefer to be used for communications about school closings or delays:

E-mail address _____

Church Affiliation: _____

List any custody/family arrangements that we should know (i.e. child resides with a step-parent or

grandparent) _____

Approved Pick Up List

List the names of people (other than those listed above) allowed to pick up your child from preschool. Children will not be released to anyone who is not on the list unless you notify the Teacher or Director.

Reg Fee Pd _____

Immunization Record Rec. _____

Class Placement _____

Notified of Class Placement _____

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HEALTH CARE NEEDS

Child's Physician _____ Phone _____

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan must be attached to the application. The medical action plan must be completed by the child's parent or health care professional. List any allergies and the symptoms and type of response required for allergic reactions:

List any developmental delays (ex. speech, occupational) Please indicate if your child is receiving therapy:

Emergency Contacts (parents will be called first)

1. _____
Name Phone

2. _____
Name Phone

Emergency Treatment

In the event of an illness or accident which requires immediate medical treatment at a time when a parent cannot be located, I give permission for Ashley Ramsamooj, Director of FUMC Preschool, or other preschool personnel designated by the director, to authorize such treatment. I will not hold the preschool nor medical personnel responsible. This is done with the understanding that every attempt will have been made to contact parents, the child's physician, and other persons listed for emergency contact.

Parent signature _____ Date: _____

Please attach a copy of your child's immunization records. Immunization records must be updated yearly and dated within the past 12 months. The preschool director will request an updated immunization record if the one you've provided is over 12 months old.

Your application will not be processed until a current immunization record has been submitted and your preschoolers place will not be guaranteed until those records are on file.

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Photo Release

In the event that my child's picture is taken at a preschool related program, I give permission to FUMC to publish pictures in publications pertaining to the church. Such publications include bulletin boards, newsletters and our website. **UNDER NO CIRCUMSTANCES WILL A CHILD BE IDENTIFIED BY NAME IN ANY PUBLICATION.**

Parent signature _____

Available Classes

If the class you have chosen is unavailable, you will be placed on the waiting list for the next available spot. **Please indicate whether you would be interested in a second choice by putting a 1 beside your first choice and a 2 beside your second choice.**

Toddler Class (ages 18 months-23 months)

Monday, Tuesday, Wednesday _____

Tuition is \$175 per month

Two Year Old Class (Born before August 31, 2021)

5 days (Monday- Friday) _____

Tuition is \$250 per month

3 days (Monday, Tuesday, Wednesday) _____

Tuition is \$175 per month

2 days (Thursday & Friday) _____

Tuition is \$150 per month

Three Year Old Class (Born before August 31, 2020)

5 days (Monday-Friday) _____

Tuition is \$250 per month

3 days (Monday, Tuesday, Wednesday) _____

Tuition is \$175 per month

2 days (Thursday & Friday) _____

Tuition is \$150 per month

Four Year Old Class (Born before August 31, 2019)

5 days (Monday-Friday) _____

Tuition is \$250 per month

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GETTING TO KNOW YOUR CHILD

Child's Name: _____

Siblings and Ages: _____

Pets: _____

Describe your child's likes:

Describe your child's dislikes:

What does your child find comforting when upset?

How would you describe your child's personality:

Is there anything else that you would like to tell us about your child?

Is your child potty trained or in the process of potty training?