

This box office use only.

Date Application Received _____
Director Signature _____
Registration Fee \$50 pd: ca ck # _____ Receipt _____
Accepted Application # _____

Application # _____
 Today's Date _____
 2010-2011 School Year

Registration Form
 First United Methodist Church
 Pre-Kindergarten
 100 W Liberty Street
 Washington GA, 30673
 706-678-7116

We offer one K3/K4 class with a 3 day or 5 day option.	
_____ 3 Day Option (Mon, Tues, Weds) 9am – 12 Noon \$90 per month Tuition	_____ 5 Day Option (Monday through Friday) 9am- 12 Noon \$115 per month Tuition
Both classes require : \$50 Non Refundable Registration Fee \$20 Reception Fee (due before 10/1/10)	

- Child's Name _____ Date of Birth _____ Sex _____
 Name Child is called _____ Age at 9/1/10 _____
 Child's Address _____ Home Phone# _____
- Who does the child live with? _____
 Father's Name _____ Email _____
 Father's Place of Employment _____ Work Phone _____
 Father's Cell Phone _____ Best Way to Contact: phone/email/text
 Mother's Name _____ Email _____
 Mother's Place of Employment _____ Work Phone _____
 Mother's Cell Phone _____ Best Way to Contact: phone/email/text
- Family Church Preference _____ Member _____
- Person's in your household:

Name	Date of Birth	Relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. **DUE AT REGISTRATION:** \$50 Non-refundable registration fee. Copy of your child's immunization record on Georgia Department of Human Resources Form 3231 should be attached to this application or received no later than the first day of school. No child will be allowed to enter the Pre-Kindergarten program without an up-to-date record!

6. Transportation to and/or from Daycare Providers within the Washington City Limits. (additional expense)
___ Yes, My child will need transportation in the ___ Morning ___ Noontime ___ Both
Name, Address, and Phone Number of Daycare _____

7. Emergency Contacts: List the name and numbers of persons (other than parents who can be contacted in case of an emergency):

Name	Phone Number 1	Phone # 2	Relationship to child
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

8. Does your child have any medical conditions, special needs or food allergies? If yes, explain: _____

9. Agreement

I agree in the event of an accident or the illness of my child while at school, if I cannot be immediately contacted, the personnel of the Washington First United Methodist Church Pre-Kindergarten are authorized to use their discretion in obtaining medical assistance for my child.

Yes No _____
Signature Date

If possible the school should contact our child's physician:

Doctor _____ Phone Number _____

You will be asked to fill out a more thorough Medical Permission Form at the Parent Orientation meeting before School begins.

This completed registration form and the aid registration fee will enroll your child in the First United Methodist Church Pre-Kindergarten for the 2010—2011 school year. A completed current Georgia Immunization Form #3231 for your child must be turned in to the Director before your child may begin school. Monthly tuition fees are due on the first of the month except for August when tuition is due at the Parent Orientation Meeting.

Please sign and date the registration form below

Signature Date

For use at Parent Orientation Meeting

I have received and understand the information presented in the FUMC Pre-Kindergarten 2010-2011 Handbook.

Signature Date