

This box office use only.

Application # \_\_\_\_\_  
Today's Date \_\_\_\_\_  
2019-2020 School Year

Date Application Received \_\_\_\_\_

Registration Fee \$50 pd: ca \_\_\_\_\_ ck# \_\_\_\_\_

August Tuition: \$125 pd: ca \_\_\_\_\_ ck# \_\_\_\_\_

Attend: Please check one

3 Day \_\_\_\_\_

5 Day \_\_\_\_\_

Registration Form 2019-2020

First United Methodist Church

Pre-Kindergarten

100 W. Liberty Street

Washington, GA 30673

706-678-7116

**Tuition is as follows:**

\$125 a month

You may pay monthly (\$125), 5 months in advance (\$625) or 10 months in advance (\$1,250)

You may send your child 3 or 5 days a week, but there will only be the one fee.

Tuition is due by the 5th of each month. After the 5th there is a \$5 late fee.

**Transportation is offered to those who need:**

Cost is \$30 a month

**\$50 deposit and August tuition due at time of registration. You will not receive deposit back, but tuition you can get back until July 1. After July 1, no tuition will be refunded.**

1. Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: Male/Female

Name Child is called \_\_\_\_\_ Age at 9/1/19 \_\_\_\_\_

Child's Address \_\_\_\_\_ Home Phone# \_\_\_\_\_

2. 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

3. Family Church Preference \_\_\_\_\_ Member \_\_\_\_\_

4. Persons in your household (other than child)

Name Date of Birth Relationship to Child

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Transportation to and/or from Daycare Providers within the Washington City Limits (additional expense)

\_\_\_\_ Yes, My child will need transportation in the \_\_\_\_ Morning \_\_\_\_ Noon \_\_\_\_ Both

Name, Address and Phone Number of Daycare \_\_\_\_\_

\_\_\_\_ No, My child will not need transportation

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

<u>Name</u>	<u>Phone #1</u>	<u>Phone #2</u>	<u>Relationship to Child</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

7. Does your child have any medical conditions, special needs or food allergies? If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. 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 \_\_\_\_\_

<p><b>This completed registration form and the paid registration fee will enroll your child in the First United Methodist Church Pre-Kindergarten for the 2019-2020 school year. The following things are required before your child can attend: <u>THE CHILD MUST BE POTTY TRAINED AND WE MUST RECEIVE A CURRENT GEORGIA IMMUNIZATION FORM #3231 (TO BE TURNED IN TO TEACHER OR CHURCH OFFICE BY FIRST DAY OF SCHOOL.</u></b></p>
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Please sign and date the registration form below

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date