

This box office use only.

Application # \_\_\_\_\_  
Today's Date \_\_\_\_\_  
2021-2022 School Year

Date Application Received _____
Registration Fee \$75 pd: ca _____ ck# _____
Tuition: \$150 pd: ca _____ ck# _____

<p>Registration Form 2021-2022          First United Methodist Church          Pre-Kindergarten          100 W. Liberty Street          Washington, GA 30673          706-678-7116</p>
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**Tuition is as follows: \$150/month**  
 Classes are Monday—Thursday, 9am—12 pm  
 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: \$40/month**

**\$75 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.**

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1. Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: Male/Female  
 Name Child is called \_\_\_\_\_ Age as of September 1 \_\_\_\_\_  
 Child's Address \_\_\_\_\_ Phone# \_\_\_\_\_  
 Child's Mailing Address (if different from above address) \_\_\_\_\_

2. Who does the child live with? \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Email \_\_\_\_\_  
 Father's Address (if different from child's) \_\_\_\_\_  
 Father's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Father's Cell Phone \_\_\_\_\_ Best Way to Contact: phone/email/text \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Email \_\_\_\_\_  
 Mother's Address (if different from child's) \_\_\_\_\_  
 Mother's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Mother's Cell Phone \_\_\_\_\_ Best Way to Contact: phone/email/text \_\_\_\_\_

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

4. Child may be released to person(s) signing agreement or to the following:

<u>Name</u>	<u>Phone</u>	<u>Relationship to Child</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Will your child need transportation to and/or from Daycare Providers?  
(We only provide within the Washington City Limits.)

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

Name of Daycare: \_\_\_\_\_ Phone Number of Daycare: \_\_\_\_\_

Address 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>
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 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

**This completed registration form and the paid registration fee will enroll your child in the First United Methodist Church Pre-Kindergarten for the 2021-2022 school year. The following things are required before your child can attend: 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.**

Please sign and date the registration form below.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Church Administrator)