

This box office use only.

Application # _____
Today's Date _____
2023-2024 School Year

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

<p>Registration Form 2023-2024 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.

1. Child's Name _____ Date of Birth _____ Sex: Male/Female
 Name Child is called _____ Age as of September 1 _____
 Child's Mailing Address _____
 Child's T-shirt Size _____

2. Who does the child live with? _____
 Father's Name _____ Email _____
 Father's Address (if different from child's) _____
 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 Cell Phone _____ Best Way to Contact: phone/email/text

3. Siblings in your household:

<u>Name</u>	<u>Age</u>
_____	_____
_____	_____
_____	_____

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.)

6. _____ 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 2023-2024 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)