

First Methodist Church Preschool
Registration Form

Date of application _____

Child Full Name: _____ Name preferred _____

Current Age _____ Birth Date _____ Sex: Male Female Home Phone: (____) _____

Home Address: (Include city, state, zip) _____

Mailing Address (if different): _____

First Parent: Name _____ Home Phone #: (____) _____

Home Address:(If different) _____

Company/Employer Name _____ Work Phone (____) _____

Cell Phone: (____) _____

Email Address _____

Second Parent: Name _____ Home Phone (____) _____

Home Address:(If different) _____

Company/Employer Name _____ Work Phone #: (____) _____

Cell Phone (____) _____

Email Address _____

Contact People (other than parent):

Name: _____ Phone (____) _____

Second Phone (____) _____ Relationship: _____

Emergency contact: Yes No Authorized to Pick Up: Yes No

Name: _____ Phone (____) _____

Second Phone (____) _____ Relationship: _____

Emergency contact: Yes No Authorized to Pick Up: Yes No

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital preference: _____ Insurance Provider: _____

Policy # and Name of Insure _____

Medical Conditions/ Allergies (Please be specific)

List any foods your child should NOT have as a snack and the reason (allergy or preference):

Class seeking enrollment in: CHILD MUST BE CLASS AGE ON OR BEFORE SEPTEMBER 1.

3 Day Classes: \$170 per month

Monday, Wednesday, Friday _____ 3 year-olds _____ 4 year-olds

5 Day Class: \$200 per month

Monday – Friday _____ 2-year-old _____ 3 year-old _____ 4 year-old _____ 5 Year old

Early Morning Care Daily from 7:00- 8:30 _____ 5 days \$50.00 per month

Drop-in \$5.00 per day

Afternoon Care: _____ 5 days \$160 per month

Drop in \$25 per day

All tuition is due on the first school day of the month, with a late charge of \$25.00 being charged if payment is not made by the 10th. Tuition is the same amount each month, regardless of the number of school days or absences in that month. Including morning and afternoon fees if applicable.

I hereby agree to notify the school two weeks in advance of withdrawal during the school year, should such an event occur or pay the next month's tuition fee.

Signature: _____ Date _____