

# 2017-2018 Preschool and Kindergarten Registration Form

33 Greenville Street Newnan, GA 30263

770-253-1237—Preschool 770-253-4874—Playschool

[www.nfumcpreschool.org](http://www.nfumcpreschool.org)

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## To be filled out by Director

Registration Fee Paid: Date \_\_\_\_\_ Reg Amt paid \_\_\_\_\_ Check No. \_\_\_\_\_

Supply Fee Amt Pd \_\_\_\_\_ Check No. \_\_\_\_\_

Class Registered For:      2 year          3 year          4 year          Kindergarten  
   2 day          3 day          4 day          5 day

   M T W Th F

Playschool I    T/Th    TWTh    MWF

Playschool II   T/Th    TWTh    MWF

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## Accepted form of Payment: Cash or Check only

Parent to complete both sides of form:

Age of child on September 1, 2017 \_\_\_\_\_ Birthdate \_\_\_\_\_

Full Name of Child \_\_\_\_\_ FUMC church member? Y or N

Name child is called \_\_\_\_\_ Circle one M or F

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Father's Name \_\_\_\_\_ Father cell no. \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother cell no. \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

## **Member Hub Information (Parent Portal)**

Email Address \_\_\_\_\_

*If you would like our Member Hub to text you reminders for snack, school closings, etc.:*

Cell Phone #: \_\_\_\_\_ Cell Phone Provider Network \_\_\_\_\_

## **EMERGENCY INFORMATION**

Physician \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, if the parent cannot be reached, please notify:

1. \_\_\_\_\_ Phone \_\_\_\_\_

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

Name of persons to whom we may release your child:

1. \_\_\_\_\_ Phone \_\_\_\_\_

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

List any medical concerns and allergies \_\_\_\_\_

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Information of special interest concerning your child \_\_\_\_\_

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Please indicate which class you are registering for by checking the appropriate line:

**\*\*\*NO TEACHER REQUESTS\*\*\***

\_\_\_\_\_ Playschool I (3months—16months) T/Th TWTh MWF

\_\_\_\_\_ Playschool II (16months—2 years) T/Th TWTh MWF

\_\_\_\_\_ 2 yr/2 day

\_\_\_\_\_ 2 yr/3 day

\_\_\_\_\_ 3 yr/3 day

\_\_\_\_\_ 3 yr/5 day

\_\_\_\_\_ 4 yr/4 day

\_\_\_\_\_ 4 yr/5 day

\_\_\_\_\_ Kindergarten

Please check one:

\_\_\_\_\_ I have enclosed an immunization certificate

\_\_\_\_\_ I will send in the certification as soon as possible

\_\_\_\_\_ It is on file from last year

I, \_\_\_\_\_, understand that Newnan First Methodist Preschool is exempt from the licensing program, Bright From The Start, for the State of Georgia.

I, the undersigned, give permission for the First United Methodist Church Preschool to secure emergency medical treatment for my child, \_\_\_\_\_.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Proverbs 22:6

Train up your child in the way he should go;  
And when he is old, he will not depart from it.