

2018-2019 Preschool and Kindergarten Registration Form

33 Greenville Street Newnan, GA 30263

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

www.nfumcpreschool.org

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

Accepted form of Payment: Cash or Check only

Parent to complete both sides of form:

Age of child on September 1, 2018 _____ 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 _____

Information of special interest concerning your child _____

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 TWTh MWF

_____ 3 yr/5 day

_____ 4 yr/4 day M-Th

_____ 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.