

2018 Newnan First Methodist Summer Enrichment Preschool Program

Circle the week(s) you want to register for: June 11-14 July 9-12 August 6-9

We publish all pictures on our **PRIVATE** and secure preschool Member Hub. If you do not provide a valid and *legible* email address you will not have access to this information. If you would like to receive **TEXT** updates in case of inclement weather or other emergencies you **MUST** indicate your cell phone provider for the system to operate.

Registration Opens April 9th.

Non-refundable tuition fee paid: Preschool \$95/week _____

Age of child as of June 1, 2018 _____ Allergies _____

Full Name of Child _____

Name child is called _____ Birthdate _____

Mailing Address _____

EMAIL ADDRESS: _____

Mother's Name _____

Mother's cell phone _____ **CELL PHONE PROVIDER** _____

Father's Name _____ Father's phone _____

Physician _____ Physician Phone No. _____

In case of emergency, we always notify the parents first unless otherwise instructed. If a parent cannot be reached, we will notify:

_____ Phone _____

Name of persons to whom we may release your child:

_____ Phone _____

_____ Phone _____

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

Parent/Guardian

signature _____ Date _____