

REGISTRATION FORM

SANDERSVILLE UNITED METHODIST PRESCHOOL
202 W. CHURCH ST. - P O BOX 611
SANDERSVILLE, GA 31082
478-552-3334

REGISTRATION FEE \$60.00

Classes for 1 year olds meet 2 days a week. Ages 2, 3 and 4 year olds meet five days a week. All children must be 1, 2, 3 or 4 on or before September 1st to register for a class for that age group. My child will be the appropriate age for the following class:

1 year old 2 year old 3 year old 4 year old
\$75.00 per month \$125.00 per month \$125.00 per month \$135.00 per month

Early morning care is available from 7:30 am – 8:30 am. It is \$30.00 per month or an occasional drop in is \$5.00 per day.

Child's name _____ Age on Sept 1st _____

Name child is called at home _____ Child's birth date _____

Address _____ P O Box _____

City, State, Zip _____

Home phone _____ Mom's cell number _____ Dad's cell number _____

Mother's name _____ Works at _____

Father's name _____ Works at _____

Family's church affiliation _____

Family's email address _____

Child lives with both parents mother father other

HELPFUL INFORMATION

Names and ages of children in the family _____

Has child been to nursery school _____ play group _____ Sunday School _____

CHILD'S HEALTH

Present health _____

Problems we should know about _____

Illnesses or disease child has had _____

Allergies _____

Child's doctor _____ Child's dentist _____

In the event of an emergency, we will make every effort to contact the parents first. If we are not able to reach the parents, whom should we call? Please give names, address, relation to child and phone numbers

1. _____

2. _____

3. _____

Your child's immunization record from the doctor must be on file at the preschool office before the school year begins.

Registration fees are non refundable.

If for any reason your child takes a leave of absence, you must still pay to hold your child's place in our classroom. If you withdraw and decide to return, you must pay the registration fee once again.

Please sign and date _____