



First United Methodist Church Preschool
109 West Valley Street
Valdosta, GA 31601
229-242-4050

Application for Student Enrollment 2020-2021 School Year

CLASS FOR WHICH YOUR CHILD IS APPLYING: All classes have a supply fee of \$100 (\$50 in August & March) Tuition for 3 days/week is \$150.00/month, 5 days/week is \$175.00/month

2 year old **3 day** _____ (Mon, Wed, Fri)
3 year old **3 day** _____ (Mon, Wed, Fri)
4 year old _____ (Meets daily)

2 year old **5 day** _____ (meets daily)
3 year old **5 day** _____ (meets daily)

Child's Name: _____

Child's Date of Birth: _____ Male Female

Address: _____ Home Phone: _____

PARENT/GUARDIAN:

Mother's Name: _____

Employer: _____ Work Phone: _____

Cell Phone: _____ e-mail address: _____

Is it okay for your e-mail address to be shared with other parents in your child's class? Yes No

Father's name: _____

Employer: _____ Work Phone: _____

Cell Phone: _____ e-mail address: _____

Is it okay for your e-mail address to be shared with other parents in your child's class? Yes No

My child is completely potty trained & in big kid underpants. My child is currently potty training and in pull-ups.

Other potty training status? _____

Names & Ages of siblings: _____

Would you be interested in helping with parties? _____

Denominational Preference: _____ Are you actively attending a church in the Valdosta area? _____

If so, which one? _____

If not, would you like more information about First United Methodist Church, Valdosta? _____

A nonrefundable \$50 REGISTRATION FEE *MUST ACCOMPANY THIS APPLICATION.*

DATE: _____

SIGNED: _____
(Parent's signature)

PERSONS AUTHORIZED TO PICK UP CHILD: _____

(Under no circumstances will the child be released to anyone not known to the school without written authorization from parents or guardians.)

PERSONS TO BE CALLED IN CASE OF EMERGENCY:

(Be sure to include someone who will know where you can be located.)

Name: _____ RELATIONSHIP TO CHILD: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Name: _____ RELATIONSHIP TO CHILD: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

CHILD'S PHYSICIAN: _____ PHONE: _____

ALLERGIES &/or Medical Conditions:

Do parents have a special talent (playing an instrument, gardening, artist, etc.) or are in a certain profession which you would be willing to share with the children? _____

Please use the space below to give a brief description of your child, the type discipline used at home, your expectations of your child's preschool program and any additional information which might be helpful.



I hereby grant permission for my child to use all of the playground equipment and participate in all of the activities of the school.

I hereby grant permission for my child to be included in evaluations and pictures connected with the school program.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted.

These steps may include, but are not limited to the following:

- ◆ Attempt to contact a parent or guardian.
- ◆ Attempt to contact you through any of the persons listed on the emergency information sheet you completed for us.
- ◆ Call 911.

If we cannot contact you, we will do any of the following:

- ◆ Call your emergency contacts.
- ◆ Call 911 if necessary.
- ◆ If your child needs to be transported via ambulance to the hospital for further care, they will be accompanied by a staff member who will remain with the child until parent or guardian arrives.

*Any expense incurred by the above will be the responsibility of the child's family.

*The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

I hereby certify that all information on this application is true and correct to the best of my knowledge. I understand that false statements may disqualify my child from enrollment.

SIGNED: _____
(Mother or Legal Guardian)

DATE: _____

SIGNED: _____
(Father or Legal Guardian)

DATE: _____



Standard Photo and Video Release Form for Minor Children at Valdosta First United Methodist Church

I hereby authorize Valdosta First United Methodist Church to publish the photographs and videos taken of the undersigned minor children, and their names, for use in First United Methodist Church's printed publications, website, social media, and worship services.

I release First United Methodist Church from any expectation of confidentiality for the undersigned minor children and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize Valdosta First United Methodist Church to use their photographs, videos and names.

I acknowledge that since participation in publications, website, social media, and worship services produced by Valdosta First United Methodist Church is voluntary, neither the minor children nor I will receive financial compensation.

I further agree that participation in any publication, website, social media, and worship services produced by Valdosta First United Methodist Church confers no rights of ownership whatsoever. I release Valdosta First United Methodist Church and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Parent/Guardian Signature: _____

Date: _____

Street Address: _____

City, State, Zip: _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____



Valdosta First United Methodist Church

Notice of Exemption

I, _____, acknowledge that I have been informed our Preschool Program and our Mother's Morning Out/Kids' Day Out Program is not a licensed child care facility. I also understand these programs are not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Parent Signature: _____

Student/Child name: _____

Student/Child name: _____

Student/Child name: _____

Student/Child name: _____

Date: _____