



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

Application for Student Enrollment 2021-2022 School Year

CLASS FOR WHICH YOUR CHILD IS APPLYING, based on their age by September 1st:

- | | |
|---|---|
| _____ Infant MMO 2 day (Mon, Wed) \$115 month | _____ Toddler MMO 2 day (Mon, Wed) \$115 month |
| _____ 2 Year Old 3 day (Mon, Wed, Fri) \$150 month | _____ 2 Year Old 5 Day (Mon-Fri) \$175 month |
| _____ 3 Year Old 3 Day (Mon, Wed, Fri) \$150 month | _____ 3 Year Old 5 Day (Mon-Fri) \$175 month |
| | _____ 4 Year Old 5 Day (Mon-Fri) \$175 month |

2 year – 4 year old preschool classes have a supply fee of \$100 per year (\$50 in August & March).

Child's Name: _____ Child of Military Parent

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 and other class events? _____

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 to hold your child's spot within the preschool program.

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: _____ Cell Phone: _____

Name: _____ RELATIONSHIP TO CHILD: _____

Address: _____ Cell Phone: _____

CHILD'S PHYSICIAN: _____ PHONE: _____

All children attending FUMC Preschool must have an Immunization Form on file by the first week of school, GA Form 3231

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.

Ask us about the \$25 Enrollment Referral Fee!

For questions regarding enrollment, please contact Mallory Thompson, Preschool Director
229-242-4050(O); 229-560-8954 (C) mthompson@valdostafirstumc.org

A message from your child teacher, a Supply Wishlist and other information will be sent in late summer.



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: _____



FUMC Illness Policy – Preschool & MMO Program 2021-2022

The Classroom teacher or Preschool Director will notify parents each time a child becomes ill while in attendance. When children are found to be ill at school, they will be cared for in the office until they are picked up. When a parent cannot be reached, the emergency contacts will be called.

Parents may not bring a sick child to school. A child who develops any of the following symptoms at school must be isolated and the parent(s) notified and asked to pick the child up immediately.

- Fever of 100.4 degrees or higher
- Diarrhea (two or more abnormally loose stool per day)
- Vomiting/Nausea
- Severe cough
- Green runny nose
- Severe rashes
- Stiff neck and headache with one or more of the symptoms listed above
- Difficulty breathing or wheezing
- Complaints of severe pain
- Pink eye/conjunctivitis (as indicated by red eyes, watery eyes, and mucus in eyes)
- Unable to participate in normal classroom activities with typical behavior

When medication is given to ease symptoms, the child is still contagious and may not be at school.

Your child may be readmitted to The Preschool when some or all of the conditions below are met, depending on the illness.

- Child is visibly free from communicable disease/illness, fever free for 48 hours without the aid of medication and free of vomiting/diarrhea for 48 hours while on a normal diet
- A physician's note is given, stating that the child is free from communicable disease and that returning poses no risk to the child himself/herself or to others
- Child has received at least 48 hours dosage of prescribed antibiotic/medication and is visibly free from symptoms of communicable disease/illness
- He/She exhibits normal behavior and activity level, as determined by classroom teachers

Lice: In the event of a lice outbreak, parents are notified immediately. The child is sent home, treated, then needs to be rechecked before returning to school. If the parents find an outbreak at home, please notify the school as soon as possible so we can check for it.

Immunizations: A certificate of immunization (GA form 3231) is due by the first day of school. Each time your child is immunized, you need to update your school records.

Notifications: The Preschool will notify all parents in a timely manner when there is an outbreak of a communicable disease in the school.

This agreement is in addition to the COVID-19 Safety Plan Policies and Procedures and all questionable illnesses will be treated with immediate concern in order to protect the staff and children of Valdosta First Preschool & MMO. Any questions should be directed to the director, Mallory Thompson – mthompson@valdostafirstumc.org.

I have thoroughly read FUMC Preschool & MMO Illness Policy, and will strictly adhere to it to maintain the health and wellness of our preschool population.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Child's Name: _____ Teacher: _____ Revised 02/2021