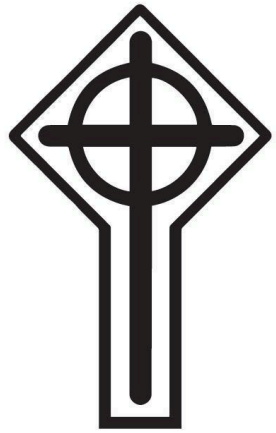


2024-2025 Registration Packet



Fayetteville First
preschool

— explore. discover. grow. —

Located in the buildings of Fayetteville First United Methodist Church

175 E. Lanier Avenue

Fayetteville, GA 30214

(770) 461-4313, ext 124

FayettevilleFirst.com/preschool

FayettevilleFirstPreschool@gmail.com

This form is also available in an online form you can submit electronically:

FayettevilleFirst.com/preschool or via a direct link at tinyurl.com/FFUMCregister2024

To reserve your child's placement in a classroom, you must return these forms completed with the
non-refundable registration fee.

PLEASE PRINT LEGIBLY

Which class is your child registering for?

(Age as of September 1, 2024)

☐ 12-17 months Mon/Wed

☐ 2-year olds – 3 days

☐ 3-year olds – 4 days

☐ 18-24 months Tues/Th

☐ 2-year olds – 4 days

☐ 4-year olds – 4 days

****3-day programs are Tues, Wed, and Thurs**

****4-day programs are Mon to Thurs**

Child's Name: _____

First

Middle

Last

Preferred Name: _____ Gender: Male Female DOB: __/__/

Address: _____

City: _____ State: GA Zip Code: _____

PARENT/GUARDIAN INFORMATION

Guardian 1 Name: _____ Email: _____

Cell: _____ Work Phone: _____

Place of Employment: _____ Occupation: _____

Relationship to Child: _____

Guardian 2 Name: _____ Email: _____

Cell: _____ Work Phone: _____

Place of Employment: _____ Occupation: _____

Relationship to Child: _____

Which contact number(s) do you wish to be used for us to give you the latest updates on pertinent preschool announcements as well as inclement weather cancellations? CIRCLE all appropriate.

Guardian 1 Cell

Guardian 2 Cell

Alternate:

Guardian 1 Work

Guardian 2 Work

INFORMATION ABOUT YOUR CHILD

Names and ages of siblings: _____

Child lives with _____

Is your child potty trained?* YES NO ****Must be potty trained for 3 or 4 year old classes.**

Children must be able to use the bathroom independently, which includes: being comfortable asking or identifying when to use the restroom without reminders, pulling pants up/down, and being capable of wiping independently. We understand accidents happen, but frequent or multiple accidents in a day are indications a child is not completely potty trained. Parents will be notified if their child is not regularly in control of his/her bathroom needs.

Has your child previously attended a preschool? Yes No If so, where? _____

Does your child speak English? Yes No If not, what language is spoken? _____

Please give us any specific information that would further contribute to a better understanding of your child's personal behavior. (i.e. security item, fears, etc.) _____

RELEASE AUTHORIZATIONS

Who besides the parents/guardians listed above are authorized to pick up your child:

Name Relationship to child Contact Number

Is there anyone specific that is **NOT** authorized to visit or pick up your child?

EMERGENCY INFORMATION

In case of an emergency, whom should we contact if we cannot reach parents/guardians?

Is this person authorized to transport your child? YES NO

Name _____ Relationship _____

Address _____

Cell: _____ Home Phone: _____ Business Phone: _____

EMERGENCY MEDICAL CONTACT

Family Doctor: _____ Phone: _____

Insurance Company: _____ Group/ID Number: _____

Hospital Preference: _____

Current prescribed medications and doses: _____

Known drug allergies or reactions: _____

MEDICAL INFORMATION

Does your child have any allergies? (Specifically, skin or food allergies) YES NO

If yes, please list and describe the reaction. _____

Are there any physical limitations or past medical history that we should be aware of?

Does your child receive any of the following services?

Speech Therapy YES NO Physical Therapy YES NO

Occupational Therapy YES NO Babies Can't Wait YES NO

PHOTOGRAPH AUTHORIZATION

Pictures of your child may be taken for: **(please initial next to all that apply)**

___ Use within Fayetteville First Preschool, including class projects and bulletin boards.

___ Use on Fayetteville First Preschool website, social media, and publications.

___ Use on Fayetteville First United Methodist Church website, social media, and publications.

Church Information

Are you a member of FFUMC? YES NO

Are you an active participant at a religious organization? YES NO If so, which one? _____

Would you like information about FFUMC? YES NO

AGREEMENT

Fayetteville First UMC Preschool agrees to provide care from August 2024 to May 2025 and will follow the Fayette County School system calendar for holiday and weather related closures, with the exception of some additional days that we have scheduled (refer to our school calendar for a full list of these dates).

Fees and tuition can be paid via our online portal (tinyurl.com/FFUMCPayOnline) or mailed/delivered to the office at 175 E. Lanier Avenue, Fayetteville, GA 30214. Please note that all payments made online will incur an additional processing fee.

PLEASE READ AND INITIAL EACH OF THE FOLLOWING:

____ **REGISTRATION FEES:** There is a registration fee of one month's tuition for all classes due at registration. I understand that this fee is *non-refundable*, does *not* apply toward any month of tuition, and is used for materials. Discounts are available for multi-children registration upon request.

____ **CURRICULUM FEE:** Each class has a one-time \$50 curriculum fee due at Meet the Teacher in August. The curriculum fee is in addition to August tuition and is non-refundable.

____ **TUITION AGREEMENT:** Tuition is prorated over 10 months starting in August and ending in May. Tuition is due on the first of each month. We accept checks or money orders made payable to Fayetteville First UMC Preschool. Online payments are also accepted through the FFUMC website (*an online payment fee will apply). A Late fee of \$50.00 will be added if tuition is not paid by the fifth of each month. Students with an unpaid balance after 30 days are subject to removal from the program. Pay-in-full discount available.

Registration and Tuition Fees

<u>Classes</u>	<u>Registration Fee</u>	<u>Monthly Payment</u>	<u>Yearly Tuition</u>
1 year old (2 day)	\$225	\$225	\$2,250
2 year old (3 day)	\$250	\$250	\$2,500
2 year old (4 day)	\$260	\$260	\$2,600
3 year old (4 day)	\$260	\$260	\$2,600
4 year old (4 day)	\$260	\$260	\$2,600

____ **WITHDRAWAL:** Withdrawal of your child's enrollment requires 30-day written notice or one month's tuition payment. I understand if tuition is due during the 30-day period, I am responsible for its submission.

____ **IMMUNIZATION FORM:** I acknowledge that my child must have the current immunization record (Form 3231) on file by the first day of school or cannot be admitted until this form is received.

____ **EMERGENCY TRANSPORTATION:** I hereby authorize Fayetteville First UMC Preschool to have my child transported to the listed physician or facility or any licensed physician or medical treatment center to treat my child in case of an emergency. I understand that in case of an emergency requiring a trip to the emergency room, my child will be transported to a hospital ER at the discretion of an EMT.

____ **LEGAL GUARDIAN:** I represent that I am the legal guardian of the child enrolled and acknowledge that it is my responsibility to keep all information and authorizations pertaining to my child current and up to date.

____ I understand that Fayetteville First UMC Preschool is not licensed by Bright From the Start or Georgia Department of Early Care and Learning and is not required to be licensed by the state of Georgia. *For and in consideration of services, the Fayetteville First UMC Preschool workers and the Fayetteville First United Methodist Church are providing for the parents and children involved, the parents do hereby relieve the Fayetteville First United Methodist Church and all workers in the Preschool programs who may be working on the day or days when said parents' children are in attendance, from any liability or fault due to any accident or illness that may occur to said children while children are in attendance for the program. Additionally, parents/guardians do hereby relieve any and all workers of the Preschool programs and any and all medical personnel of any liability in connection with medical treatment to said children in the program.*

Parent/Guardian Signature

Date