

2024-2025 Enrollment Registration
Fredericksburg United Methodist Church Preschool and Kindergarten

Child's Name (please print clearly) _____

First Middle Last

Preferred Nickname _____ Birthdate _____ Male or Female _____

Home Address _____ Home Phone _____

_____ With whom does the child live? _____

My child has the following allergies: _____

My child has the following special needs: _____

Please circle which class your child will be attending:

3s Tues/Thurs 4s Mon/Weds/Fri 4s Mon-Fri Kindergarten
3s Tues/Weds/Thurs 4s M/W/F Extended Day 4s Mon-Fri Extended Day

Please initial the following statements to indicate that you fully understand these policies:

I understand that the \$75 registration fee is non-refundable. _____

I understand that a non-refundable supply fee of \$90/\$95/\$100/\$110 and the first month's tuition is due by August 1 to guarantee that my child will be attending FUMC Preschool. Failure to pay these fees on time will result in the loss of my child's placement. _____

Parent Information

Parent 1 Name _____

Parent 2 Name _____

Address (If different than above) _____

Address (If different than above) _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

Employer _____

Employer _____

Email _____

Email _____

Emergency Contacts

Please list the names of 2 people (other than the child's parents) who can take responsibility for your child in case of an emergency.

Name _____

Name _____

Contact Number _____

Contact Number _____

Relationship to child _____

Relationship to child _____

In addition to parents and emergency contacts, my child may be released to the following persons: _____

How did you learn about FUMC Preschool? _____ Are you a member of FUMC? _____

If a friend told you about our program, who can we thank for their referral? _____