

CUMMING FIRST UNITED METHODIST PRESCHOOL/KINDERGARTEN
APPLICATION FOR ENROLLMENT 2017-2018

Date Received _____

Total Points Awarded _____

CHILD'S NAME _____ NAME CALLED _____ SEX _____
(First Middle Last)

ADDRESS _____ CITY _____ ZIP _____

BIRTHDATE _____ PRIMARY INSURANCE CARRIER _____

CELL PHONE _____ E-MAIL _____

MOTHER'S NAME _____ EMPLOYER _____ WORK# _____

FATHER'S NAME _____ EMPLOYER _____ Cell # _____

MARRIED___ SEPARATED___ WIDOWED___ DIVORCED___ (IF DIVORCED OR SEPARATED,
PLEASE DESCRIBE CUSTODY AND/OR VISITATION AGREEMENT FOR THE CHILD.)

BROTHER/SISTER'S NAMES AND AGES AS OF SEPT. 1, 2017

OUR CHURCH MEMBERSHIP IS WITH _____ If with CFUMC, date joined _____

PLEASE CHECK AGE LEVEL/LEVELS YOUR CHILD HAS ATTENDED ___ 2's; ___ 3's; ___ 4's; ___ Y5's
(The # of years attending CFUMC is very important information for the office during the enrolling process.)

EMERGENCY CONTACTS OTHER THAN PARENTS:

NAME _____ PHONE# _____ Relationship to child _____

NAME _____ PHONE# _____ Relationship to child _____

DOES YOUR CHILD HAVE (YES/NO): *HANDICAPS (PHYSICAL OR OTHER) _____

ALLERGIES _____ DIETARY RESTRICTIONS _____ SPEECH PROBLEMS _____

IF THE ANSWER IS "YES" TO ANY OF THE ABOVE, PLEASE ELABORATE:

TOILET TRAINED? _____ (Children enrolled in the 3 & 4 yr. old classes **must** be potty-trained)

RIGHT HANDED ___ LEFT HANDED ___ NOT SURE _____

****PLACE THE NUMBER 1 BY YOUR 1ST CHOICE AND THE NUMBER 2 BY YOUR 2ND CHOICE****

PRE-THREES (Must be 2 yrs. by Sept.1)	3 YEAR OLD (3yrs. by Sept. 1)	4 YEAR OLD (4yrs.by Sept.1)	5 YEAR OLD ___ Young 5's Monday- Friday (must be 5 yrs. old by Sept. 1)	KINDERGARTEN ___ (must be 5 yrs. old by Sept. 1)
___ MON/WED/FRI. ___ TUES/THURS	___ MON/WED/FRI ___ TUES/THURS	___ MON/WED/FRI ___ MON/TUE/WED/THURS ___ 5 DAYS MONDAY-FRIDAY		

****I understand that the Cumming First United Methodist Preschool has the right to terminate a child from the enrollment if they feel they cannot meet the needs of the child. I also understand the registration fee is NON-refundable. If a child withdraws, all prepaid tuition is non-refundable until a replacement is found.**

Parent Signature _____

Cumming First United Methodist Preschool/Kindergarten
P.O. Box 2725
Cumming, Georgia 30028
770-889-4580

Please indicate the number of years you have had children in our program. _____
Please check if you are registering as alumni. _____
Please check if your child attended playschool at CFUMC _____