



**First United Methodist Preschool
Pre-Registration Form
PO Box 95
Smithville, TN 37166
615-597-6639**



CHILD'S FULL NAME: _____

NAME TO BE CALLED AT PRESCHOOL: _____

DATE OF BIRTH: _____ GENDER: _____ PHONE: _____

THE EXACT AGE OF YOUR CHILD IN AUGUST: _____ YEARS AND _____ MONTHS

WILL YOUR CHILD BE STARTING KINDERGARTEN THIS YEAR? YES or NO

CHILD'S HOME ADDRESS: _____

MAILING ADDRESS (if different from above): _____

GUARDIANS CHILD LIVES WITH: _____

Parent / Guardian Information

FATHER'S NAME: _____ **HOME #:** _____

FATHER'S ADDRESS: _____

CELL #: _____ **WORK #:** _____ **email:** _____

MOTHER'S NAME: _____ **HOME #:** _____

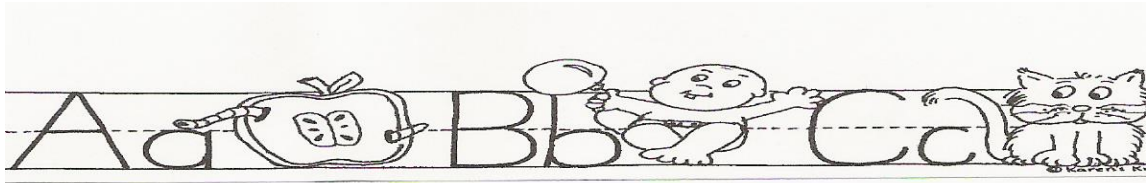
MOTHER'S ADDRESS: _____

CELL #: _____ **WORK #:** _____ **email:** _____

Other children in the family: (Please list them in order of birth)

Name	Gender	Birth Date	What grade, if in school
_____	_____	____/____/____	____/____
_____	_____	____/____/____	____/____
_____	_____	____/____/____	____/____
_____	_____	____/____/____	____/____

DOES YOUR CHILD HAVE **ANY ALLERGIES**, INCLUDING FOODS? _____



ARE THERE ANY MEDICAL PROBLEMS THAT WE SHOULD BE AWARE OF? _____

HAS THE CHILD HAD A PREVIOUS GROUP OR PRESCHOOL EXPERIENCE? _____

IF SO, WHEN AND WHERE? _____

The tuition fee is \$110.00 a month. Tuition is based on the date of enrollment and the number of children enrolled from each family (i.e.: discount for an additional child). Upon acceptance into the program, an annual non-refundable enrollment fee of \$30.00 is required. There is also a \$50 supply fee due at the time of registration. At Open House/ Registration you can tour the preschool, meet the staff and receive a First United Methodist Preschool Handbook explaining our philosophy, curriculum, and special events. After looking at the handbook, please let us know if you have any questions.

Children are placed in classes according to their date of birth. Assigned teachers will not be announced to families until all children are enrolled. We appreciate your cooperation. We look forward to meeting you and your child soon.

Please return this form with the \$30.00 registration fee. (Check's are required for **ALL** preschool payments). Please make checks payable to First United Methodist Preschool. Forms and/or payments may be sent to the preschool, church office, or mailed to PO Box 95, Smithville, TN, 37166. Please return these forms as soon as possible to reserve your child's spot. Eligible children are selected by order of application date when positions become available. You will be contacted with the date of Registration.

CHILD'S NAME: _____ GUARDIAN'S SIGNATURE: _____

For Pre-K Office Use Only:

Pre-Registration form and payment received on: _____ Check #: _____

Eligibility for _____ year old class. Verbal communication and date: _____

Child was assigned to Ms. _____ (____ Year Olds).