

Preschool Registration

Conyers First United Methodist Church



Roly Polies (6 weeks-12mo.)

Monday & Tuesday \$170/mo.

Wednesday & Thursday \$170/mo.

Doodle Bugs (12mo-23mo)

Monday & Tuesday \$170/mo.

Wednesday & Thursday \$170/mo.

Leapin' Lizards (2 year olds)

Monday-Thursday \$220/mo.

Super Kids (3 year olds)

Monday-Friday \$280/mo.

Explorers (4 yr. old Pre-K)

Monday-Friday \$280/mo.

CHILD'S INFORMATION (Please Print)

First Name _____ Last Name _____ Preferred Name _____

Date of Birth (mo./day/year) _____ Age on 9/1/2020(yrs./mo.) _____ Gender _____

Address _____ City _____ Zip _____

Home Phone_(_____) _____ Email Address(s) _____

PARENTS INFORMATION (Please Print)

Mother's Name _____ Cell Phone_(_____) _____

Employer _____ Business Phone_(_____) _____

Father's Name _____ Cell Phone_(_____) _____

Employer _____ Business Phone_(_____) _____

If divorced, custodial parent _____ please explain any custody matters we need to be aware of _____

Please list your child's previous school or group experience _____

Parent Signature _____ Date _____

FOR OFFICE USE ONLY

Birth Certificate on file _____

Current Immunization Record _____ Expiration Date _____

PICTURE PUBLISHING PERMISSION

Pictures we take of the children are worth a thousand words; they tell the story of Conyers First United Methodist church Preschool. Please let us know by checking the appropriate box and signing below if we can use your child’s picture in the local newspaper, Facebook, and www.conyersfirst.org to share noteworthy events with the community. No names will be used on any picture.

- YES**, I give my permission for my child’s picture to be shared in preschool related media
- NO**, I do not give my permission for my child’s picture to be shared in preschool related media.

Parent’s Signature _____ Date _____

CHILD PICK-UP PERMISSION (Please Print)

These are the people who have my permission to pick up my child from Conyers First United Methodist Preschool:

Name _____ Ph. # _____ Relationship _____

Name _____ Ph# _____ Relationship _____

Name _____ Ph. # _____ Relationship _____

Name _____ Ph# _____ Relationship _____

If there is someone who should **NEVER** pick up your child, please list them here:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Parent’s Signature _____ Date _____

ADDITIONAL INFORMATION ABOUT YOUR CHILD (Please print)

Does your child have any health problems we should know about? (i.e. asthma, insect bites. Etc.)

Does your child have any allergies? (food or environmental) Reaction to Allergies/Severity

Have you noticed any speech difficulties? _____

Is there anything that your child is afraid of? (i.e. thunder, ghosts, dogs, etc.)

Any additional information we should be made aware of?

Parent’s Signature _____ Date _____

