

# 2021-2022 REGISTRATION

## Arts Academy



Conyers First United Methodist Preschool

### 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.

### Kindergarten (5 yr olds)

- Monday-Friday \$280/mo.

### CHILD'S INFORMATION (Please Print)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth (mo./day/year) \_\_\_\_\_ Age on 9/1/2021(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 \_\_\_\_\_

# HEALTH INFORMATION

2021 - 2022

**PLEASE PRINT**

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Contact Person (local) in case of emergency and person legally responsible cannot be reached:**

Name: \_\_\_\_\_

Phone Numbers (1) \_\_\_\_\_

(2) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**PLEASE PRINT**

Medications / Medical Restrictions:

\_\_\_\_\_  
\_\_\_\_\_

**Allergies:** (Medication, Food, Insects, Seasonal & etc.) and / or asthma and specific treatment. What reaction could the child have if exposed to allergen:

\_\_\_\_\_  
\_\_\_\_\_

*I hereby give my consent for the above child to be treated in case of emergency:*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**\*\*Please attach copy of Health Insurance Card**



Conyers First United Methodist Preschool

The Conyers First United Methodist Church Preschool operates under an exemption from the licensure requirements otherwise applicable to childcare facilities in the State of Georgia. For more information about the exemption standards please visit <http://dec.al.ga.gov/> or contact Bright from the Start at 404-656-5957.

By signing below, I/we acknowledge that I/we have been advised and understand that the CFUMC Preschool programs are not licensed and are not required to be licensed by the state.

Child's Name \_\_\_\_\_

Class \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_