



# Faith United Methodist Preschool 3 Application Form



2025-2026

## Child's Information

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Age - Years: \_\_\_\_\_ Months: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Girl  Boy  
 Child lives with:  Both Parents  Mother  Father  Grandparent(s)  Other

## Mother's Information

Mother's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Mother's Place of Employment \_\_\_\_\_  
 Phone: \_\_\_\_\_

## Father's Information

Father's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Father's Place of Employment \_\_\_\_\_  
 Phone: \_\_\_\_\_

## Emergency Contact Information

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Whom to call in case of Emergency:  
 1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Other Information

Other Children in Family  
 1. Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 2. Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 3. Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Other Adults Living in the home \_\_\_\_\_  
 Has your Child had other group experiences? Yes \_\_\_ No \_\_\_  
 What? \_\_\_\_\_  
 Where? \_\_\_\_\_

What are some of his/her favorite games, toys and activities?

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

IF I CANNOT BE REACHED IN CASE OF AN EMERGENCY, I give permission to Faith Preschool to provide emergency medical attention and transfer my child to: \_\_\_\_\_ Hospital

I ALSO \_\_\_\_\_ **AGREE** \_\_\_\_\_ **DISAGREE** that the Preschool may communicate with my child’s physician at its discretion.  
**IF MY CHILD IS ACCEPTED FOR ENROLLMENT, I AGREE TO THE FOLLOWING CONTRACT:**

1. I will be responsible for the transportation of my child to and from Faith United Methodist Church. I will have the child there NO SOONER than FIVE MINUTES BEFORE STARTING TIME (8:30 am/12:15 pm) and I will be there PROMPTLY at dismissal time (11:30 am/3:15 pm). I will pay a \$5.00 late fee for the third and subsequent late pick-ups. I will notify the school if my child is to go home with anyone but the regular authorized person.
2. At registration, I will pay a \$75.00 non-refundable fee (\$25.00 administrative fee and \$50.00 which will count towards the first month’s tuition). I will pay the remaining first month’s tuition of \$107.00 no later than June 1, 2025. I will be responsible for eight (8) payments thereafter of \$157.00 per month, due the **first** of each month. Unusual circumstances may be considered. I also understand NO REFUND WILL BE GIVEN FOR ABSENTEEISM.  
  - \*If the remainder of the first tuition payment is not made by June 15, 2025 your child’s spot will be offered to a student on our waiting list.
3. In case of an accident causing injury, the Faith United Methodist Church, the Preschool or the teachers shall not be liable for such accident.
4. There will be a late fee of \$25.00 charged in addition to the \$157.00 if the payment is not paid by the 5<sup>th</sup> of the current month. If problems arise, please contact the church office **before payment is due**. DO NOT send payments in with your child or give them to the teachers.
5. **IF PAYMENT IS NOT RECEIVED BEFORE THE 10<sup>TH</sup> OF THE CURRENT MONTH, YOUR CHILD WILL NOT BE ALLOWED TO COME TO SCHOOL UNTIL THE TUITION IS RECEIVED.**

I have read and understand the above and agree to the terms and conditions of this policy. \_\_\_\_\_  
(Please initial)

(For office use)  
Registered by \_\_\_\_\_

Received \$75.00 on \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_

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

\_\_\_\_\_  
Date

Please note: If paying by cash, you need to have the exact amount (we do not keep change on the premises) and we cannot accept \$100 bills. Thank you for your understanding.

Child's name \_\_\_\_\_

# Pupil's Medical Form

Does your child have a regular physician? YES NO

If yes, Name \_\_\_\_\_ Phone # \_\_\_\_\_

Is your child seen regularly for any medical conditions? (if so describe below) YES NO

Dentist? YES NO

Eye Doctor? YES NO

Is your child under care or supervision of any child welfare organization? YES NO

If so, what is the name of the organization? \_\_\_\_\_

Please note conditions you wish to call to the teacher's attention:

*(such as allergies, serious injuries, handicaps, etc.)*

---

---

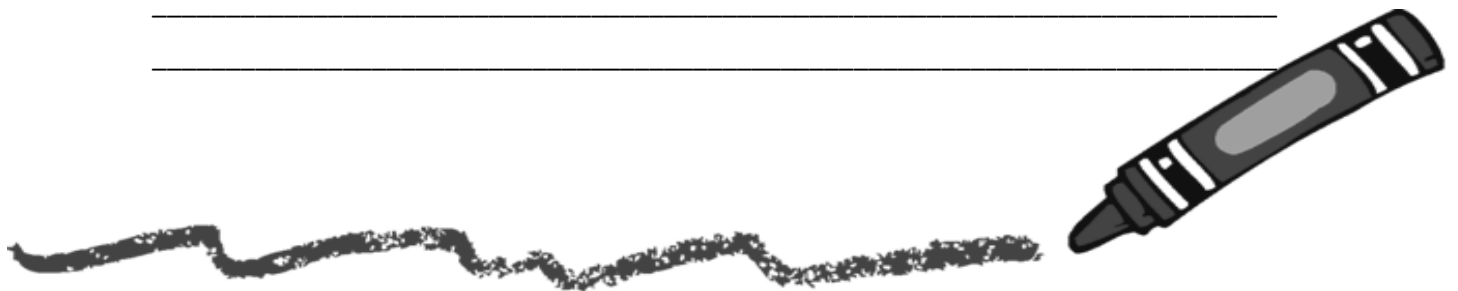
---

---

---

---

---



One more \_\_\_\_\_→

# FAITH UNITED METHODIST CHURCH PRESCHOOL 3 HEALTH INFORMATION SHEET

STUDENT'S LEGAL LAST NAME

FIRST NAME

MIDDLE NAME

***Please attach a copy of the student's immunization record OR religious exemption at time of registration.***

### Health Information

Has this student had:

Illness (Please check)	Date	Illness (Please check)	Date
<input type="checkbox"/> Chickenpox			
<input type="checkbox"/> Whooping cough		<input type="checkbox"/> TB	
<input type="checkbox"/> Seizures		<input type="checkbox"/> Convulsions	
<input type="checkbox"/> Mumps			
<input type="checkbox"/> German Measles		<input type="checkbox"/> Other	
<input type="checkbox"/> Scarlet Fever			

Please list any operations this student has had: \_\_\_\_\_

Please list any serious accidents this student has had: \_\_\_\_\_

Does this student have:

- Asthma    
  Bronchitis    
  Chronic Cough    
  Frequent Colds    
  Frequent Sore Throats  
 Frequent Earaches or Chronic Infections    
  Speech Difficulties    
  Vision Loss    
  Allergies  
 Hearing Loss    
  Diabetes

Please list any other conditions you wish to call attention to the Preschool Teachers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's Signature \_\_\_\_\_