

**FIRST UNITED METHODIST CHURCH PRESCHOOL**  
**121 Harrison Street, Camden, AR 71701**  
**870-836-6871**

**REGISTRATION 2024 – 2025**

**CHILD'S NAME:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_

**\*\*Application must be completed by all current & prospective students every school year. Completing an application does not guarantee a position in our preschool. 1<sup>st</sup> UMC Preschool will contact you if a position becomes available.\*\***

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**PLEASE CIRCLE CLASS REQUESTED:**

**(LIMITED CLASS SIZE)**

**\*\*All Classes are from 8:30 am – 11:30 am\*\***

<b>1-Year Old Class</b> <i>(Must be 1 by August 1, 2024)</i>	Tuesday & Thursday	\$200.00 Monthly Tuition
<b>2-Year Old Class</b> <i>(Must be 2 by August 1, 2024)</i>	Tuesday & Thursday	\$165.00 Monthly Tuition
<b>3-Year Old Class</b> <i>(Must be 3 by August 1, 2024)</i>	Tuesday & Thursday	\$165.00 Monthly Tuition
<b>4-Year Old Class (Pre-K)</b> <i>(Must be 4 by August 1, 2024)</i>	Tuesday, Wednesday, Thursday	\$190.00 Monthly Tuition
<b>Early Drop-off</b> <i>(Age 2 and up)</i>	Tuesday, Wednesday, Thursday 7:45 am – 8:25 am	\$18.00/Month – 2 Days/Week \$23.00/Month – 3 Days/Week

*(Limited class size-will be notified at a later date if space is available)*

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**PARENTS' NAMES:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**OTHER BROTHERS AND SISTERS AND AGES:** \_\_\_\_\_

**CHURCH HOME:** \_\_\_\_\_

**ALLERGIES OR SPECIAL NEEDS:** \_\_\_\_\_

**FIRST UNITED METHODIST CHURCH PRESCHOOL REGISTRATION 2024-2025 (continued)**

**EMERGENCY CONTACT PERSON (IF PARENT IS NOT AVAILABLE):**

\_\_\_\_\_ RELATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

**I, HEREBY AUTHORIZE THE FIRST UNITED METHODIST CHURCH TO OBTAIN EMERGENCY MEDICAL CARE FOR  
\_\_\_\_\_ IF NEEDED WHEN PARENT OR EMERGENCY PERSON  
IS NOT AVAILABLE.**

\_\_\_\_\_  
**PARENT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**FIELD TRIPS / PUBLICITY**

I, hereby give permission for my child \_\_\_\_\_  
to accompany his/her class and staff persons on Field Trips planned and authorized by First United Methodist Church  
Preschool. These may be neighborhood walks or trips in an authorized vehicle.

I also give permission for my child to be included in any pictures and/or publicity connected with the First United Methodist  
Church Preschool.

\_\_\_\_\_  
**PARENT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**I have received, read, and understand all policies stated in the Parent Policy Agreement and do hereby agree to  
adhere to these policies.**

\_\_\_\_\_  
**PARENT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**2024-2025 1<sup>st</sup> UMC PRESCHOOL INFORMATION FORM**

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

Last

First

Middle

Preferred Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

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Child lives with \_\_\_\_\_

Siblings in the home (include ages) \_\_\_\_\_

Other people living in the home \_\_\_\_\_

Names of who can pick up child \_\_\_\_\_

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Family Doctor \_\_\_\_\_

Chronic Illnesses /

Allergies \_\_\_\_\_

Accidents \_\_\_\_\_

Physical Challenges \_\_\_\_\_

Personality Concerns \_\_\_\_\_

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Child's Interests \_\_\_\_\_

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School your child will attend next year \_\_\_\_\_

Is your child coming to preschool willingly? \_\_\_\_\_

If not, how can we make this a better situation? \_\_\_\_\_

Has your child been in a group setting before? \_\_\_\_\_

What is your primary goal for sending your child to preschool? \_\_\_\_\_

Any other information you feel the staff should know about your child \_\_\_\_\_

*We are here to provide a successful and loving learning environment for your child. Please inform your teacher of any situations that will affect your child or concerns you have (potty training, divorce, move, therapy, etc.) by speaking with her or writing on this form.*

*She will be glad to help during the school day. Your openness will benefit the teacher in lesson planning so she can plan lessons that will specifically focus on your child.*