

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

REGISTRATION 2025 - 2026

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. 1st UMC Preschool will contact you if a position becomes available.****

PLEASE CIRCLE CLASS REQUESTED: **(LIMITED CLASS SIZE)**

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

| | | |
|--|---|--|
| 1-Year Old Class <i>(Must be 1 by August 1, 2025)</i> | Tuesday & Thursday | \$200.00 Monthly Tuition |
| 2-Year Old Class <i>(Must be 2 by August 1, 2025)</i> | Tuesday & Thursday | \$165.00 Monthly Tuition |
| 3-Year Old Class <i>(Must be 3 by August 1, 2025)</i> | Tuesday & Thursday | \$165.00 Monthly Tuition |
| 4-Year Old Class (Pre-K) <i>(Must be 4 by August 1, 2025)</i> | Tuesday, Wednesday, Thursday | \$190.00 Monthly Tuition |
| Early Drop-off <i>(Age 2 and up)</i> <i>(Limited class size-will be notified at a later date if space is available)</i> | Tuesday, Wednesday, Thursday 7:45 am – 8:25 am | \$18.00/Month – 2 Days/Week \$23.00/Month – 3 Days/Week |

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 2025-2026 (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

2025-2026 1st 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 _____

Child lives with _____

Siblings in the home (include ages) _____

Other people living in the home _____

Names of who can pick up child _____

Family Doctor _____

Chronic Illnesses /

Allergies _____

Accidents _____

Physical Challenges _____

Personality Concerns _____

Child's Interests _____

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.