

FUMC Preschool

Where Learning Is Fun!

2008 - 2009

Welcome to the FUMC Preschool. We would be honored to have the opportunity to be part of your child's day. We take our mission seriously and pray that parents and children will enjoy being part of our program.

Our goal is to provide a safe, quality care program and to share the love of Christ. We teach the ABEKA Curriculum and integrate hands-on learning activities. We begin each day with prayer and a lesson from God's Holy Word. Children learn their letters, sounds, numbers, colors and so much more. Our four year olds are reading by the end of the year.

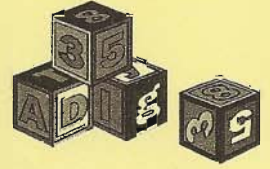
We also provide extra activities that include Computer, Worship On Wednesday Chapel, Art, Dance/ Tumbling, and Music.

We will begin the school year 2008 on Wednesday, August 13.

For more information, please call the church and ask for Melanie at 387-2111.



First United Methodist Church Of Jasper Preschool 2008 Fall Parent Information



Child's Name: _____ Nickname: _____

Birth Date: _____ Today's Date: _____

Mother's Name: _____ Father's Name: _____

Work # / Cell # : _____ Work # / Cell # : _____

Parent's Social Security Number: _____

Siblings Names & Ages: _____

Address: _____

Home #: _____ Home#: _____

Other safe adults who I can go home with: (Please include phone numbers) _____

Known Allergies: _____

Is your child on any type of medication? If so, explain _____

Is your child potty trained or working on it? _____

Has your child attended a preschool before? _____ Where? _____

What should we know about your child? _____

First United Methodist Preschool

Fall Registration 2008 - 2009

Please enroll my child (full name) _____
in the First United Methodist Preschool for the year 2008-2009. My child's
date of birth is _____ and he/she will be _____ years old on
September 1, 2008.

Monthly Tuitions & Registration

	Tuition	Registration
Tuesday & Thursday 9:00-1:00.....	\$95.00	\$95.00
Mon./Wed./Fri. 9:00-1:00.....	\$145.00	\$145.00
Monday-Thursday 9:00-1:00.....	\$190.00	\$190.00
Monday-Friday 9:00-1:00.....	\$230.00	\$235.00

Registration Fee is non refundable

Please put a check next to the class in which you are enrolling

infant - T&Th _____	M/W/F _____	M-Th _____	M-F _____
ones - T&Th _____	M/W/F _____	M-Th _____	M-F _____
twos - T&Th _____	M/W/F _____	M-Th _____	M-F _____
threes - T&Th _____	M/W/F _____	M-Th _____	M-F _____
Fours - _____		M-Th _____	M-F _____

Parent/Guardian Name _____

Address _____

Home Phone _____ Work/Cell _____

Parent/Guardian Signature _____

Medical Emergency Form and Contact List

Consent For Medical Treatment

As the parent, agency representation or legal guardian, I hereby give consent to the First United Methodist Preschool to provide all emergency, medical or dental care prescribed by a duly licensed physician (MD) osteopath (DO) or dentist (DDS) for _____.

Child's name

This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signed _____ Date: _____

Home Phone _____ Cell Phone _____

Mother's Work _____ Work Phone _____
(employer's name)

Father's Work _____ Work Phone _____
(employer's name)

Allergies and Sensitivities: Does child have a history of skin or other reactions or sicknesses following injection or oral administration of:

	Circle	One	If yes, describe
a) Penicillin or other antibiotics	Yes	No	_____
b) Morphine, Codeine, Demerol	Yes	No	_____
c) Novacaine or other anesthetics	Yes	No	_____
d) Aspirin, Empiricin or other pain remedies	Yes	No	_____
e) Sulfa drugs	Yes	No	_____
f) Tetanus antitoxin or other serums	Yes	No	_____
g) Latex	Yes	No	_____
h) Iodine or merthiolate	Yes	No	_____
i) Any other drug or medication	Yes	No	_____
j) Any foods	Yes	No	_____

Emergency Medical Contact

Doctor's name: _____

Doctor's address: _____

Doctor's phone number: _____

Hospital preference: _____

Dentist name: _____

Dentist address: _____

Dentist phone number: _____

List any known medical problem/health conditions that your child may have.

Be Specific. (ex. Asthma, diabetes, seizures, allergies)

Parent (home phone) _____ work _____ cell phone _____

Other Emergency Contacts

Name _____ relationship _____

Home phone _____ work phone _____ cell phone _____

Name _____ relationship _____

Home number _____ work phone _____ cell phone _____

Name _____ relationship _____

Home number _____ work phone _____ cell phone _____