

**2010-2011 General Registration Form
Buford First UMC Preschool
P.O. Box 329, Buford GA 30515
770-945-4161**

Child's Name _____ Birthday ____/____/____
(Please underline name preferred)

Mailing
Address

(Street, city and zip so that we may contact you during the summer recess)

City _____ Zip _____ Home Phone _____

**Please note the following:
Your child's age as of September 1, 2010: _____
Please circle desired days:
Monday / Tuesday / Wednesday / Thursday / Friday
9:00am-1:00pm
Monthly Tuition – see *published schedule*
Please Attach Non Refundable Registration Fee - \$125.00 with application**

Is this your child's first child care experience? If No, please state place and length of time.

Facility _____ Length of time _____

Parent's Name _____ Occupation _____

Work # _____ Cell # _____

Parent's Name _____ Occupation _____

Work # _____ Cell # _____

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced

Church Preference: _____

.....
OFFICE USE ONLY: Registration Fee ____/____/____

Acceptance Letter Sent _____

Summer Letter Sent _____

September Tuition _____

Activity Fee _____

Immunization Record _____

New Student _____

Teacher _____

Waiver of Liability:

Should my child become ill or injured during the time he or she is in the care of Buford First UMC Preschool and PMO, I understand the school's policy is as follows:

1. The school shall undertake contacting me
2. In the event the school is unable to contact me, the school shall attempt to contact the following persons listed below.
3. Should this fail, the school shall be authorized to secure such medical attention and care for my child as deemed necessary.

Signed _____ Date _____

Names and phone Numbers of Persons to contact me in case of emergency

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Child's Pediatrician _____ Phone _____

Name (s) of all persons authorized to pick up your child from school parents will be assumed unless noted. Changes to this list must be submitted in writing before the child can be released to a new person.

Name _____ Phone _____

Name _____ Phone _____

It is the responsibility of the parent to inform us of any custody issues that might concern the preschool.

Siblings (Names and ages):

Email address: _____

Does your child have physical handicaps, speech problems, and emotional problems?

_____ Yes _____ No Does your child have allergies? _____ Yes _____ No

If yes, please explain. If your child has allergies, please explain his/her reaction.

We strive to meet the needs of each individual child, but if we feel we are not qualified to handle your child's special needs, we reserve the right to refuse the application and return the registration fee.

