

# Blue Ridge United Methodist Church Preschool

172 Depot Street  
P.O. Box 85  
Blue Ridge, GA. 30513

Phone: 706-632-5590

Dear Parents,

The Board members and Staff members of Blue Ridge United Methodist Church Preschool welcome the opportunity to serve you and your child during the 2017-2018 school year.

Please take a moment to complete the attached Registration Form. Additionally, we encourage parental involvement with their child/children through the volunteer program. In order to identify your areas of interest, please take time to complete the volunteer information portion of this letter and return it with your child's Registration Form and Registration fee.

## Volunteer Information

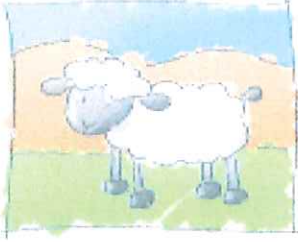
---

Your Name: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_ Story Telling  
\_\_\_\_\_ Arts & Crafts  
\_\_\_\_\_ Music  
\_\_\_\_\_ Photography  
\_\_\_\_\_ Board Member

\_\_\_\_\_ Fund Raising  
\_\_\_\_\_ Substitute Teaching  
\_\_\_\_\_ Chaperone for field trips  
\_\_\_\_\_ Special Event Planner  
\_\_\_\_\_ Other (please specify)



Blue Ridge United Methodist Church Preschool  
Registration Form  
2017 - 2018

Child's Age as of 9/1/17 \_\_\_\_\_ Sex: Male - Female

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Has child attended preschool before?: \_\_\_\_\_ If yes, where? \_\_\_\_\_

Family Information

Mothers Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other children in the family: \_\_\_\_\_

Medical Information

Are immunizations current? \_\_\_\_\_ Immunization record (GA. Form) from your physician and birth certificate are required before the first day of class.

**Admission will be denied without adequate documentation!**

Please list any health problems (do include food or drug allergies) \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

## Emergency Contact and Persons Permitted to Remove Child

The following persons may be called for an illness or emergency in the event the parent/guardian cannot be reached. Your child may be released to the individuals you list below and any medical concerns may be given. For security reasons, your child will not be released to anyone without written permission and photo identification.

Please list in the order you wish persons to be contacted.

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list anyone who MAY NOT pick up your child: \_\_\_\_\_

After you have read the following statements, please initial your understanding:

\_\_\_\_\_ Parent must notify school if anyone other than those listed above may pick your child up.

\_\_\_\_\_ Preschool program includes field trips. A teacher or other authorized person drives the church van on these trips. Permission is granted for my child to travel on the van.

\_\_\_\_\_ Children must be picked up on time. The preschool assesses a late charge if the child has not been picked up when school releases. See parent handbook for late charge amounts.

Email \_\_\_\_\_

### Social Information

How does your child interact with other children? \_\_\_\_\_

To adults? \_\_\_\_\_

Does your child have any specific fears? \_\_\_\_\_

Does your child tend to be left or right handed? \_\_\_\_\_

Any additional comments that may assist us to work with your child: \_\_\_\_\_

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

**Non-refundable Registration Fee of \$50.00 to be paid upon submission of Registration Form.**

Please Check One:

Two - Year Old (2 years old by September 1, 2017 )

\$90.00 per month

\_\_\_\_\_ Tuesday/Thursday (8:30 - 11:30)

Three - Year Old (3 years old by September 1, 2017)

\$90.00 per month

\_\_\_\_\_ Tuesday/Thursday (8:30 - 11:30)

Four -Year Old - (4 years old by September 1, 2017)

\$130.00 per month

\_\_\_\_\_ Monday/Wednesday/Friday (8:30 - 11:30)

Four - Year Old - after preschool program - (4 years old by September 1, 2017)

\$130.00 per month

\_\_\_\_\_ Monday/Wednesday/Friday (11:30 - 2:30)

(class will have to meet quota number to be offered)

Four - Year Old - 5 day proram - (4 years old by September 1, 2017)

\$215.00 per month

\_\_\_\_\_ Monday - Friday (8:30 - 11:30)

(class will have to meet quota number to be offered)

In the event of medical emergency Blue Ridge United Methodist Church Preschool has my permission to secure medical attention for my child. While the church provides medical insurance, I understand I may be responsible for expenses incurred.

\_\_\_\_\_  
Signature

Note: Blue Ridge United Methodist Church Preschool seeks to work with every student. However, our governing board reserves the right to remove from the program any child deemed inappropriate for the services we offer. The following reasons are examples why the board might exclude a child: Disruptive to the learning environment, violent activity, not age appropriate for the class, unpaid tuition when due by the 10th day of each month.

Registration Fee Paid: \_\_\_\_\_

Amount

Date

Birth Certificate \_\_\_\_\_

Immunization Form Submitted \_\_\_\_\_