

Great Falls United Methodist Preschool
10100 Georgetown Pike
Great Falls, Virginia 22066
703-759-2432
gfump.org Email: office@gfump.org

Application for Enrollment

Please register my child _____ in the:

Indicate your 1st choice:

2's Program – Students must be two by 9/30/17.

_____ Tues./Wed./Thurs. 9:15 a.m. to 12:15 p.m. (\$345/month - \$3,105/year)

3's Program – Students must be fully toilet trained.

_____ Mon./Tues./Wed. 9:15 a.m. to 12:15 p.m. (\$345/month - \$3,105/year)

_____ Tues./Wed./Thurs./Fri. 9:15 a.m. to 12:15 p.m. (\$460/month - \$4,140/year)

4's/Pre-K Program – Students must be fully toilet trained.

_____ Tues./Wed./Thurs./Fri. 9:15 a.m. to 12:15 p.m. (\$460/month - \$4,140/year)

_____ Mon./Tues./Wed./Thurs./Fri. 9:15 a.m. to 12:15 p.m. (\$575/month - \$5,175/year)

An optional Extended Day (12:15 -1:15 p.m.) is available for our 3's and 4's daily for an additional fee.

- A non-refundable application fee of \$75 must accompany this completed form.
- Please make checks payable to *GFUMP*.
- Applications for church families and returning students are due by **January 24, 2017**.
- All other applications are due by **February 7, 2017** for first consideration.

Acceptance to Great Falls United Methodist Preschool is contingent upon approval by the Preschool Board of Directors. Upon notice of acceptance, a security deposit equal to one month's (May 2018's) tuition will be due.

Our ability to best serve the interests of your child depends upon complete and accurate information. Please take the time to carefully read and respond to all portions of this application form.

By signing this application, the Parent or Guardian of this child agrees to comply with the rules of the Preschool as set by the GFUMP Board of Directors and as described in the Parent Handbook. Failure to comply with all rules may result in dismissal of the child from the Preschool.

Signature of Parent or Guardian

Date

Application for Enrollment

Child's Full Name _____ Nickname _____

Sex: M or F Date of Birth _____ Place of Birth _____

Previous Preschool or Child Care Program _____

Location (City, State) _____

Home Address _____

Street City State Zip Code

Home Telephone _____ Email Address _____

May your address, phone number, and email be listed in the Student Directory? Yes ____ No ____

Are you a member of Great Falls United Methodist Church? Yes ____ No ____

Other Church Affiliation _____

Father/Guardian _____ Mother/Guardian _____

Marital Status _____ Marital Status _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Occupation _____ Occupation _____

Workplace _____ Workplace _____

Siblings: (Names & Ages) _____

Is English spoken at home? ____ Do you have live-in relatives? ____ Live-in housekeeper? ____ Nanny? ____

The following information is required so that we might meet the physical, mental and emotional needs of your child. Failure to disclose pertinent medical information or educational assessments may result in dismissal from the Preschool.

1. Is your child toilet trained? (Not required for 2's program) Yes ____ No ____

2. Does your child:

- have any allergies? No ____ Yes ____ List type and severity on a separate sheet of paper.
- require an epi-pen or inhaler? No ____ Yes ____
- require medication on a regular basis? No ____ Yes ____ List: _____
- have an existing physical condition affecting classroom behavior or participation? No ____ Yes ____
- have diagnostic reports or assessments from previous teachers, therapists or other service providers concerning the ability to function in a normal classroom setting? No ____ Yes ____

If you have answered "yes" on any part of question #2, attach additional information and all diagnostic reports or assessments to your child's application for review. Children with special needs may require observation and/or evaluation by the teacher and Director before being recommended for acceptance to the Preschool. After acceptance, any further evaluations must immediately be brought to the attention of the Director.