



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

2022-2023 Application for Enrollment

Please register my child _____ in the:

Indicate your 1st choice:

2 -Year-Old Program

- _____ Thursday/Friday 9:15 a.m. to 12:15 p.m. (\$270 a month)
- _____ Monday/Tuesday/Wednesday 9:15 a.m. to 12:15 p.m. (\$405 a month)
- _____ Monday/Tuesday/Wednesday/Thursday/Friday 9:15 a.m. to 12:15 p.m. (\$675 a month)

3-Year-Old Program

- _____ Monday/Tuesday/Wednesday 9:15 a.m. to 12:15 p.m. (\$405 a month)
- _____ Monday/Tuesday/Wednesday/Thursday 9:15 a.m. to 12:15 p.m. (\$540 a month)
- _____ Monday/Tuesday/Wednesday/Thursday/Friday 9:15 a.m. to 12:15 p.m. (\$675 a month)

4-Year-Old / Pre-K Program

- _____ Tuesday/Wednesday/Thursday/Friday 9:15 a.m. to 12:15 p.m. (\$540 a month)
- _____ Monday/Tuesday/Wednesday/Thursday/Friday 9:15 a.m. to 12:15 p.m. (\$675 a month)

An optional Extended Day (12:15 p.m. - 1:15 p.m.) is available daily for an additional fee. Registration information can be found on Page 3 of this application.

Classes run the Tuesday after Labor Day through Mid-June. (June's tuition is prorated accordingly.)

- A non-refundable application fee of \$75 must be received before processing the application.
- Please make checks payable to GFUMP.

Acceptance to Great Falls United Methodist Preschool is contingent upon class sizes/enrollment capacity. Upon notice of acceptance, a security deposit 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 continues on pages 2 and 3.

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

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 _____

Parent/Guardian 1 _____ Parent/Guardian 2 _____

Marital Status _____ Marital Status _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Email _____ Email _____

Occupation _____ Occupation _____

Workplace _____ Workplace _____

Siblings: (Names & Ages) _____

Is English spoken at home? No ____ Yes ____ Is another language spoken at home? If so, please list. _____

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 an unsafe environment for your child.

1. Is your child toilet trained? No ____ Yes ____
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 additional help or support. To better serve children with special needs, we may request observation and/or evaluation by the teacher and Director.

Application for Enrollment

Stay & Play Registration

This optional registration will extend your child's day from 12:15 p.m. - 1:15 p.m.

Stay & Play allows children to enjoy lunch with their peers and GFUMP teachers, meet kids from other classes, enjoy special activities, and have extra special playground time with GFUMP's teachers. It is a wonderful opportunity to strengthen a child's independence and confidence as well as promote social and emotional skills as they prepare for kindergarten and beyond.

Please circle which option you would prefer for the school year. If you prefer not to extend your child's day and wish to pick them up at 12:15 each afternoon, please indicate that by marking on the line at the bottom.

Offered Daily

Stay and Play Rates

	Session One Only	Session Two Only	Entire School Year	Drop in
	September – December (~\$12 a day)	January – June (~\$12 a day)	September – June (~\$10 a day)	Daily Rate (\$15)
2 Days*	\$400	\$600	\$ 800	\$15
3 Days	\$600	\$900	\$1,200	\$15
4 Days	\$800	\$1,200	\$1,600	\$15
5 Days	\$1,000	\$1,500	\$2,000	\$15

_____ I do not wish to extend my child's day at this point and would like to pick up each day at 12:15.

*Indicates how many days a week you wish to extend your child's day. This should correlate with the number of days your child attends school weekly. If you wish to modify this, please reach out to the Preschool Director for a more specialized registration plan. We are flexible and would like to make most situations work to meet your family's needs!