

Great Falls United Methodist Preschool 10100 Georgetown Pike Great Falls, Virginia 22066

703-759-2432 www.gfump.org office@gfump.org

2024-2025 Application for Enrollment

Please register my child	in the:
Indicate your 1st choice:	
2 -Year-Old Program – Students must by two by 9/30/24 Thursday/Friday 9:15 a.m. to 12:15 p.m. (\$275 a month) Monday/Tuesday/Wednesday 9:15 a.m. to 12:15 p.m. (\$410 a monday/Tuesday/Wednesday/Thursday/Friday 9:15 a.m. to 12:15	
3-Year-Old Program – Students should be toilet trained Monday/Tuesday/Wednesday 9:15 a.m. to 12:15 p.m. (\$410 a mage) Monday/Tuesday/Wednesday/Thursday/Friday 9:15 a.m. to 12:15	•
 4-Year-Old / Pre-K Program – Students must be toilet trained. Monday/Tuesday/Wednesday/Thursday 9:15 a.m. to 12:15 p.m. (Monday/Tuesday/Wednesday/Thursday/Friday 9:15 a.m. to 12:15 	• •
An optional Extended Day (12:15 p.m 1:15 p.m.) for children 3-years-old of for an additional fee. Registration information can be found on Page 3	-
Classes run the Tuesday after Labor Day through two weeks following Memoria	ıl Day.
A non-refundable application fee of \$75 must be received before processing the application.	
Please make checks payable to GFUMP.	
Applications for church families, returning students, siblings of currently enrolled students and alumni a first consideration.	ire due by January 15, 2024, for
Open Enrollment for new families will begin January 22, 2024.	
Acceptance to Great Falls United Methodist Preschool is contingent upon approval by the Preschool Board acceptance, a security deposit will be due.	d of Directors. Upon notice of
Our ability to best serve the interests of your child depends upon complete and accurate information. Pleared and respond to all portions of this application form.	ase take the time to carefully
By signing this application, the Parent or Guardian of this child agrees to comply with the rules of the Preschof Directors and as described in the Parent Handbook. Failure to comply with all rules may result in dismissor	
Signature of Parent or Guardian Date	

Application continues on pages 2 and 3. Application for Enrollment

Child's Full Name	Preferred name while at school	
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 b	be listed in the Student Directory? Yes No	
Are you a member of Great Falls United Metho	odist 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 anot	her language spoken at home? If so, please list.	
	ght meet the physical, mental, and emotional needs of your tion or educational assessments may result in an unsafe	
1. Is your child toilet trained? No Yes		
 Require an epi-pen or inhaler? No_ Require medication on a regular ba Have an existing physical condition Have diagnostic reports or assessment 		

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

GFUMP offers an optional hour for three, four and five-year-old preschoolers (who are toilet trained) Monday through Friday. Children bring their lunch and stay from 12:15 p.m. to 1:15 p.m. Parents may choose one or all the days that their child attends school.

SIGN-UP

	e your preference below. A formal registration will go out to enrolled families in August, ze registration. For planning purposes please indicate your anticipated preference
	enroll my child each day, that he or she attends school, for the entire school year at a nour rate.
	enroll my child at some point after the school year begins. If an established routine is nicated with the Preschool Director I will be billed at the \$10 an hour rate.
	use the privilege of "drop in" Stay & Play and will be billed at the rate of \$15 each understand I will need to check with the Director to ensure there is space for my child.
l do not i	olan to extend my child's day.

Billing

Stay & Play charges vary, depending upon the number of days offered each month. We cannot accommodate "makeups" for missed days due to sickness or vacation.

*If you sign up for daily Stay & Play your schedule 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. Stay & Play fees will be added to the following month's tuition.