REGISTRATION APPLICATION

Decatur First United Methodist
Preschool and Kindergarten
300 East Ponce de Leon Avenue
Decatur, Georgia 30030
404-377-5784
www.decaturfirst.org
dfumpreschool@gmail.com

Registration Information

Date of application _____
Application fee $100 _____
Check Number _____ Cash ____
Online payment _____
DFUMC member ___ yes ____ no
CMO? ___ How long? ___ Sibling ___

_____ 5 year Kindergarten
_____ 4 year class
_____ 5 day 3 year class
_____ 3 day 3 year class
_____ 2 day 2 ½ year T/Th class

Child Information

Child's full name _____ Sex_____
Name child goes by _____
Date of birth _____
Child's home address _____
Primary phone number_____

Parent or Guardian Information

Parent's name_____Phone/e-mail_____
Parent's address_____
Parent's occupation and place of employment_____
_____Phone/e-mail_____
Parent's church affiliation_____

Parent's name_____Phone/e-mail_____
Parent's address _____
Parent's occupation and place of employment_____
_____Phone/e-mail_____
Parent's church affiliation_____

Family Information

List brothers and sisters, ages, and indicate whether they live with the child.

_____
_____

Please list any other persons living with the child and their relationship (if any) to the child _____
Please list any pets and their names _____
If your child has regular sitter care during the day please list name and phone number _____
If your child goes to a day care provider please list name, address, and phone number _____
Name of persons authorized to pick up child _____
_____
Name of persons who ***may not*** pick up child_____
_____

Personal History

Is the child right handed _____ left handed _____
Has child had previous preschool or group experience _____ yes _____no
If yes, where and when_____
Has child been asked to leave a preschool or group experience ___yes ___no
If yes, please explain _____
List any allergies that your child has _____
_____
List any dietary restrictions, special food or eating instructions _____
_____
Any medical problems which we should be aware of _____
_____
What words does your child use for toileting _____
Additional information about discipline, child's communication, comforting etc._____
_____
Do you want to apply for financial assistance _____yes ____no

This application must be accompanied by the $100 application fee in order to be considered. You will be promptly notified whether your child has been accepted or placed on a waiting list. The application fee is non-refundable. By signing this application you agree to pay monthly tuition fees upon the acceptance of your child to the school.

Parent's signature_____ Date _____