

Enrollment Application



Germantown, TN 38138

(901) 753-3109

FAX (901) 753-3115

[preschool@germantownumc.org](mailto:preschool@germantownumc.org)

School Hours: 9:30 AM - 2:30 PM

Germantown United Methodist Preschool is a ministry of Germantown United Methodist Church that provides a loving, nurturing and developmentally appropriate environment for children to grow to their fullest potential emotionally, socially, spiritually, physically and cognitively.

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

School Year 20\_\_\_\_ - 20\_\_\_\_

FOR OFFICE STAFF ONLY:

Date _____	Time _____	GUMP Student	Y N	MPF	Y N	Immunization/Health Record	Y N
Check# _____	Amt _____	GUMC Member	Y N	PCIF	Y N	Placement	_____

# GERMANTOWN UNITED METHODIST PRESCHOOL ENROLLMENT FORM

1. Child's Name \_\_\_\_\_  
Last First Middle Name Preferred Gender

2. Child's Address \_\_\_\_\_  
Street City State Zip

3. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ 4. Place of Birth \_\_\_\_\_  
Month Day Year City State Country of Citizenship

Please indicate classroom placement based on child's age as of Sept. 30, 2010. Mark at least 3 choices (except 3's & 5's) for days of preference using 1 for 1<sup>st</sup> choice, 2 for 2<sup>nd</sup>, etc. **A NON-REFUNDABLE enrollment fee of \$50 per child or \$75 per family for two or more children (check payable to GUMP or cash) must accompany this application.**

**PLEASE NOTE: Children entering the three-year-old classes and older must be potty trained.**

- |  |                   |               |               |           |           |
|--|-------------------|---------------|---------------|-----------|-----------|
| <input type="checkbox"/> <b>Infants</b> - at least 6 months old      | ___ Mon           | ___ Tues      | ___ Wed       | ___ Thurs | ___ Fri   |
|  | ___ M/W           | ___ M/F       | ___ W/F       | ___ Tu/Th |           |
| <input type="checkbox"/> <b>1's</b> - Birth date: 10.1.08 to 9.30.09 | ___ Mon           | ___ Tues      | ___ Wed       | ___ Thurs | ___ Fri   |
|  | ___ M/W           | ___ M/F       | ___ W/F       | ___ Tu/Th |           |
| <input type="checkbox"/> <b>2's</b> - Birth date: 10.1.07 to 9.30.08 | ___ M/W/F         | ___ M/W       | ___ M/F       | ___ W/F   | ___ Tu/Th |
| <input type="checkbox"/> <b>3's</b> - Birth date: 10.1.06 to 9.30.07 | ___ M/W/F         | ___ Tu/Th     |               |           |           |
| <input type="checkbox"/> <b>4's</b> - Birth date: 10.1.05 to 9.30.06 | ___ M/Tu*/W/Th*/F | ___ M/Tu*/W/F | ___ M/W/Th*/F |           |           |
|  | ___ M/W/F         | ___ Tu/Th/F** | ___ Tu/Th     |           |           |
| <input type="checkbox"/> <b>5's</b> - Birth date: 10.1.04 to 9.30.05 | ___ M/Tu/W/Th/F** | ___ M/Tu/W/Th |               |           |           |

\* "Discovery Days" class - Tuesday/Thursday Enrichment

\*\* "Discovery Days" class - Friday Enrichment ( 4's & 5's combined in 5's classroom )

5. MALE PARENT/GUARDIAN: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Address  same as child's \_\_\_\_\_

Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer/Occupation \_\_\_\_\_

Position \_\_\_\_\_

Business Address \_\_\_\_\_

Street City State Zip

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

6. FEMALE PARENT/GUARDIAN: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Address  same as child's \_\_\_\_\_

Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer/Occupation \_\_\_\_\_

Position \_\_\_\_\_

Business Address \_\_\_\_\_

Street City State Zip

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

7. Child lives with whom?  Mother  Father  Both  Other \_\_\_\_\_

8. Please check if parents are:  Married  Divorced  Separated  Single

If divorced, who has legal custody? \_\_\_\_\_

9. Relatives/siblings who have attended GUMP:

Name	Relationship	Years Attended
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_____	_____	_____
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10. List other children in the family:

Name	Age	School	Grade
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1. _____	_____	_____	_____
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2. _____	_____	_____	_____
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3. _____	_____	_____	_____
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11. Preschools/mother's day out programs previously attended:

1. _____	_____	_____	_____
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Previous School	City	State	Dates attended
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2. _____	_____	_____	_____
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Previous School	City	State	Dates attended
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12. Religious Affiliation/Place of Worship (optional) \_\_\_\_\_

13. If other than English, what language does your child speak at home? \_\_\_\_\_

14. How would you describe your child (optional)?

African American  Caucasian  Middle Eastern  Native American

Asian  Latino/Hispanic  Multi-racial  Other \_\_\_\_\_

15. With regard to medical/developmental issues - check the box(es) that apply to your child:

No Med/Dev Issues  Regular Medication  Therapies  Allergies

Diet Restrictions  Vision/Hearing Concerns  Other \_\_\_\_\_

Explain checked issues \_\_\_\_\_

16. How did you learn of Germantown United Methodist Preschool? (i.e. friends, ads, word-of-mouth, other) Please explain:

\_\_\_\_\_

17. What are the primary reasons for your interest in Germantown United Methodist Preschool?

\_\_\_\_\_

18. GUMP has limited funds for partial scholarships for families that demonstrate financial need. Please initial in the space provided if you would like to learn more about this program (disclosure will be kept confidential): \_\_\_\_\_

19. Person financially responsible for student's tuition and fees, if other than parent or guardian:

Name	Address	City	State	Zip
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20. Has your child ever been dismissed or asked to withdraw from any previously attended preschool childcare program?  Yes  No

*If yes, please state below the name of the school and relevant details.*

21. I authorize the individuals named below to pick-up my child from the Preschool at any time without additional written notification or authorization:

Name	Home Phone	Cell Phone
1. _____		
2. _____		
3. _____		

My signature below indicates my acceptance of the rules and regulations of GUMP, other notices or communications from the Preschool administration, and these additional statements:

- I give permission for my child's photo to possibly be used by Germantown United Methodist Preschool (GUMP) for purposes such as publicity, marketing and promotional brochures;
- I give GUMP permission to release my home contact information to other preschool parents for the purposes of classroom parties and occasional private birthday parties;
- I understand that the GUMP reserves the right to dismiss any student whose presence at GUMP is considered detrimental either to the student's or GUMP's best interest;

and to the best of my knowledge, the information provided in this application is valid and omissions have not been made. I acknowledge that if an omission has been made, my child may forfeit enrollment consideration.

Signed \_\_\_\_\_ Date \_\_\_\_\_

***Germantown United Methodist Preschool admits and welcomes children of any race, color, creed, national or ethnic origin.***

Please know with full assurance that all information provided by you will be utilized with utmost discretion by GUMP in connection with our enrollment process. We appreciate your interest in our preschool and feel privileged that you would entrust us with the care of your child. Enrollment is based on a sincere interest to determine, with the parent, the best possible educational experience for each child.