

GERMANTOWN UNITED METHODIST PRESCHOOL ENROLLMENT APPLICATION

- 2331 S. Germantown Road, Germantown, TN 38138
 Phone 901.753.3109
 - www.mygump.org preschool@germantownumc.org
 - School Hours 9:30 am 2:30 pm
- Extended Care Hours: Before 7:30 am 9:30 am; After 2:30 pm 5:30 pm

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

1. Child's Name				
Last	First	Middle	Name Preferred	Gender
2. Child's AddressStreet		City	Stat	e Zip
3. Date of Birth///////	4. Place of Birth		Charles Countries	
Month Day Year		City	State Countr	y of Citizenship
SCHOOL YEAR APPLYIN	IG FOR - 20/ 2	0 (Exa	mple: 20 <u>20</u> / 20 <u>21</u>)	
Initial here that you under BASED ON ENROLLMENT REQUIREM				
WEEKDAY PRESCHOOL - <u>Application Fee: \$ 75 - 1 child ● \$ 100 - family</u> Mark at least 2 choices for preference of days within child's age group using 1 for 1 st choice, 2 for 2 nd , etc.:				
• Toddlers & 1's - 9 months through 1'	's 5 days	_ MWF	TTh	
• 2's - Age 2 by Aug 15 of school year	5 days	_ MWF	TTh	
• 3's - Age 3 by Aug 15 of school year	5 days	_ MWF	TTh	
• 4's - Age 4 by Aug 15 of school year	5 days _	_ MWF	TTh	
• Transition - For children needing add	'l year before Kindergart	en	5 days MWF	
• G.R.A.C.E A program for children with Developmental Delays - Approx. Ages: 2 - 5 preferred days				
BEFORE/AFTER CARE (optional for 24 mos - Transition ages only) Hours: Before Care - 7:30 am - 9:30 am Additional Registration Fee applies (indicated below) - After Care - 2:30 pm - 5:30 pm Extended Care Reg/Act Fee (per child): 2 days - \$ 45 • 3 days - \$ 55 • 5 days - \$ 75				
Mark extended care preference -		Before Care O	nly Both Before	& After Care
Mark extended care preference - (within the selected days preferred for enrol			· 	
• •	 Ilment above):	After Care Onl	y No Extended	Care Needed
(within the selected days preferred for enrol	 Ilment above):	After Care Onl	y No Extended	Care Needed
(within the selected days preferred for enrol Circle Days Needed: BEFORE CARE - M	Ilment above): Tu W Th F • Cincolor Ci	After Care Onlands cle Days Neede pmt due in Api I Care Tuition Id)	No Extended d: AFTER CARE - M Due upon return of Due upon return of Due upon return of Due May 1 Due August 1 Due August 1 Due before child's 1	Care Needed Tu W Th F Application Application
(within the selected days preferred for enroll Circle Days Needed: BEFORE CARE - M PAYMENT SCHEDULE: NON-REFUNDABLE Preschool Apple Additional Extended Care Reg Feel Commitment Fee (\$200/child apple 1st Full Payment of Preschool Tule Preschool Annual Activity/Maintel Optional Annual Milk Pgm Fee (2 Rest Mat Fee (all 3's + new 4's & Payment Options: Cash / Checks (payable to the case of	Ilment above): Tu W Th F • Cincollection Fee	After Care Onlands cle Days Neede pmt due in App d Care Tuition dd) t Card at www.m	No Extended d: AFTER CARE - M Due upon return of Due upon return of Due May 1 Due August 1 Due August 1 Due Due August 1 Due Due August 1 Due Due August 1 Due Due August 1 Oue Due August 1	Care Needed Tu W Th F Application Application Ast day aild's 1st day ence fee applies)
(within the selected days preferred for enroll Circle Days Needed: BEFORE CARE - M PAYMENT SCHEDULE: NON-REFUNDABLE Preschool Apple Additional Extended Care Reg Feeler Commitment Fee (\$200/child apple 1st Full Payment of Preschool Tull Preschool Annual Activity/Maintel Optional Annual Milk Pgm Fee (2 Rest Mat Fee (all 3's + new 4's &	Ilment above): Tu W Th F • Cincollection Fee	After Care Onlands cle Days Neede pmt due in App d Care Tuition dd) t Card at www.m	No Extended d: AFTER CARE - M Due upon return of Due upon return of Due May 1 Due August 1 Due August 1 Due Due August 1 Due Due August 1 Due Due August 1 Due Due August 1 Oue Due August 1	Care Needed Tu W Th F Application Application Ast day aild's 1st day ence fee applies)
(within the selected days preferred for enroll Circle Days Needed: BEFORE CARE - M PAYMENT SCHEDULE: • NON-REFUNDABLE Preschool App. • Additional Extended Care Reg Fee. • Commitment Fee (\$200/child app. • 1st Full Payment of Preschool Tu. • Preschool Annual Activity/Mainte. • Optional Annual Milk Pgm Fee (2) • Rest Mat Fee (all 3's + new 4's & Payment Options: Cash / Checks (payable to all 2)	Ilment above): Tu W Th F • Cincolor Ci	After Care Onlands cle Days Neede pmt due in App Care Tuition d)	No Extended d: AFTER CARE - M Due upon return of Due upon return of Due May 1 Due August 1 Due August 1 Due before child's 1 Due on or before chygump.org - (a 3% convenience)	Care Needed Tu W Th F Application Application Ast day aild's 1st day ence fee applies)

5. FATHER/GUARDIAN:					
E-mail Address					
Home Address ☐ same as ch	ild's				
	Street		City	State Zi _l	ip
Home Phone	Cell #		Cell Provider		
Employer/Occupation			Position		
Business Phone					
6. MOTHER/GUARDIAN:					
E-mail Address					
Home Address □ same as ch					
	Street		City	State Zi _l	ip
Home Phone	Cell #		Cell Provider		
Employer/Occupation			Do William		
Business Phone			Position		
7. Child lives with whom?	☐ Both Parents	☐ Mother	☐ Father ☐ Other		
8. Please check if parents are	e: 🗖 Married	☐ Divorced*	☐ Separated* ☐ Single*		
* Who has legal custody?		* Child resides with			
* Are there any issue	es with custody?	J Yes □ No	If so, court papers are requir	ed & must be provide	<u>ed</u> .
9. List other children in the fa	amily:				
Name		Age	Name		ge
1			3		
2			4		
10 . Have you ever chosen to	withdraw or been a	sked to withdrav	v your child from a childcare pr	rogram? 🗖 Yes 「	J No
•			5	_	
ij yes, piease state tile na	me oj trie school und	r reievant aetans			
11. Other than English, langu	age(s) your child spe	eak at home			
12. Is your child INDEPENDE ** CHILDREN ENROLLED II			☐ No DEPENDENTLY POTTY TRAINED U	JPON STARTING SCHO	<u> </u>
			_	training policy above	

13. N	Medical Condition	s - check/complete all that apply	to your child -			
	☐ None	☐ Preemie(wks)	☐ Allergies			
	Asthma or	other Breathing Problems	☐ Diet Restrictions _			
Regular Prescription Medications - RX N	escription Medications - RX Name	<u> </u>	Purpose			
				Purpose		
	☐ Other					
	•	you, or a professional, have in re	-	•		
â	and list any thera	pies or developmental services yo	ur child currently recei	ves or received in the pa	ast:	
15. [Does your child ha	ave an IFSP or an IEP? Tyes	□ No			
		To holp up bottor conto your	shild's poods, copies	of all ourrent plans		
		To help us better serve your will need to be provi	ded prior to your child			
			aca piner to year crima			
16 /	\re vou members	of Germantown United Methodis	t Church (GUMC)2 f	TVos □No		
10. /	are you members	of Germantown Officed Methodis	t Charch (Golvie):	7 162 17 NO		
17. ⊦	How did you learn	of GUMP? (i.e. friends, ads, wor	d-of-mouth, other) Ple	ease explain:		
_						
18. l	f other than pare	nt or guardian, person financially	responsible for tuition	and fees:		
	·	,	•			
-	Name	Address		City	State	Zip
				,		·
-	Email Address			Phone		
10 (Onco oprollod Lai	ve permission for my child's teach	or to include and char	o my child's photo in cla	ccroom oma	ilc that
		d with my child's classmate's pare				
		es at GUMP may be shared by GU				
		,	,			
	Sign			Date		
		and the state of t	J			
	-	owledge, the information provide an omission has been made, my	• •		ive not been	made.
ıack	inowieuge that If	an omission has been made, my	ciniu iliay lorteit efifol	mient consideration.		
Sign	ed			Date		

GUIVIP Letter of Acknowledgment	
From: Sarah Sutton, Preschool Director	
School Year: 20/ 20	
Child's Name	
GUMP believes in the development of the who	le child, as mentioned in our mission statement.
Church that partners with parents to pro	is a ministry of Germantown United Methodistovide a loving, nurturing and developmentally we to their fullest potential emotionally, socially,
interactions with peers and teachers, strong	ns: emotional coping skills, socially appropriate g listening skills, willingness to following verbal ns. All of the above stated expectations help your child's cognitive abilities.
l p	arent/guardian of
understand that by signing this letter of support and cooperate with the Mission of will consist of open communication with parent conferences, follow through witeachers/administration in order for my environment. This includes, but is not limit	acknowledgement that I am agreeing to fully Germantown United Methodist Preschool. This the teachers and administration, attending all ith age appropriate suggestions from the child to be successful in his/her classroom ited to, parent reinforcement at home, outside port provided by parents (shadow), and outside
my child to be successful in a classroom developmental goals. I also understand the child to be excused from school. If GUMP for the child to be excused from school.	fully commit to partner with GUMP in order for environment, based on his or her individual at should I not do my part, GUMP may ask my inds that all efforts to support your child do not st you in finding an appropriate educational
Parent/Guardian:	Date: