



First United Methodist Preschool

North Wilkesboro, North Carolina

THE UNITED METHODIST CHURCH

Application for the 2023-2024 School Year

(Please Print)

Child's Gender _____ Child's Age _____

Child's Full Name _____ Preferred Name _____ Birthdate _____

Child's Home Street Address _____

City _____ State _____ Zip _____ Best Phone Number _____

Child lives with Both Parents Mother Father Stepmother Stepfather Other _____

#1 Parent/Guardian's Name _____ Relationship to child _____

Mailing Address (if different) _____

Daytime Phone _____ Cell Phone _____

E-Mail Address _____

Phone Number where you can be reached during Preschool hours _____

Employer _____ Occupation _____

#2 Parent/Guardian's Name _____ Relationship to child _____

Mailing Address (if different) _____

Daytime Phone _____ Cell Phone _____

E-Mail Address _____

Phone Number where you can be reached during Preschool hours _____

Employer _____ Occupation _____

Sibling _____ Gender _____ Age _____ Sibling _____ Gender _____ Age _____

Sibling _____ Gender _____ Age _____ Sibling _____ Gender _____ Age _____

Family pets _____

Name of childcare provider, if applicable _____ Phone _____

Who is authorized to drop off and pick up your child? _____

EMERGENCY INFORMATION

List two people to call in case of an emergency if a parent/guardian cannot be reached:

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

Pediatrician's Name _____ Phone _____

Insurance Carrier/Number _____

Child's General Health _____ Allergies _____

Are all immunizations up to date? Yes No

List any physical challenges, major illnesses, or diseases your child has now or has had in the past: _____

Right-handed Left-handed Undetermined

Favorite toys, characters, or play items _____

Describe eating habits _____

Describe proficiency in speech _____

Notable fears and your child's reaction _____

Name of church your family attends (if any) _____

All children are welcome, without regard to religious affiliation.

Child's Name _____ (continued)

Describe your child. (Please use the area below to help us get to know and understand your child.)

Medical Emergency Release

In the event there is a medical emergency involving my child during school hours at First United Methodist Church Preschool and I am unable to be contacted, I hereby grant my permission for appropriate medical treatment to be given to my child by EMS or licensed physician.

Parent/Guardian's Signature

Date

Photograph Release

I hereby grant permission for photographs/videos of my child to be used in First United Methodist Church Preschool promotions and social media. *Please let us know if you do not wish for us to use your child's image.*

Parent/Guardian's Signature

Date

Class	Meets	Tuition
<u> </u> Toddlers & Twos Class <i>Must be 12 months and walking by August 31.</i>	Monday - Friday, 8:00 a.m. - Noon <i>See Preschool calendar for school holidays.</i>	\$200/month <i>September - June</i>
<u> </u> Threes & Fours Class <i>Must be 3 years old by August 31.</i>	Monday - Friday: 8:00 a.m. - Noon <i>See Preschool calendar for school holidays.</i>	\$200/month <i>September - June</i>

Note: An annual nonrefundable registration fee of \$70.00 per child is due at the time of application/enrollment.

Tuition is due on the first day of each month.

Make checks payable to First UMC North Wilkesboro.

Mail payments to First UMC North Wilkesboro, P.O. Box 1145, North Wilkesboro, NC 28659.

Payment by credit card, debit card, or ACH withdrawal is also available.

For Office Use:

Enrolled
 Toddlers & Twos Class Threes & Fours Class
Cash _____ Check _____ Online _____

First United Methodist Church Preschool

A ministry of First United Methodist Church of North Wilkesboro

Mailing Address: P.O. Box 1145, North Wilkesboro, NC 28659

Campus: 401 6th St., North Wilkesboro, NC

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