



First United Methodist Church

Bears Toddler Class

2026-27 Registration

We believe each child is a gift of God—a special, unique and precious person—valued for their own intrinsic worth.

Child's Name	DOB	Age	M/F	Allergies

Parent/Guardian Information

Parent Name	Home Address (Street, City, ZIP)		
Home Phone	Cell Phone	Place of Employment	Work Phone
Primary Email Address – Please Print Clearly			

Parent Name	Home Address (Street, City, ZIP) if different from above		
Home Phone	Cell Phone	Place of Employment	Work Phone
Primary Email Address – Please Print Clearly			

Please indicate 1st & 2nd choices

Parents Morning Out - 9:00 am - 12:30 pm
18 months by September 1st

T/TH, 18 mths. - 2 ½ yrs. \$285/mth _____

M/W/F, 18 mths. - 2 ½ yrs. \$390/mth _____

M - F, 18 mths. - 2 ½ yrs. \$560/mth _____

We offer a 10% discount to (please check one, if eligible) FUMC member: _____ Multi-siblings: _____ (2nd child gets the discount)

Active Military: _____ Company/Unit _____ Unit Phone #: _____

Commanding Officer's Name: _____ Commanding Officer's Phone #: _____

***\$125 registration fee is required with application. Please provide a check made out to "FUMC". This registration fee is non-refundable. Completion of application does not guarantee placement.**

Parent Signature: _____ Date: _____

For Office Use Only

Registration Fee: _____ 1st Month: _____ Check # Amount: _____

Tuition Amount: _____ Start Date: _____ Teacher: _____



FUMC Permissions and Policies

Please list those people who are authorized to pick up your child **excluding yourself**. The people listed below must present ID in order for our staff to release your child. **NO EXCEPTIONS** will be made regarding this policy.

Those authorized to pick up child:

Name: _____ Phone #: _____

Emergency contact (In the event we are not able to reach a parent... we will call this number first.)

Name: _____ Phone #: _____

Permissions and Policies:

I give my permission to First United Methodist Church to take pictures or videos of my child. These pictures and videos will be used by the teacher and school only. These photographs and videos will not be used for any publicity.

Parent Signature: _____ Date: _____

I _____ give permission for an FUMC Preschool Staff member to apply hand lotion and/or sunscreen to my child, _____, for the prevention of dry skin and/or sunburn.

Parent Signature: _____ Date: _____

I have received a copy of the Parent Handbook. I understand that the program reserves the right to terminate services if policies and procedures are not followed.

Parent Signature: _____ Date: _____

Every member of our staff is dedicated to the well-being of your child. We all work together to make our program one that is filled with good things that God has so generously provided.

Thank you for sharing your child with us!

I have read the Parent Handbook and understand the policies and procedures for First United Methodist Church Preschool. Continued enrollment is based on complying with all policies.

Child's Name: _____

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Director Signature: _____

Date: _____