

**Great Falls United Methodist Preschool**  
**10100 Georgetown Pike**  
**Great Falls, Virginia 22066**  
703-759-2432  
www.gfump.org    Email: office@gfump.org

**Application for Enrollment**

Please register my child \_\_\_\_\_ in the:

*Mark your 1<sup>st</sup> and 2<sup>nd</sup> choices:*

**2's Program** – Students must be two by 9/30/10.

\_\_\_\_\_ Mon./Tues. 9:00 a.m. to 11:50 a.m. (\$210/month - \$1,890/year)

\_\_\_\_\_ Wed./Thurs. 9:00 a.m. to 11:50 a.m. (\$210/month - \$1,890/year)

**3's Program** – Students must be three by 9/30/10 and fully toilet trained.

\_\_\_\_\_ Mon./Tues. 9:00 a.m. to 12 noon (\$210/month - \$1,890/year)

\_\_\_\_\_ Wed./Thurs./Fri. 9:00 a.m. to 12 noon (\$315/month - \$2,835/year)

\_\_\_\_\_ Tues./Wed./Thurs. 12:30 p.m. to 3:30 p.m. (\$315/month - \$2,835/year)

**4's/Pre-K Program** – Students must be four by 9/30/10 and fully toilet trained.

\_\_\_\_\_ Tues./Wed./Thurs. 12:30 p.m. to 3:30 p.m. (\$315/month - \$2,835/year)

\_\_\_\_\_ Tues./Wed./Thurs./Fri. 9:00 a.m. to 12 noon (\$420/month - \$3,780/year)

\_\_\_\_\_ Mon./Tues./Wed./Thurs./Fri. 9:00 a.m. to 12 noon (\$525/month - \$4,725/year)

*An optional "lunch bunch" hour is available for our 3's and 4's Monday through Friday for an additional fee.*

Applications for students currently enrolled in our preschool are due by **January 14, 2010**.

All other applications are due by **February 2, 2010** for first consideration.

A non-refundable application fee of \$75 must accompany this completed form.

Please make checks payable to *Great Falls United Methodist Preschool*.

Acceptance to Great Falls United Methodist Preschool is contingent upon approval by the Preschool Board of Directors. Upon notice of acceptance, a security deposit equal to one month's (May 2011's) tuition will be due.

Our ability to best serve the interests of your child depends upon complete and accurate information. Please take the time to carefully read and respond to all portions of this application form.

By signing this application, the Parent or Guardian of this child agrees to comply with the rules of the Preschool as set by the GFUMP Board of Directors and as described in the Parent Handbook. Failure to comply with all rules may result in dismissal of the child from the Preschool.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Application continues on page 2.

## Application for Enrollment – Page 2

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Sex: M or F Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Previous Preschool or Child Care Program \_\_\_\_\_  
Location (City, State) \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip Code

Home Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

May your address, phone number, and email be listed in the Student Directory? Yes \_\_\_ No \_\_\_

Are you a member of Great Falls United Methodist Church? Yes \_\_\_ No \_\_\_

Other Church Affiliation \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Mother/Guardian \_\_\_\_\_

Marital Status \_\_\_\_\_ Marital Status \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Workplace \_\_\_\_\_ Workplace \_\_\_\_\_

Siblings: (Names & Ages) \_\_\_\_\_

Is English spoken at home? \_\_\_ Do you have live-in relatives? \_\_\_ Live-in housekeeper? \_\_\_ Nanny? \_\_\_

The following information is required so that we might meet the physical, mental and emotional needs of your child. Failure to disclose pertinent medical information or educational assessments may result in dismissal from the Preschool.

1. Is your child toilet trained? (Not required for 2's program) Yes \_\_\_ No \_\_\_
2. Does your child:
  - have any allergies? No \_\_\_ Yes \_\_\_ List type and severity on a separate sheet of paper.
  - require an epi-pen or inhaler? No \_\_\_ Yes \_\_\_
  - require medication on a regular basis? No \_\_\_ Yes \_\_\_ List: \_\_\_\_\_
  - have an existing physical condition affecting classroom behavior or participation? No \_\_\_ Yes \_\_\_
  - have diagnostic reports or assessments from previous teachers, therapists or other service providers concerning the ability to function in a normal classroom setting? No \_\_\_ Yes \_\_\_

If you have answered "yes" on any part of question #2, attach additional information and all diagnostic reports or assessments to your child's application for review. Children with special needs may require observation and/or evaluation by the teacher and Director before being recommended for acceptance to the Preschool. After acceptance, any further evaluations must immediately be brought to the attention of the Director.

