

# Roswell United Methodist Church Preschool and Kindergarten

814 Mimosa Boulevard • Roswell, Georgia 30075 • 770.998.8699 • Fax 678.832.1108 • www.rumc.com/rumck

## Registration Form 2023-24

|                   |       |
|-------------------|-------|
| Today's Date      | _____ |
| Child's Birthdate | _____ |
| Age as of 9/1/23  | _____ |



|                   |           |      |
|-------------------|-----------|------|
| Class: Age _____  | M T W T F |      |
| Payment by: Check | Credit    | Cash |

Child's Name \_\_\_\_\_ Name Called \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Subdivision or Area \_\_\_\_\_ County \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Cell # - Mother \_\_\_\_\_ Cell # - Father \_\_\_\_\_

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

Father's Business \_\_\_\_\_ Phone \_\_\_\_\_

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

Mother's Business \_\_\_\_\_ Phone \_\_\_\_\_

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

Church membership or affiliation \_\_\_\_\_

Schools child has previously attended (include RUMCK) \_\_\_\_\_

Siblings and ages \_\_\_\_\_

Parent/s' background in early childhood education & experience \_\_\_\_\_

\_\_\_\_\_

Parent/s' talents, hobbies, or careers to share in the classroom: \_\_\_\_\_

\_\_\_\_\_

### Tuition Payments

I understand that registration fees, supply fees, and tuition payments are non-refundable. Payment for the May 2024 tuition is due at registration and is nontransferable. September's tuition payment is due by May 1, 2023. If September payment is not received by May 10, 2023, the child's placement will be subject to the waiting list.

\_\_\_\_\_  
Parent's Signature

|  |
|--|
| <p align="center"><b>Required By First Day of School:</b></p> <ul style="list-style-type: none"><li>• Georgia Immunization Form #3231 (Kdg. - #3231 &amp; #3300)</li><li>• RUMCK Child's Health Certificate completed by physician/health department</li></ul> |
|--|

**Medical Information:**

Child's physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's dentist (3 yrs or older) \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Special medical concerns \_\_\_\_\_

Other information that might be helpful to teachers concerning your child \_\_\_\_\_

\_\_\_\_\_

**If there is a separation or divorce in the family, please complete the section below:**

If separated or divorced, with which parent does the child reside? \_\_\_\_\_

Please describe the custody agreement regarding either parent visiting classes or taking the child from school:

\_\_\_\_\_

Name of legal guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

**Emergency Contacts/Authorized Individuals To Whom Child May Be Released**

1. \_\_\_\_\_  
(name) (address)

\_\_\_\_\_ (home phone) (cell #) (relationship)

2. \_\_\_\_\_  
(name) (address)

\_\_\_\_\_ (home phone) (cell #) (relationship)

3. \_\_\_\_\_  
(name) (address)

\_\_\_\_\_ (home phone) (cell #) (relationship)

4. \_\_\_\_\_  
(name) (address)

\_\_\_\_\_ (home phone) (cell #) (relationship)

5. \_\_\_\_\_  
(name) (address)

\_\_\_\_\_ (home phone) (cell #) (relationship)

6. \_\_\_\_\_  
(name) (address)

\_\_\_\_\_ (home phone) (cell #) (relationship)

7. \_\_\_\_\_  
(name) (address)

\_\_\_\_\_ (home phone) (cell #) (relationship)