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 2026-27

Today's Date _____
Child's Birthdate _____
Age as of 9/1/26 _____

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 2027 tuition is due at registration. September's tuition payment is due by May 1, 2026. If September payment is not received by May 10, 2026, the child's placement will be subject to the waiting list.

_____
Parent's Signature

Required By First Day of School:

- Georgia Immunization Form #3231 (Kdg. - #3231 & #3300)
- RUMCK Child's Health Certificate completed by physician/health department

RUMCK has a non-discriminatory policy of admissions

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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)