

ENROLLING NOW FOR 2019-2020 SCHOOL YEAR!!!



158 E. Main Street, P.O. Box 280, Scottsville, VA 24590
(434) 286-4736 | preschool@sumc-va.org

Registration for 2019/2020 School Year

- Choose type of enrollment:
- Tues/Thurs Class (3 yr. olds) 9:00 - 12:00 (\$205/mo)
 - Mon/Wed/Fri Class (4-5 yr. olds) 9:00 - 12:00 (\$245/mo)
 - Early Drop-Off Option***: 8:00-12:00 -- (Add \$35/mo for 2 days/week or \$50/mo for 3 days/week)

Child Information

Name of Child: _____ Nickname: _____

Birthdate: ____/____/____ Gender: M / F

Allergies: _____

Other medical conditions and/or medications: _____

Parent Information

Mother's Name: _____

Address: _____

Phone Number: _____ (Home) _____ (Cell)

Occupation: _____ Email: _____

Father's Name: _____

Address: _____

Phone Number: _____ (Home) _____ (Cell)

Occupation: _____ Email: _____

Guardian (if different from above): _____

*Children/grandchildren of SUMC members have priority registration beginning May 12, 2019.

**A minimum of five children must request this option

Emergency Contacts and Authorized Pickups

List adults other than parents who can be contacted in case of emergency:

Name	Phone Numbers	Relationship to child

List any other adults who are permitted to pick child up:

(Note that all adults picking up for the first time will be required to show identification)

Name	Phone Numbers	Relationship to child

Enrollment in Scottsville United Methodist Preschool is open to all interested persons, with priority given in the following order:

1. Is the applicant the child or grandchild of a current member of Scottsville United Methodist Church or the Preschool Board? **Y/N**
2. Does the applicant participate in the Baby Steps Program?
3. Will you be enrolling more than one child for the current academic year? **Y/N**
4. All other applicants will be considered in the order that their applications were received.

Additional Comments and Information

Is there any other information that would be helpful to our management and teaching staff? E.g., has your child been evaluated for services for hearing impairment, speech delay, or other special educational services? If so, please explain:

_____ Date

Parent/Guardian Signature

A NON-REFUNDABLE ENROLLMENT FEE OF \$50 IS DUE UPON ACCEPTANCE OF ENROLLMENT.

Office Use Only: Date/Time Received: _____ Initials: _____