

**First Methodist Preschool
2026-2027 Registration Form**

Child's Name: _____ () Male () Female
Preferred name: _____
Address: _____
City, State, Zip: _____
Parents' Name: _____
Child's Birth date: _____ Parent Email: _____
Mom's Cell Phone: _____ Dad's Cell Phone: _____
Child's Doctor: _____ Phone: _____
Child resides with: _____
Who is responsible for bill: _____
Emergency Contact (in Tifton): _____ Phone: _____
Church Affiliation (optional) _____
Special instructions/medications/allergies/special needs: _____

Please indicate the class in which you would like to register your child. If the class you wish to register for is unavailable, we will let you know. A \$150 non-refundable fee must accompany this registration from.

PreK4 Class (4Years old Before 9/1/2026 and Potty Trained):

() 5-day class \$180/month

3 Year Old Classes (3 Years old Before 9/1/2026):

() 3-day class \$150/month (Mon., Wed., & Fri.)
() 5-day class \$180/month

2 Year Old Classes (Child will be 2 Before 9/1/2026)

() 3-day class \$150/month (Mon., Wed. & Fri.)
() 5-day class \$180/month

Toddlers (Children born between 9/1/2024-5/31/2025):

() 2-day class \$120/month (Mon. & Wed.) () 2- day class \$120/month (Tues. & Thurs)

Infants (Children that are born after 5/31/2025):

() 2-day class \$125/month (Mon. & Wed.)

* Classes are divided by birthdays. Requests for teachers and class placement will be taken, but we cannot guarantee that we will be able to grant those requests. *

Early Drop-Off

Early Drop Off begins at 8AM. Children will be grouped together and taken to their classrooms at 8:40AM. The early drop off non-refundable registration fee is \$50 per child.

() 5-day early drop-off \$50/month
() 3-day early drop-off \$45/month
() 2-day early drop-off \$40/month

Emergency Medical Authorization

In the event I cannot be reached, I give permission for a school representative to transport or seek transportation to Tift Regional Medical Center and to authorize emergency medical treatment. I will assume full responsibility for all charges that may be incurred.

Signature: _____ Date: _____

Permission

I give permission for _____ to be photographed and/or filmed for social media, newspapers, our website, etc. No names will be associated with images.

Signature _____ Date _____
Registration forms are accepted on a first come basis. Registration is open to all regardless of sex, race, color, national origin, religion, or disability.