



St. Simons United Methodist Preschool

624 Ocean Boulevard

St. Simons Island, GA 31522

Phone: (912) 634-8557 FAX: 912-634-9737

tanja@stsimonsumc.com

2023-2024 REGISTRATION FORM

Registration Date _____

Class _____

Registration Fee Paid _____ (office use)

Registration number _____

CHILD'S INFORMATION

Last Name _____ First Name _____ Nickname _____

Address _____

Sex _____ Date of birth ____/____/____ Home Phone _____

Child lives with: Both parents _____, Mother _____, Father _____, Guardian _____ (Information)

FATHER'S INFORMATION

Name _____ Cell _____

Address (if different from child's) _____

Occupation _____ Employer/Address _____

Work Phone _____ E-mail Address _____

MOTHER'S INFORMATION

Name _____ Cell _____

Address (if different from child's) _____

Occupation _____ Employer/Address _____

Work Phone _____ E-mail Address _____

Names and ages of siblings _____

Church child/family attends _____

An \$175 **non-refundable** registration fee must be paid at the time of registration.

*Current preschool families and church members take precedence over the public waiting list.

Parents will receive a receipt for all tuition and fee payments to the school. No monthly/annual statement is automatically generated. A statement will be prepared upon request.

Immunization Policy:

It is the policy of St. Simons United Methodist Preschool that all children have an up-to-date immunization record on Georgia State Form 3231. The child's immunization records must be presented at the time of enrollment. We will not accept any waivers for immunizations. Parents will be sent a reminder of an expiring immunization form. No child is allowed to attend school 30 days past the expired date. (St. Simons United Methodist Preschool Parent Handbook)

Parent Signature _____ Date _____