St. Simons United Methodist Preschool

624 Ocean Boulevard
St. Simons Island, GA 31522
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2026-2027 REGISTRATION FORM

Registration Date _____ Desired Start Date_____

Registration Fee Paid _____ (office use) Confirmed Date_____

A $175 **non-refundable** registration fee must be paid before the child begins.
Current school family: ____Yes ____No Church child/family attends_____
*Current preschool families and church members take precedence over the public waiting list.

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_____

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. Your child must have either proof of a current immunizations or a signed Affidavit to attend St. Simons United Methodist Preschool. No child is allowed to attend school 30 days past the expired date. (St. Simons United Methodist Preschool Parent Handbook)

Parent Signature_____ Date_____