



Attention Parents/Guardians:

Please be aware that your child will need a School Entrance Physical Exam and all immunizations should be up to date before entering Preschool at FUMC. This is a Virginia State Law. **Your child will not be allowed to attend our Preschool if we do not have these records prior to the first day of school.** Please make an appointment with your child's doctor or the Health Department. The School Entrance Health Forms must be completed by a Doctor and returned to FUMC along with the registration forms by the parent.

3 Year Old Class

2 Day Class

Tuesdays & Thursdays
8:30 a.m. to 12:00 p.m.

\$80 per month * **

\$25.00 One time snack fee
Due at the beginning of the school year.

4/5 Year Old Class

3 Day Class

Monday/Wednesday/Friday
8:30 a.m. to 12:00 p.m.

\$110 per month * **

\$35.00 One time snack fee
Due at the beginning of the school year.

4/5 Year Old Class

5 Day Class

Monday through Friday
8:30 a.m. to 12:00 p.m.

\$160 per month * **

\$50.00 One time snack fee
Due at the beginning of the school year.

Registration Information

You may register your child for preschool classes at any time. Please complete the registration form and mail or return the form along with \$35.00 Non-Refundable annual registration fee to:

**First United Methodist Church
115 South Church Street
Marion, VA 24354
276-783-5194**

Office Hours: Mon - Thurs 8:30 am thru 5:00 pm, Fri 8:30 thru 2:30 pm

Please make all checks payable to: *First United Methodist Church Preschool*

Preference is given to members of FUMC, then to those who were enrolled in our program the previous term, when registered by April 1st. Any available slots will then be filled first come, first serve, based on the date the registration and fee are received.

* Tuition is for the current school year; however, it is subject to change before the beginning of each school year.

** Monthly tuition is due on the 10th of each month. A \$10 late fee is charged if not paid by the 10th of each month.

Partial scholarships are available for qualified and accepted applications.

First United Methodist Church Preschool ~ Registration Form

Child's Name: _____ DOB _____

Name Child Goes By: _____ Age as of Oct. 1, 2019 _____

Parent's/Guardian's Names: _____

Mailing Address: _____

Home Phone #: _____

Mother's Cell Phone #: _____

Father's Cell Phone #: _____

- 3 yr old class T/TH \$75 per month
- 4-5 yr old class M/W/F \$100 per month
- 4-5 yr old class M - F \$150 per month
- annual \$35 Registration Fee

Please make all checks payable to: *First United Methodist Church Preschool*

Registration Form Received:

Date: _____

Registration Fee Paid:

Cash / Check # _____

Copy of immunization records & School Entrance Physical Exam Form?

___ Yes ___ No

Staff member: _____