

**Children First Preschool at  
Ellijay 1st United Methodist Church  
75 McCutchen Street  
Ellijay, GA 30540  
706-635-2555**

Children First Preschool will begin pre-registration for next year (2025-2026) on Monday, Feb. 20<sup>th</sup> at 8:00 am. Our preschool program is for children who will be 18 months by September 1, 2025.

Please return the application form along with the registration fee starting February 20th at 8 am. Spaces will be limited, therefore registration forms and fee should be returned as soon as possible. Spaces will be filled on a first come, first serve basis.

We will offer the following classes from **8:30 am–12:00 pm**

**18 months (6 children) 2 days (Tues./Thurs.)**

2-year-old (8 – 10 children) 2 days or 3 days (M/W/F)

3-year-old (8-10 children) 3 days or 4 days (TBD)

4-year-old (10 - 12 children) 3 days, 4 days and 5 days (Monday-Friday)

If for some reason a class does not meet the minimum number of students or there is not enough space for your child your registration fee will be refunded. Registration forms will be taken in order they are received. Therefore, it is important to return the registration form and fee ASAP.

**Tuition**

Two days is \$1750.00/yearly-\$175.00/per month beginning in August and ending in May

Three days \$1950.00/yearly-\$195.00/per month beginning in August and ending in May

Four days \$2250.00/yearly-\$225.00/per month beginning in August and ending in May

Five days \$2500.00/yearly-\$250.00/per month beginning in August and ending in May

**Registration Fee**

\$50.00 per family

Registration fee is not refundable. However, if your first monthly payment is paid by August 1st, you can deduct the \$50.00 tuition fee from your first payment.

Please feel free to call the director, Marianne Evans, if you would like to schedule a tour.  
706-635-2555

**Children First Preschool at  
Ellijay 1<sup>st</sup> United Methodist Church  
75 McCutchen Street  
706-635-3862  
August 2025– May 2026**

Date application received \_\_\_\_\_  
Registration fee \_\_\_\_\_

(circle how many days)  
\_\_\_\_\_ 4-year Preschool 3-day, 4-day, 5 days (M-F)  
\_\_\_\_\_ 3-year Preschool 3 day or 4 days (M-TH)  
\_\_\_\_\_ 2-year Preschool 2 or 3 days, (M-W-F)  
\_\_\_\_\_ 18 month-Parents morning out (2 days)

**Child's Information**

Child's name: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Birthday \_\_\_\_\_ Circle one:    Male            Female

**Parent Information**

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

Address \_\_\_\_\_

Father's Employer \_\_\_\_\_ Mother's Employer \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Child's Living Arrangements ( ) Both parents ( ) Mother ( ) Father ( ) Other \*

\*Child's Legal Guardian \_\_\_\_\_

**Family Information**

List brothers and sisters and indicate whether they live with the child

\_\_\_\_\_

Please list any other persons living with the child and their relationship (if any) to the child.

Please list any pets and their names \_\_\_\_\_

If your child has regular sitter care during the day, please list their name \_\_\_\_\_

If your child goes to a daycare provider, please list the name \_\_\_\_\_

Are you a member of a local church? \_\_\_\_\_

Would you like more information about Ellijay First United Methodist? \_\_\_\_

**Emergency Call List**

Parents will always be notified by using the phone numbers listed above. The following are local people we could call should we be unable to reach you in an emergency. Please indicate their name and phone number.

1. \_\_\_\_\_

2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Personal History**

Is your child right-handed? \_\_\_\_\_ left-handed? \_\_\_\_\_

Has your child had previous preschool or group experience? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes,  
where and when? \_\_\_\_\_

List any **allergies** your child has:

\_\_\_\_\_

Any dietary restrictions, special food or eating instructions:

\_\_\_\_\_

Any medical problems?

\_\_\_\_\_

Medications? \_\_\_\_\_

What word does you child use for toileting? \_\_\_\_\_

Additional information about discipline, child's communication, comforting, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Permission to Release Form**

Your child will only be released to the care of those you have indicated below. A photo ID must be presented at the time of pick-up otherwise the child will not be released. This is required for the safety of your child.

	<u>Name</u>	<u>Address/Phone</u>	<u>Date of Birth</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

- 1) The yearly tuition is listed below, payments are due beginning August 2025 through May 2026. Tuition is due at the beginning of each month. If August payment is paid by August 1<sup>st</sup>, the registration fee of \$50.00 can be deducted from that payment. **Tuition for 5 days a week:** \$2500.00/yearly (can be paid monthly at **\$250.00** beginning in August and ending in May). **4 days a week:** \$2250.00/yearly (can be paid monthly at **\$225.00** beginning in August with last payment in May). **3 days a week:** \$1950.00/yearly (can be paid monthly/**\$195.00** beginning in August ending in May). **2 days a week:** \$1750.00/yearly (can be paid monthly **at \$175.00** beginning in August and ending in May).

- 2) Tuition is required the first of each month whether the child attends or not. This secures your child's place in the program. If tuition is not paid during the first week of the month and special arrangements have not been made, then your child's place in the program will be forfeited to the next child on our waiting list. A service charge of \$25 will be assessed for any returned checks.
  
- 3) Our **preschool program hours are 8:30 AM – 12:00 PM**. An early room opens at 8:00 AM. Your reservation will automatically be made with an additional \$10(2days)-\$15(3-5 days) added to your monthly tuition. In order to provide continuous supervision for those children who may be picked up late a fee will be charged. Beginning at 10 minutes after the hour, a late fee of \$ 5 for each 5 minutes will be charged.
  
- 4) A child may be removed from the program at any time. However, a one-month notice would be appreciated.

Agreement:

I understand it is my responsibility to keep my child's records current and in writing to reflect any significant changes as they occur (For example: Immunization Forms 3231, telephone numbers, work locations, emergency contacts, others your child may be picked up by, child's physician, child's health status.)

EFUMC Children First agrees to keep me informed of any incidents including illnesses, injuries, adverse reactions to medications, etc. which include my child.

EFUMC Children First agrees to obtain written authorization from me before my child participates in field trips, special activities away from the facility and water-related activities occurring in water that is more than two feet deep.

I give permission to include my child's individual photo, classroom photos, and field trip photos to be used for school display, on the website and for educational or advertisement opportunities.

Yes, you may use photographs of my child.

No, please do not use photographs of my child.

Please note that no children will be identified in any photos displayed on the web page.

I hereby agree that in case of illness or accident requiring a physician's immediate attention, and if EFUMC Children First cannot contact the emergency person or me,

\_\_\_\_\_ (our local physician) may be called and is authorized to treat my child. If the above doctor cannot be reached, I give permission for the doctor on call at the local hospital to administer treatment at my expense. I understand and accept the policies and above permission given and agreement made with EFUMC Children First, and release the church from liability for injury or illness resulting under all circumstances save gross negligence.

I have read and understand/agree to the information above. By signing below, I am stating that I wish to enroll my child in the EFUMC Children First Program and will abide by the rules.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian's Signature (if not parents): \_\_\_\_\_

Date: \_\_\_\_\_

\*In cases of divorce, where legal custody is an issue, paperwork must be on file in the child's permanent records. \*Children First will not discriminate on the basis of race, color, national and ethnic origin.