



First United Methodist Preschool

101 EAST JEFFERSON STREET
CHARLOTTEVILLE, VA 22902
(434) 296-6682

IDA CARAMANIS, DIRECTOR

Academic year and class for which you are applying: 20__ - 20__
Class: [] 2 year-old (Tue.,Thur.) [] 3 year-old (Mon.,Wed.,Fri.) [] 4 year-old/ Pre-K (Mon.-Fri.)

CHILD MUST BE THE AGE INDICATED BY SEPTEMBER 30 OF THE LISTED ACADEMIC YEAR.

Child's Name: _____ Preferred Name (if different): _____

[] Female [] Male Birthdate: _____ Primary Phone: _____

Home Address: _____

City, State, Zip: _____

Mother's Name: _____ Occupation: _____ Alt. Phone: _____

Father's Name: _____ Occupation: _____ Alt. Phone: _____

Mother's Email: _____ Father's Email: _____

Guardian (if different than above): _____

Siblings:

Name: _____ [] F [] M Age: _____ Name: _____ [] F [] M Age: _____

Name: _____ [] F [] M Age: _____ Name: _____ [] F [] M Age: _____

Allergies or health/medical issues: _____

Has your child been evaluated for services for hearing impairment, speech delay, developmental delay, or other special education services? [] Yes [] No If YES, please explain: _____

- 1. Is the applicant currently enrolled in FUMP? [] Yes [] No
2. Is the applicant a sibling of a currently enrolled student who will remain enrolled in the same academic year as the applicant? [] Yes [] No
3. Are you a current member of First United Methodist Church or FUMP Board of Directors? [] Yes [] No
4. a. Is the applicant a sibling of a previously enrolled FUMP student who will not attend during the same academic year as the applicant? [] Yes [] No
b. Is the applicant the grandchild of a current member of First United Methodist Church? [] Yes [] No

Parent Signature: _____ Date: _____

A NON-REFUNDABLE ENROLLMENT FEE OF \$50 IS DUE UPON ACCEPTANCE OF ENROLLMENT.

FOR OFFICE USE

Date Rec'd: _____ Initials: _____ Class: 2 3 4 Category: 1 2 3 4 5 Academic year: 20__ - 20__



ENROLLMENT AND WITHDRAWAL POLICY

A) Enrollment in FUMP (“the Preschool”) is open to all interested persons, with priority given in the following order:

1. Children currently enrolled in the Preschool who apply by February 1 for the following academic year.
2. Siblings of currently enrolled children, who apply by February 1, when both will be attending in the same academic year.
3. Children of current members of First United Methodist Church or the Preschool Board of Directors, who apply by February 1.
4. Children with siblings who were previously enrolled in the Preschool, who apply by February 1, but whose siblings will not attend during the same academic year, or Grandchildren of members of First United Methodist Church.
5. All other applicants in the order that their applications were received.

NOTE: Notwithstanding the foregoing priority list, to best serve the educational and social needs of the children, the First United Methodist Preschool Board reserves the right to consider gender ratios and ethnic diversity when making enrollment decisions.

B) Children shall enroll for no less than one school year (September through May) or for the remainder of the year (if enrolled later than September), unless a special exception has been approved in writing by the Preschool Board of Directors.

The first month’s tuition is due on August 1, preceding the academic year of enrollment. Thereafter, tuition is due on the first day of each month. Failure to make a tuition payment by the tenth day of the month will result in a \$15.00 late fee.

Under circumstances set forth in the Bylaws, the Preschool Board of Directors may direct that a child be withdrawn from the Preschool. In cases of withdrawal NOT directed by the Preschool Board of Directors, the parents’ obligation to pay tuition continues until such time as another child is enrolled to fill the vacancy and begins attending Preschool. In the event that a replacement is not enrolled, payment of the full year’s tuition is required, unless waived by the Preschool Board of Directors. It is not the Preschool’s responsibility to fill spots created by early withdrawals.

I have read and agree to abide by this Enrollment and Withdrawal Policy.

Child’s Name

Parent Signature

Date