



Preschool/Afterschool

Fair Grove United Methodist Church

"Constructing God's Kingdom one kid at a time!"

336-475-3464

Summer Preschool Registration Form

Summer 2019

Registration Fee—\$40.00

(waived for current students)

**** Early Registration—\$30.00—until April 7th***

(New students only)

Summer Preschool (Ages 1-Pre-K)

\$290.00 (5 days) for entire summer

\$240.00 (3 days) for entire summer

\$200.00 (2 days) for entire summer

*Payments can be made in full or broken
down into 2 installments.*

Hours 9:00-12:00

Early Drop-Off 8:00 \$25 total (breakfast included)

Summer Preschool is June 17th through August 9th

(We will be closed the week of July 4th)

Fair Grove Kingdom Kids Student Registration Form

Office Use Only:
Date Received _____
Registration Fee \$ _____
Start Date _____

Spaces are limited so register early to secure your spot!

Name of Child: First _____ ***Middle*** _____ ***Last*** _____

Prefers to be called _____

Address _____

City _____ ***Zip Code*** _____

Birth date _____

Family Information

Parents/Legal Guardian's Name _____

Address _____

City _____ ***Zip Code*** _____

Employer _____

Work Phone _____ ***Cell Phone*** _____

Email address _____

Parents/Legal Guardian's Name _____

Address _____

City _____ ***Zip Code*** _____

Employer _____

Work Phone _____ ***Cell Phone*** _____

Email address _____

Emergency Contact _____ ***Contact #*** _____

Person Responsible for Account _____ ***Contact#*** _____

Check how many days you are interested in:

2day _____ ***3day*** _____ ***5day*** _____ ***Breakfast Club*** _____



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Student Health Form

Child's Name _____ D.O.B. _____

Emergency Information:

1st Contact Name _____ Number _____

2nd Contact Name _____ Number _____

Child's Physician: _____ Number _____

Child's Dentist: _____ Number _____

Insurance Policy Holder: _____

Insurance Name _____

Insurance Policy Number: _____ Group Number: _____

Please list your child's allergies (including foods) and health concerns:

Please list current medications: (medication forms are required for all medication administered by Kingdom Kids staff)

_____	_____
_____	_____
_____	_____

In the case of an emergency, 911 will be called and the child will be transported to the nearest hospital.

**Please attach your child's most recent immunization record.*

*I release Fair Grove Kingdom Kids to photograph and/or videotape my child participating in daily activities, and to use the photographs and/or videos in photographic displays, advertising or other publications showing these daily activities.

Parent's Signature: _____