



Locust Grove United Methodist Church Preschool

770-898-6063

Registration 2026-2027



Child's Name: _____

Name Called: _____ Gender: Male ___ Female ___

Parents/Guardians _____

Phone: _____ Cell: _____

Address: _____

City/State/Zip: _____

Child's Birthday: _____ Age as of Sept. 1, 2026 _____

Please check the appropriate class below and attach up-to-date copy of immunization form. **This form is mandatory.**

A non-refundable registration fee is due at sign up

Mom's Day Out: \$120 Registration Fee

9:00-12:00

(Must be 1 year old by Sept. 1st, 2026)

_____ Tues/Thurs - \$140.00/mo (\$1,400.00 yearly)

Preschool: \$170 Registration/Material Fee all classes.

9:00-12:00 (Children must be the appropriate age for their class by Sept. 1, 2026)

Two-Year-Olds:

_____ Mon/Wed/Fri \$170/mo (\$1,700.00 yearly)

(Two year old class will begin with 2 days a week M/W, and will increase to 3 days a week, M/W/F on Sept. 7th, 2026)

Three-Year Olds:

_____ Tues/Thurs \$140/mo (\$1,400.00 yearly)

_____ Mon/Wed/Fri \$170/mo (\$1,700.00 yearly)

_____ Monday-Friday \$200/mo (\$2,000.00 yearly)

Four Year Olds:

_____ Monday-Friday \$200/mo (\$2,000.00 yearly)

(Children MUST be completely potty-trained to attend 4 year old preschool)

Please plan to attend Open House Thurs. Aug. 13th. Times will be staggered, and you will receive information regarding your allotted time. Classes begin Mon. August 17, 2026.



The following people will provide transportation for my child:

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____
4. _____ Phone: _____

If anyone is forbidden by law from having custody of your child, we MUST have a copy of the legal document stating this information.

In case of emergency, please call:

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____
4. _____ Phone: _____

(We will always try to contact parents first. If a life-threatening emergency occurs, 911 will be called first)

Medical Release:

I, the parent/guardian of _____ do hereby relieve Locust Grove United Methodist Church and all workers in the Locust Grove United Methodist Church Preschool from any liability or fault due to any accident or illness that may occur to said child while he/she is in attendance of the program. Be it further agreed that said parents give any and all workers in charge on that day that said child is in attendance, permission to grant to any and all medical personnel the right to treat said child for any accident or illness in the absence of said parents, and that said parents do hereby relieve Locust Grove United Methodist Church and any and all workers in the Locust Grove United Methodist Church Preschool program of any liability in connection with the medical treatment to said child.

Parent/Guardian's signature _____ Date: _____

Do you give permission for your phone number to be included on your child's class roster? (This could be used for parents wishing to set up play dates and/or invitations to birthday parties etc.) _____ Yes _____ No

Do you give permission for your child to be photographed during various school activities? These photographs MAY be used for bulletin boards, preschool flyers, the preschool website, the church's website and the church's social media page. Your child's name WILL NEVER be used. _____ Yes _____ No

Child's Information

Child's Allergies:

Childhood diseases and/or hospitalization your child has had:

Is child adopted? _____

Yes _____ No _____

Does child play with other children? _____

Yes _____ No _____

Has child spent time away from parents? _____

Yes _____ No _____

For how long? _____

Does family attend a church? _____

Yes _____ No _____

Which one? _____

Does child attend a Sunday School Class? _____

Yes _____ No _____

Has child attended preschool or daycare? _____

Yes _____ No _____

If yes, where did child attend and for how long? _____

What method of discipline is used in your home?

Does your child have any personality traits that we may need to know in order to help him/her adjust to our program? _____

Does your child have any hobbies, talents, or special interests? _____

Any speech difficulties? _____yes_____no If yes, please explain _____

Is your child in a speech class at this time? _____yes_____no

Locust Grove United Methodist Church Preschool

211 Peeksville Road
P.O. Box 277
Locust Grove, GA 30248
770-898-6063

Parental Agreement

Please be advised that Locust Grove United Methodist Church Preschool is not licensed through the State of Georgia. We have received exemption under Rule No. 591-1-1-.46(1)(a) and Rule No. 591-1-1-.46(1)(b) as our Preschool does not operate more than 4 hours a day and our Mother's Morning Out Program does not operate more than 4 hours a day, and does not exceed 8 hours a week.

In addition, be advised that Locust Grove United Methodist Church Preschool carries Liability Insurance.

_____ Child's Name

_____ Parent's Signature

_____ Date

Car seat Safety Waiver

Upon preschool dismissal each day, Locust Grove United Methodist Church Preschool Director or Staff Member will place students into their parent's cars. Each child will be strapped into their car seats and/or booster seats. Assuming that said child's safety seat is installed correctly into their parent's vehicle and seat belts are working properly, Locust Grove United Methodist Church Preschool Director and/or Staff Member, Locust Grove United Methodist Church, Locust Grove United Methodist Church's Pastor and/or Staff Member will not be held liable in the event that an accident should occur and the child is injured.

Child's Name _____

Parent's Signature _____

Date _____

I understand that Locust Grove United Methodist Church Preschool also known as LGUMC Preschool, has done their due diligence in providing a safe and healthy environment for my child/children to attend LGUMC Preschool for the 2026/2027 school year. I acknowledge that there is a risk that I or my child/children could contract covid, other illnesses or health conditions while attending LGUMC Preschool and I accept this risk. I voluntarily choose to allow my child/children to attend LGUMC Preschool.

I also understand that in the event that I or my child/children contract covid, other illnesses or health conditions, LGUMC Preschool will not be held liable.

I understand and agree that my signature below represents my acknowledgement and acceptance of the above paragraph.

Signature of each parent or guardian:

Date

Name of each child:

