



Locust Grove United Methodist Church P r e s c h o o l

770-898-6063
Registration 2025-2026



Child's Name: _____
 Name Called: _____ Gender: Male ___ Female ___
 Parents/Guardians _____
 Phone: _____ Cell: _____
 Address: _____
 City/State/Zip: _____
 Child's Birthday: _____ Age as of Sept. 1, 2025 _____

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, 2025)

_____ 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, 2025)

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. 8th, 2025)

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. 14th. Times will be staggered, and you will receive information regarding your allotted time. Classes begin Mon. August 18, 2025.



Parents/Legal Guardians Information:

Parents/Legal Guardians are: _____ married _____ divorced _____ seperated _____ single
If divorced, a copy of the Divorce Decree noting guardianship, visitation, etc. must be submitted along with this form. If changes are made during the school year, we must be notified and have on file, updated information regarding said changes.

My child lives with: _____ both parents _____ mother _____ father _____ other-(please list relationship to child) _____

Mother's Information:

Name: _____
Address: _____
City/State/Zip: _____
Occupation: _____
Phone: _____ Cell: _____
Work Phone _____ E-mail: _____

Father's Information:

Name: _____
Address: _____
City/State/Zip: _____
Occupation: _____
Phone: _____ Cell: _____
Work Phone _____ E-mail: _____

List other members in household (names and relationship to child)

Pets:

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

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

Tuition Policy:

I understand that my tuition payment is due by the 5th of each month. The first tuition payment for the school year is due on August 5, 2025. Tuition paid after the 10th of each month is considered late and a \$10.00 late charge will be added to the total tuition due. I further understand that tuition more than 60 days past due may result in my child losing his/her space in the preschool program. I understand that all tuition is due in full regardless of my child's attendance.

I understand that tuition does not decrease during the holiday months. Annual tuition is broken down into 10 equal monthly payments. Final tuition payment for the school year is due no later than May 1, 2026. Tuition must be paid in full in order for your child to participate in graduation and/or last day of school activities, which consist of parties and program.

School calendar:

We run concurrent with the Henry County School System's calendar with the exception of our start date, our end date and Good Friday.

Withdrawal Policy:

If at any time during the school year I need to withdraw my child from the preschool program, I must provide a two-week notice to the director of the preschool.

Late Pick-Up Policy:

I understand that I am to pick up my child on or before the designated ending time. I understand that there is a 15 minute grace period. One late pick-up will be given with no late fees. A late charge of \$5.00 will be charged for any late pick-ups thereafter. Late charges are due at time of pick-up.

Parent/Guardian's Signature _____ Date: _____

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 2025/2026 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:

