



Application for Admission 2017-2018

Date: _____ Birthdate ___/___/___ Age as of September 1, 2017 ____
Student Name _____ Name to be called _____ Sex _____
Mother's Name _____ Address _____
City _____ State ___ Zip Code _____ Home Phone _____
Occupation _____ Name of Employer _____
Bus. Phone _____ Cell _____ E-Mail _____
Father's Name _____ Address _____
City _____ State ___ Zip Code _____ Home Phone _____
Occupation _____ Name of Employer _____
Bus. Phone _____ Cell _____ E-Mail _____
Student lives with: Both parents ___ Mother ___ Father ___ Other _____
Additional Emergency Contact, Name, Phone, Relationship _____

Person Authorized to pick up your child besides yourself & your spouse: (Name, Email/phone, Relationship) _____

Student Health Information

Physician or Pediatrician _____ Date of last physical _____
Does your child have any allergies, and if so, what are they and how severe?

So that we may better serve your child, we must know of any other health or behavioral concerns. These may include, but are not limited to diabetes, autism, emotional problems, hyperactivity disorder and seizure disorders. If any of these apply, please share:

How did you learn about our preschool? _____
Please share with us, your place of worship _____
List other children and their ages in your family _____

Class Preference:

Please circle the class and days preferred

PK-4 (must be 4 by 9/1): All five days

PK-3 (must be 3 by 9/1): Tues/Wed/ Thurs or all five days

Twos (must be 2 by 9/1): Tues/Thurs or Tues/Wed/Thurs or all five days

Tots (Walking/eating solids to 2yrs): Tues/Thurs or Mon/Wed

Babies (6th months to walking/eating solids): Tues/Thurs or Mon/Wed

Circle Discount if Applicable: Military Multiple Child ACH Draft

Permission Statements:

I hereby give Aldersgate Preschool and Children's Morning Out permission to use my child's picture in promotion for the school. Yes ___ No ___

Signature _____ Date _____

I hereby give Aldersgate Preschool and Children's Morning Out permission to list my child in the school directory. Yes ___ No ___

Signature _____ Date _____

Students are accepted for attendance in the preschool based on availability, without regard to race, religion, national, or ethnic origin.

A copy of your child's immunization records is due on the first day of school.

For more information regarding 2016-17 registration or programs, please contact the preschool director, Shelley Martin in the church office at 706.733.4416 or contact her via email: smartin@aldersgateum.com

You can drop off applications in the church office or mail them to:
Aldersgate UMC Preschool, 3185 Wheeler Road Augusta, Ga 30909