



FUMC Weekday Preschool  
222 W. 7<sup>TH</sup> Street  
Columbia, TN 38401  
[FUMCweekday@Columbiamfmc.org](mailto:FUMCweekday@Columbiamfmc.org)  
(931)381-7228

## Student Application 2024-2025

- WDS will begin the open application process for **current students and church members on February 1, 2024**. Applications should be postmarked/dropped off on or after February 1, 2024, for current students and church members.
- WDS will begin the open application process for **new students on February 16, 2024**. Applications should be postmarked/dropped off on or after February 16, 2024, for new students.

Applications may be mailed via regular mail or dropped off at the church front office. Student openings will be filled according to the date received. Please read the enclosed information carefully and fill out all the information on the application.

Please follow these steps to apply for your child:

- Complete an application form for each child.
- Include the **non-refundable** application fee of \$50.00 per child, **cash or check only**.
- Mail/drop off the application form to:

**First United Methodist Weekday School  
222 W. 7<sup>TH</sup> Street  
Columbia, TN 38401**

\*Payment of the application fee does not guarantee enrollment.

**Applications for new students will not be accepted if postmarked before February 16, 2024.**

**Applications for new students postmarked before February 16, 2024, will be returned.**

**Applications received without payment will not be processed.**

In late April 2024, a confirmation letter with registration materials or a waiting list letter will be sent to you. If you have any questions, please call the preschool office at (931)388-7228.

# GENERAL INFORMATION

WDS is an early childhood program designed for children ages 15 months to 5 years. Our program supports children's spiritual, physical, social, emotional, and cognitive growth with opportunities for learning in a loving and faith-based environment.

Our program is Monday-Friday with the option of 2, 3, or 5 days a week. Program hours are from 9:00am-2:00pm with the option of Stay and Play extended care from 2:00pm till 4:00pm. May's tuition is paid in August or along with the first month's tuition.

## Rates & Fees

ALL PAYMENTS (EXCLUDING THE REGISTRATION FEE)  
MUST BE PAID THROUGH BRIGHTWHEEL.

5 DAYS Monday-Friday	3 DAYS Monday/Wednesday/Friday	2 DAYS Tuesday/Thursday
Tuition *Toddlers (15 months) & Twos <b><u>Must be</u></b> able to walk. on their own. \$370 Per Month	Tuition *Toddlers (15 months) & Twos <b><u>Must be</u></b> able to walk. on their own. \$270 Per Month	Tuition *Toddlers (15 months) & Twos <b><u>Must be</u></b> able to walk on their own. \$230 Per Month
Threes & Fours <b><u>Must be</u></b> potty trained. \$360 Per Month	Threes and fours <b><u>Must be</u></b> potty trained. \$260 Per Month	Threes and fours <b><u>Must be</u></b> potty trained. \$220 Per Month

\*Students enrolling in the Toddlers 15-month-old class **must be** 15 months on or before August 15<sup>th</sup>.

\*Students enrolling in the Two's class **must be** 24 months on or before August 15<sup>th</sup>.

All school supplies (**except for the state required 2-inch nap mats**) are included in your tuition.

**Refunds cannot be made for any absences**, including illness, vacation, extended vacation, family visits, or emergency. **In the event of an extended vacation, you will need to continue your tuition payments if you plan to return to the preschool after the vacation.**

**IN THE EVENT OF A STAFF SHORTAGE, WDS RESERVES THE RIGHT TO CANCEL A CLASS WITHIN 30 DAYS OF THE START OF SCHOOL.**

## Meals & Snacks

Students will provided their own lunch. Children are served one snack each day. Students who participate in Stay and Play will be served an additional snack. There are two semi-annual snack fees \$25 due in Augusts and January.



**Child's Information**

Child's Name: \_\_\_\_\_  
 (Last) (First) (Name goes by)

Birth Date: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Subdivision/Apt. Complex: \_\_\_\_\_

**Household/Parent/Guardian Information**

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home/Evening Phone: (\_\_\_\_) \_\_\_\_\_ Mobile/Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home/Evening Phone: (\_\_\_\_) \_\_\_\_\_ Mobile/Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**General Information:**

Church Involvement: YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, where? \_\_\_\_\_

**(All new students complete the attached child health assessment and send in with application)**

Is this your child's first preschool experience? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, where else did your child attend? \_\_\_\_\_

How did you hear about our preschool? Search engine (google, yahoo, etc.) \_\_\_\_\_

\_\_\_\_\_ Neighbor / Friend / Relative \_\_\_\_\_ Social Media Other: \_\_\_\_\_

**Program Enrollment:**

Class: Toddler _____ MUST BE ABEL TO WALK	2yrs _____ MUST BE ABEL TO WALK	3yrs _____ MUST BE POTTY TRAINED	4/5yrs _____ MUST BE POTTY TRAINED
2 Days Tuesday/Thursday _____	3 Days Monday/Wednesday/Friday _____	5 Days Monday-Friday _____	
I would like to use Stay & Play extended care on: _____ Monday _____ Tuesday			
_____ Wednesday _____ Thursday _____ Friday			
I would like to use Stay & Play on _____ a weekly basis _____ occasionally			

**Please provide your signature below as confirmation that you have thoroughly read and understand the class placement requirements as outlined in the application form.**

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only** Date Received \_\_\_\_\_  Cash  Check # \_\_\_\_\_

Class Assignment \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_



**There must be a separate health assessment form for each sibling.**

Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Check All That Apply:**

Does your child have any known allergies or sensitivities to?

	No	Yes	If yes, please list:
Medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foods	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Illnesses or Medical Conditions:**

Does your child have any of the following conditions?

	No	Yes		No	Yes
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Developmental Delays	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Physical Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral or Emotional Problems	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____		

**Immunizations:**

Are your child's immunizations current?      Yes       No

**List any additional health information or special instructions you feel we need to be aware of:**

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