



FUMC Weekday Preschool
222 W. 7TH Street
Columbia, TN 38401
FUMCweekday@Columbiafumc.org
(931)381-7228

Student Application 2022-2023

WDS will begin the open application process for **new** students on **February 21, 2022.**

Applications may be mailed via regular mail or dropped off at the church front office. Applications should be **postmarked/dropped off on or after February 21, 2022.** Student openings will be filled according to the date received. Please read the enclosed information carefully and fill out all 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.**
- Payment of the application fee does not guarantee enrollment.
- Mail/drop off the application form beginning **February 21, 2022**, to:

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

**Applications will not be accepted if postmarked before
February 21, 2022.**

**Applications postmarked before February 21, 2022
will be returned.**

Applications received without payment will not be processed.

In late April 2022, 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 August or along with first month's tuition.

Rates & Fees

 5 DAYS Monday-Friday	 3 DAYS Monday/Wednesday/Friday	 2 DAYS Tuesday/Thursday
Tuition *Toddlers (15 months) & Twos \$300 Per Month	Tuition *Toddlers (15 months) & Twos \$240 Per Month	Tuition *Toddlers (15 months) & Twos \$200 Per Month
Threes & Fours <u>must be</u> potty trained \$290 Per Month	Threes and fours <u>must be</u> potty trained. \$230 Per Month	Threes and fours <u>must be</u> potty trained. \$190 Per Month

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

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

All school supplies (**except for the state required 2-inch nap mats**) are included in the tuition cost for the year. There is an annual snack fee of \$25.00 due your first month.

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.**

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.



FUMC Weekday Preschool
 222 W. 7TH Street
 Columbia, TN 38401
FUMCweekday@Columbiafumc.org
 (931)381-7228

2022-2023

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? _____
(Please 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 _____ 2yrs _____ 3yrs _____ 4/5yrs _____			
		<small>MUST BE POTTY TRAINED</small>	
2 Days Tuesday/Thursday _____		3 Days Monday/Wednesday/Friday _____	
		<small>MUST BE POTTY TRAINED</small>	
5 Days Monday-Friday _____			
I would like to use Stay and Play extended care on: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday			
I would like to use these programs on _____ a weekly basis _____ occasionally			

Parent/Guardian _____ Date: _____

For Office Use Only

Date Received _____

- _____ Application Fee
- _____ Registration
- _____ Health Records
- _____ Influenza
- _____ Parent Handbook
- _____ Photo Release
- _____ WDS Car Line
- _____ Address Consent
- _____ Snack Fee

Class Assignment _____ Tour Date _____

Remarks: _____



Health Assessment

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:
