



St. Simons United Methodist Preschool

624 Ocean Boulevard

St. Simons Island, GA 31522

Phone: (912) 634-8557 FAX: 912-634-9737

tanja@stsimonsumc.com

2025-2026 REGISTRATION FORM

Registration Date _____

Perspective Start Date _____

Registration Fee Paid _____ (office use)

Confirmed Date _____

A \$175 **non-refundable** registration fee must be paid before the child begins.

Current school family: ____ Yes ____ No Church child/family
attends _____

*Current preschool families and church members take precedence over the public waiting list.

CHILD'S INFORMATION

Last Name _____ First Name _____ Nickname _____

Address _____

Sex _____ Date of birth ____/____/____ Home Phone _____

Child lives with: Both parents _____, Mother _____, Father _____, Guardian _____ (Information)

FATHER'S INFORMATION

Name _____ Cell _____

Address (if different from child's) _____

Occupation _____ Employer/Address _____

Work Phone _____ E-mail Address _____

MOTHER'S INFORMATION

Name _____ Cell _____

Address (if different from child's) _____

Occupation_____Employer/Address_____

Work Phone _____E-mail Address_____

Immunization Policy:

It is the policy of St. Simons United Methodist Preschool that all children have an up-to-date immunization record on Georgia State Form 3231. Your child must have either proof of a current immunizations or a signed Affidavit to attend St. Simons United Methodist Preschool. No child is allowed to attend school 30 days past the expired date. (St. Simons United Methodist Preschool Parent Handbook)

Parent Signature_____Date_____