



# St. Simons United Methodist Preschool

624 Ocean Boulevard

St. Simons Island, GA 31522

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

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## 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 \_\_\_\_\_