

First Methodist Church Preschool

16 Cherry Street, Commerce, GA 30529

706-338-8096

preschool@cfmc.life

2026- 2027 School Year Four Year Olds

Age as of September 1, 2026 _____ (years and months)

Child's Name: _____

Name student called by _____

Circle Gender: Male or Female

Birthday _____

Address: _____

City: _____ State: _____ Zip: _____

Do you live in the City Limits? Yes or No

County you live in? _____

Home Phone _____

Email Address _____

Mother's Name: _____

Employer: _____

Work Phone: _____

Cell Phone: _____

Father's Name _____

Employer: _____

Work Phone: _____

Cell Phone: _____

****Does your child have any physical, social, emotional, or behavioral disabilities? _____ If yes, please explain on back of application.**

Circle: Is your child potty trained? Yes No or In progress

***REGISTRATION PAYMENT MUST BE MADE AT TIME OF APPLICATION OR
A SPOT WILL NOT BE SAVED.***

Please check program:

- _____ **3 days per week** (Wednesday, Thursday, Friday)
Monthly payments - \$200.00 for ten months
* **Non-refundable Registration Fee** - \$200.00 this covers the curriculum,
materials and supplies for the year.
- _____ **5 days per week**
Monthly payments - \$225.00 for ten months
* **Non-refundable Registration Fee** - \$225.00 this covers the curriculum,
materials and supplies for the year.

**Registration - Classes are filled on a 1st come basis. Current students
and active Church members are guaranteed spot until February 2nd.**

***If we do not have a space for your child, you will be notified.
Letters about the school year will go out in July.***

Parent's Signature _____