

Permission for Emergency First Aid & Permission to Seek Emergency Medical Care

Ghent United Methodist Preschool (GUMP) seeks to provide the very best care for children. Should a medical emergency occur involving my child, I give permission for the staff of GUMP to administer first aid in an emergency and/or to authorize emergency professional medical treatment **IF I CANNOT BE**

LOCATED, for _____ (Child's Name).

Signature of Parent _____ Date _____

Child's Doctor _____ Phone _____

Child's Dentist _____ Phone _____

Insurance Provider _____ Policy # _____

Name on Policy Card _____ Hospital Preferred _____

Date of Last Physical _____ (CHKD will be used first)

Permissions, Releases, & Authorizations

Walking Permission

_____ (Child's Name) has our permission to accompany their preschool class on neighborhood walking excursions.

Photo Release

Ghent United Methodist Preschool has our permission to photograph _____ (Child's Name) during special class activities and use photographs within the preschool facility.

* We sometimes like to use photos on our website. No names are given. We will ask verbal permission before doing this.

Directory Release

Our family would like to be included in the annual GUMP Directory (Names, Addresses, Phone #s, & Emails).

Google Drive/ Class Website

Ghent United Methodist Church has our permission to post photographs of _____ (Child's Name) on the Google class website (password protected).

Field Trips (Pre-K only)

_____ (Child's Name) has our permission to accompany their preschool class on field trips. Parents will be notified of all field trips in advance.

Parent's Signature

Date

Identity Verification (New Students Only)

Place of Birth _____ Birth Date _____

Birth Certificate # _____ Date Issued _____

Above Information Viewed by _____

2024-2025 REGISTRATION GHENT UNITED METHODIST PRESCHOOL

Child's Full Name _____

Child's Nickname/ Name You Want Used at GUMP _____

Age as of Sept. 30, 2023 _____ Date of Birth _____ Male _____ Female _____

Street Address _____ City _____ State _____ Zip _____

Phone # for Immediate Contact _____

Email(s) for School Communication _____

Parent #1 _____ Parent #2 _____

Cell Phone _____ Cell Phone _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Employer Address _____ Employer Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Work Phone _____ Work Phone _____

Allergies/ Medical Conditions _____

Do Allergies require an EpiPen? Yes _____ No _____

Responsible adult(s) to be called if parents or guardians cannot be reached in an emergency

Name _____ Name _____

Relationship _____ Relationship _____

Phone _____ Phone _____

Siblings (Name & Age)

Others Authorized to Pick up Child

(identification will be required unless the teacher knows the person)

Name _____ Name _____

Relationship _____ Relationship _____

Phone _____ Phone _____

Church Membership

How did you hear about us? _____

Office Use Only

Date of Application Received _____ Start Date _____ Waiting _____

Reg. Fee Paid \$ _____ Toured Gump _____ Date _____

Key Fob # _____ Paid _____ Activity Fee _____ Paid _____

GUMP TUITION 2024-2025

Yearly Registration Fee \$ 100 non-refundable

I hereby make application for the enrollment of my child in Ghent United Methodist Preschool (GUMP). I understand that the registration fee of \$100 is to accompany this application and that it is NOT refundable.

Preschool 9:00 a.m. – 12:00 p.m.

Tuition is a fee in which must be paid yearly or in 10 equal payments. The first payment is due August 1, 2023. The last payment is due May 1, 2024. Please indicate your 1st, 2nd, and 3rd choices for days of the week under the appropriate age group.

Breakfast 8:00 a.m. – 9:00 a.m.

Breakfast and lunch are billed monthly per use at \$12 hour

Lunch 12:00 p.m. – 1:00 p.m.

(Siblings are half price)

Monthly Tuition Rates

	Ones	Twos	Threes	Pre-K
Tues/Thurs	_____ \$281	_____ \$266	_____ \$261	
MWF	_____ \$406	_____ \$336	_____ \$306	
M-F	_____ \$506	_____ \$446	_____ \$396	_____ \$431

Yearly Tuition Rates

	Ones	Twos	Threes	Pre-K
Tues/Thurs	_____ \$2,810	_____ \$2,660	_____ \$2610	
MWF	_____ \$4060	_____ \$3,360	_____ \$3060	
M-F	_____ \$5060	_____ \$4,460	_____ \$3,960	_____ \$4,310

I agree to make a payment of \$_____ for the _____ (Days/Age) program. I agree to and understand that I will incur a late fee of \$10 if my payment is not paid by the 10th of the month.

Activity Fees

Ones	Twos	Threes	Pre-K
\$150	\$150	\$150	\$150

I agree to pay \$ 150.00 activity fee and \$10 per key fob (and additional \$10 replacement if my key fob is lost).

By signing below, I acknowledge that I am responsible for the full tuition and fees from the date of admission until the end of the school year, whether or not my child is in attendance for the entire school year. Tuition rates will **not** be prorated due to school closings and cancellations, student/family vacations and/or sick days.

Signature of party Responsible for Payment: _____

Date: _____

Office Use Only

Child's Name _____ Age as of 9/30 _____

Class Assignment _____ # Days _____



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