

## 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).

### Photographs Class Website

Ghent United Methodist Church has our permission to post photographs of \_\_\_\_\_ (Child's Name) on the 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 _____	

**GHENT UNITED METHODIST PRESCHOOL  
2026-2027 REGISTRATION**

**Child's Full Name** \_\_\_\_\_

**Child's Nickname/ Name You Want Used at GUMP** \_\_\_\_\_

Age as of Sept. 30, 2026 \_\_\_\_\_ 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 2026-2027

**Yearly Registration Fee \$ 125 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 \$125 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, 2026. The last payment is due May 1, 2027. Please indicate your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> 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	_____ \$291	_____ \$276	_____ \$271	
MWF	_____ \$416	_____ \$346	_____ \$316	
M-F	_____ \$516	_____ \$456	_____ \$406	_____ \$441

**Yearly Tuition Rates**

	Ones	Twos	Threes	Pre-K
Tues/Thurs	_____ \$2,910	_____ \$2,760	_____ \$2710	
MWF	_____ \$4160	_____ \$3,460	_____ \$3160	
M-F	_____ \$5160	_____ \$4,560	_____ \$4060	_____ \$4,410

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 10<sup>th</sup> 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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