



All God's Children Weekday Program

Franconia United Methodist Church

6037 Franconia Rd. Alexandria, VA 22310

agcpreschool@franconiaumc.org

Thank you for your interest in All God's Children, registration begins Feb 1, 2024. Classes are filled in the order received. To register, documents can be emailed, mailed, or dropped off at school during school hours (T-F from 9-1). To register your child, please complete the following:

- Registration Form
 - Agreement to Enroll
 - Copy of Birth Certificate
 - \$150 non refundable registration fee, checks made out to FUMC-AGC
-

Registration Form 2024 – 2025

Class Interested in, please check:

- ☐ Older 2's class - Must be 3 on or before March 1
 - ☐ 3 days per week - Older 2's
 - ☐ 4 days per week - Older 2's
- ☐ 3 year old class: Student must be 3 on or before September 30
 - ☐ 3 days per week - 3 year old class
 - ☐ 4 days per week - 3 Year old class
- ☐ PreKindergarten: Student must be 4 on or before September 30 - 4 days per week
- ☐ Younger 2's class - Must be 2 by start of school. Gaging interest - please fill out form only, no registration fee until confirmed availability
- ☐ Unsure, help me figure out which class is best

If attending 3 days per week, please check the days you prefer your child to attend. Cannot guarantee the requested days, but will try our best to accommodate. Pre K/4 year old class is 4 days a week only.

Tuesday Wednesday Thursday Friday No Preference

Are you interested in participating in the Co-op option?

Yes No

Child's Name: _____

Birth Date: _____ Child's Age as of September 30, 2024: _____

Gender M F

Parent or Guardian: _____

E-Mail Address: _____

Phone Number: _____

How did you hear about us? _____

Has your attended preschool before Yes No If so, where?

Is your child enrolled in Child Find or receiving any special services (speech, OT, etc) If so, where?

Does your child have any food allergies?

Does your child have any medical conditions that may affect participation in school activities? If yes, please describe and list medications that may need to be given at school (inhaler, epipen, etc)

Please share any information about your child that will help us with class placement.

For Office Use Only....

Date **Received** _____

Placed in **Class** _____

Attending on Tuesday Wednesday Thursday Friday

Sibling Discount yes/no Participating in Co-op option yes/no

Tuition _____

