



Martha Bowman UMC

Mother's Morning Out and Preschool
500 Bass Road | Macon, GA 31210 | 478-477-1901, ext 121
www.marthabowman.org

Preschool Checklist

Please make sure to include the following:

- Commitment Form
- Registration Form
- Medical, Liability, and Photo Release Form
- Immunization Form
- Copy of Insurance Card
- Registration and Curriculum Fee (2024/2025 School Year)

For Currently Enrolled Students:

All forms and fees are due no later than February 1, 2024. Any forms turned in after that date will not guarantee a spot for the summer session or the 2024/2025 school year.

For Newly Enrolling Students:

Fees must be turned in with all forms to secure a spot for your child. Your child's spot is not confirmed until the director has confirmed that there is a spot available in the appropriate age-level class.

If you have any questions, please call 478-477-1901.

Dionne Dillard, ext. 106

Email: ddillard@marthabowman.org.

April Foster, ext. 121

Email: afoster@marthabowman.org



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Preschool Commitment Form

Child's Name: _____ Birthdate: _____

Parent's Name: _____

Monthly Tuition Rates:

1 day per week \$80.00

2 days per week \$160.00

3 days per week \$225.00

4 days per week \$275.00

Early Drop Off:

\$40.00 per month (8:30 am)

Registration and Curriculum Fees:

Fees must be paid with the commitment form to secure your child's spot in the program.

2K - 4K \$125.00 registration and curriculum fee.

Parents can choose any combination of days for 2K & 3K. The 4K program will only accept kids who can attend all four days.

2024 Summer Session
June 3, 2024 - July 25, 2024
9:00 am - 1:00 pm

- Mondays
- Tuesdays
- Wednesdays
- Thursdays
- Early Drop Off

2024/2025 School Year
August 5, 2024 - May 22, 2025
9:00 am - 1:00 pm

- Mondays
- Tuesdays
- Wednesdays
- Thursdays
- Early Drop Off

_____ My child will not be attending either session.



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Preschool Registration Form

Please complete a form for each child you wish to register:

Child's Name

Date of Birth

Gender

Family Information

Email Addresses

Father's Name

Father's Address

City/ State

Zip

Home/Cell Phone

Work Phone

Mother's Name

Mother's Address

City/ State

Zip

Home/Cell Phone

Work Phone

Emergency Contact (other than parent)

Home/Cell Phone

Work Phone

Child's parents or guardians (circle one)

Married

Domestic Partners

Divorced

Separated

Single Parent

Back →



Additional information about the child's family setting that would be helpful (siblings, custody orders, pick-up arrangements, etc):

Child's Development

Mobility:

- Crawling Walking Uses a Walking Aid Wheelchair Bound

Is he/she toilet trained:

- Yes No

Feeding Schedule (Infants)

Sleeping Habits

Likes/Dislikes

Medical Information

Child's Doctor

Hospital Preference

Allergies, special conditions/needs, or medications:

Days: Monday Tuesday Wednesday Thursday

FOR OFFICE USE ONLY

Form 3231

Registration Fee Paid \$:_____ Date Paid:_____ Cash/Check/Online _____