



First United Methodist Church Preschool

Infant Care

900 East Business 98, Panama City, Florida 32401

Office: 850-763-0615

www.fumc-pc.org Email: beth@fumc-pc.org

License # C14BA0104

Dear Parents,

Registration for the 2025-26 school year is here! If you wish to enroll your child for this year, please fill out the attached form and return it to the preschool office with the **non-refundable registration fee of \$100.00 for the first child and \$50.00 for each additional sibling.**

*Infant Care is available for children who are **3 months old** by the preschool start date or the day they start.

***Infant Care hours are 7:30a.m.-5:00p.m.**

*Tuition will be due on the 1st of every month. A \$25.00 late fee will be assessed if payment is received after the 10th of the month.

*You will be billed according to the number of days we are open.

*A late pick-up fee of \$5.00 will be assessed beginning at 5:05 p.m. An additional \$1.00 per minute will be assessed thereafter.

*All registration and health forms must be completed and returned along with material fee and the first month's tuition by the first day of school. There is a \$5.00 "Reach Alert" fee assessed each school year per family to cover the cost of our Parent Notification and Emergency Alert system.

*There will be a \$25.00 charge for all returned checks.

*Please refer to the 2025-26 Preschool calendar for all school closures.

Infant Care Fees

*Registration fee - \$100.00 for the first child and \$50.00 for each additional sibling (non-refundable)

*Material fee - \$75.00 for the year

*Daily rate of \$55.00, billed monthly and due the 1st of the month.

Estimated monthly cost

August	\$825.00	January	\$990.00
September	\$1,155.00	February	\$990.00
October	\$1,100.00	March	\$935.00
November	\$770.00	April	\$1,155.00
December	\$770.00	May	\$880.00

We look forward to having you and your child join our Preschool family!

Blessings,
Beth Richardson

FIRST UNITED METHODIST CHURCH PRESCHOOL
900 East Business 98 Panama City, FL 32401
(850) 763-0615 License # C14BA0104

2025-26 Registration

Child's Name: _____

First

Middle

Last

Date of Birth: _____

Name(s) of Parent(s) child lives with: _____

Address: _____

Email address: _____

Home Phone: _____

Mom's work # _____ Mom's cell # _____

Dad's work # _____ Dad's cell # _____

Home Church _____

Class your child will be entering

Full time Infant Care (starting at 3 months) 5 days M-F _____

(Child must be the age of the class they are entering by Sept. 1st).

Toddler (1 year old)

Two

2 days ----T/TH _____

2 days ---- T/TH _____

3 days-----M/W/F _____

3 days ---- M/W/F _____

5 days ----M-F _____

5 days ----M-F _____

Three (must be potty trained)

Four (must be potty trained)

3 days ----M/W/F _____

5 days ----M-F _____

5 days ----M-F _____

Extended Care M_____

T_____

W_____

Th_____

F_____

available 7:30-5:00

Registration fee

\$100.00 for the first child and \$50.00 for additional siblings

Date paid _____ Check # _____ Cash (receipt given) _____