



All God's Children Weekday Program

Franconia United Methodist Church

6037 Franconia Rd. Alexandria, VA 22310

agepreschool@franconiaumc.org

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Thank you for your interest in All God's Children, registration begins 1/15/25 for returning families and 2/5/25 for new families. 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
- Copy of Birth Certificate - new students only
- A non refundable registration fee of \$175 for 1 or \$275 for 2 students, checks made out to FUMC-AGC

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## Registration Form 2025 – 2026

**Class Interested in, please check:**

- Older 2's class - Must be 3 on or before March 1
  - 3 days per week - Older 2's - \$405 per month
  - 4 days per week - Older 2's - \$535 per month
- 3 year old class: Student must be 3 on or before September 30
  - 3 days per week - 3 year old class - \$405 per month
  - 4 days per week - 3 year old class - \$535 per month
- PreKindergarten: Student must be 4 on or before September 30
  - 4 days per week - 4 year old class - \$535 per month

**If attending 3 days per week, please circle 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

**We would like to offer aftercare, where children stay after and play from 1:00 - 3:00, if there is enough enrollment. I would sign up for care:**

Tuesday      Wednesday      Thursday      Friday      Occasionally      No Interest

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Child's Age as of September 30, 2025: \_\_\_\_\_

Gender (circle) M      F

Parent or Guardian: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Has your attended preschool before (circle) 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 allergies or 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.

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, agree to pay the \$175 non-refundable registration fee upon acceptance of a spot at All God's Children Weekday Program (AGC) for the 2025-2026 school year. Further required paperwork will be shared over the summer and will need to be completed by August 1, 2025 as well as payment of September's tuition. The Virginia Health Form with Immunization records is to be completed by your child's pediatrician and turned in before the first day of school. Neglect in this matter will result in a forfeiture of your child's space at AGC. Please let us know if your plans change between now and the start of the school year. If we do not receive notification of your child no longer attending AGC by August 1, 2025, you will still owe the first month's tuition. I have read and understand the Agreement of Enrollment Form and will adhere to this policy.

\_\_\_\_\_  
Parent/Guardian Signature