



UNITED METHODIST ASSOCIATION OF PRESCHOOL
General Member Annual Update 2010

Please complete the Annual Update and return with your yearly dues.
(Please print or type.)

Date _____ Name of program _____

Church Name _____ District _____

Physical Address _____

City _____ State _____ Zip Code _____

Mailing Address (If different) _____

City _____ State _____ Zip Code _____

Telephone (_____) _____ Pastor _____

Email _____ Website _____

Director Name _____ Hire date as Director _____

DCF License # _____ Expires _____

Full Day Program _____ Half Day Program _____ Year-round _____ TOTAL # Classes _____

Infants _____ Toddlers _____ Twos _____ Threes _____ PreK _____ (VPK _____) Other _____

Number of Children Enrolled _____ Number of Teaching Staff _____ TOTAL # of Staff _____

Number of Staff with Nat'l CDA / FCCPC or state approved credential/ or Higher (degree) _____

Last UMAP Conference attended? _____ Number of staff sent? _____

Accreditations _____

Are you interested in UMAP Accreditation? Yes _____ No _____

Signed: _____ Date _____
Director

Mail to: Sandi Vaughn, 4234 Settlers Court, Saint Cloud, FL 34772