



UNITED METHODIST ASSOCIATION OF PRESCHOOLS  
General Membership Annual Update 2020

Please complete the Annual Update and return with your  
\$50.00 annual dues and a copy of your DCF License

(Please print or type)

Date \_\_\_\_\_ Member number \_\_\_\_\_

Name of program \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Director's Name \_\_\_\_\_

Church Name \_\_\_\_\_ District \_\_\_\_\_

DCF License # _____	Expires _____	Number of Children Enrolled _____
Full Day Program _____	Half Day Program _____	Year-round _____
TOTAL # Classes _____		
Infants _____	Toddlers _____	Twos _____
Threes _____	PreK _____	VPK _____
Other _____		
Number of staff with National CDA / FCCPC, state approved credential, or higher degree _____		

Accreditations \_\_\_\_\_

Are you interested in UMAP Accreditation? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you be interested in a UMAP Christian Component Certification? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever attended a UMAP Conference? Last year attended? \_\_\_\_\_ Number of staff sent? \_\_\_\_\_

What is your preferred form of communication? (phone or email) \_\_\_\_\_

Would you like additional information on ways you can serve UMAP? \_\_\_\_\_

Director signature: \_\_\_\_\_ date: \_\_\_\_\_

Mail check to:

Stacey Duggar  
Trinity United Methodist Preschool  
PO Box 1086  
Tallahassee, FL 32302

Form updated 7-31-2020

To pay with credit card, complete form and email to <a href="mailto:sduggar@tumct.org">sduggar@tumct.org</a> :	
Request invoice	
Name on card: _____	
Number: _____	
Zip code: _____	CVV _____
Expiration date: _____	
3% surcharge \$50 + 1.5 = <b>\$51.50</b>	