



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:

UMAP

10726 Libby Number 3 Rd

Clermont, FL 34715

Form updated 4-30-2022

To pay with credit card, complete form and
email to sduggar@tumct.org: Request
invoice Name on card:

Number:

Zip code: _____ CVV _____

Expiration date: _____

3% surcharge \$50 + 1.5 = **\$51.50**