

**FIRST UNITED METHODIST CHURCH PRESCHOOL – Child Enrollment Information**

Child's Name \_\_\_\_\_ Date of Enrollment \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Preferred Name \_\_\_\_\_  
 Language Spoken at Home \_\_\_\_\_

**CLASS PREFERENCE:** (Please check appropriate box.)

18 Months & Twos	Threes	VPK Fours	*Extended Care
2-day (TTh) 9:00-12:00	2-day (TuTh) 9:00-1:30	3-day (TThF 8:30-1:30)	EM Care 8-9 a.m.
3-day (MWF) 9:00-12:00	3-day (MWF) 9:00-12:00	5-day (M-F 9-12)	CJC until 1:30 p.m.
5-day (M-F) 9:00-12:00	3-day (MWF) 9:00-1:30	5-day Extended VPK	CJC until 2:30 p.m.
	5-day (M-F) 9:00-12:00	(M-F 9-1:30) <small>Tuition Required</small>	CJC until 3:30 p.m.
	5-day (M-F) 9:00-1:30		

**All classes subject to cancelation if minimum capacity is not met.**

EM = Early Morning Care  
 CJC = Cracker Jack Club

**MOTHER'S INFORMATION:**

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home phone # \_\_\_\_\_ Mother's Cell phone # \_\_\_\_\_  
 Mother's place of employment \_\_\_\_\_ Work phone # \_\_\_\_\_  
 Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**FATHER'S INFORMATION:**

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home phone # \_\_\_\_\_ Father's Cell phone # \_\_\_\_\_  
 Father's place of employment \_\_\_\_\_ Work phone # \_\_\_\_\_  
 Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Preferred e-mail address** \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address of Physician \_\_\_\_\_  
 May the preschool call another physician if unable to contact the above? \_\_\_\_\_

**Preferred number to call in case of illness or accident** \_\_\_\_\_

**Other persons to be notified in case of illness or accident:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Persons permitted to remove child: Mother: Yes \_\_\_ No \_\_\_ Father: Yes \_\_\_ No \_\_\_**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

*I understand that tuition is an annual amount divided equally over a 10 month period. Monthly amounts will remain the same throughout the school year regardless of the number of scheduled days each month.*

\_\_\_\_\_  
 Signature of person enrolling child \* PASSWORD \_\_\_\_\_

**PRESCHOOL INFORMATION**

Does your child have any known allergies or medical conditions? \_\_\_\_\_  
 Are you a member of First United Methodist Church? \_\_\_\_\_ Other? \_\_\_\_\_  
 Has your child attended preschool previously? \_\_\_\_\_ If yes, where? \_\_\_\_\_  
 How did you hear about our preschool? \_\_\_\_\_