



Bethel UMC Preschool

ENROLLMENT AGREEMENT

Class _____
Age as of 09/01/2010: _____

Child's Full Name _____

Name child is called _____ Birthdate ___/___/___

Mother's Name _____

Father's Name _____

Mailing Address _____

Email Address _____

Home Phone _____ Mom's Work Phone _____

Dad' Work Phone _____

Mom's Cell _____ Dad's Cell _____

Names and phone numbers of persons to whom we may release your child:

Name	Relation	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Acceptance of this enrollment form and the registration fee of \$100.00 assures your child a place at Bethel UMC Preschool. In return, we expect that you will honor your enrollment for the term unless you move from the city or some unusual circumstance.

Signed _____ Date _____
(parent or legal guardian)