

For Office Use Only

Class:

Ck #:

Date Rec:



Bethel UMC Preschool

Pre-Registration Form

STUDENT INFORMATION

Child's Full Name:

Name Child Goes By:

Birthdate: Age as of 09/01/2010:

Parent's Names:

Home Address:

Home Phone: Class you wish your child to attend:

PERSONAL INFORMATION

Mother's Employer: Phone:

Father's Employer: Phone:

Name & Age of Siblings

Does child live with Mother _____, Father _____, or Both _____? If divorced, please describe on the back the custody agreement regarding either parent visiting or removing the child from school.

EMERGENCY INFORMATION

NAME	PHONE NUMBER	RELATIONSHIP

Does your child have any special needs, allergies, dietary restrictions, speech problems, or any other health problems that we need to be aware of? This does not reflect in any way on your child being a part of our program.

Is your child potty trained? We encourage all children 3 yrs old and older to be potty trained.

What are your expectations of this program?

Please list any talents that you are willing to share with your child's class or the other classes.

Does your family attend church anywhere? If so where?

*****I understand that the \$100 registration fee is due at the time this form is returned. I also understand that if I decide not to enroll my child after the form is turned in to the office that the fee is a non-refundable fee. Your child is not enrolled at Bethel UMC Preschool until this form and the registration fee is received.

Parent Signature: _____