

Elma United Methodist Preschool Registration Form

Enrollment for: 3 year old _____ (9-11:30) 4 year old _____ (9-12)

Child's name: _____

Home address: _____

Town: _____ **Zip code:** _____

Date of Birth: _____ **Sex:** Male Female

Mother's name: _____

Address: _____

Phone: Home/Cell _____ **Work** _____

Father's name: _____

Address: _____

Phone: Home/Cell _____ **Work** _____

E-mail address: _____

I give permission to share my contact information with other Preschool parents for the class roster. Y N

Child lives with: Mother _____ Father _____ Both _____ Other _____

Other children in family (please include ages): _____

Person to contact in an emergency other than parents:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

*Any allergies, injuries, or is your child currently receiving any therapies that we need to be aware of? If yes, please explain:

How did you hear about us? _____

*Enclosed is a **\$75 registration** fee to secure my child's placement in EUMC Preschool. (Reg fee is \$100 if more than one student is enrolled in the program.) I understand that it is not refundable for any reason. **Make checks payable to EUMC Preschool.**

Parent/Guardian Signature: _____ Date: _____

