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:		
Date of Birth:		
Mother's name:	-	
Address:		
Phone: Home/Cell	Work _	
Father's name:		
Address:		
Phone: Home/Cell		
E-mail address:		
Other children in family (please in	nclude ages):	
Person to contact in an emergence		
		Phone:
Name:	Relation:	Phone:
*Any allergies, injuries, or is yo aware of? If yes, please explain	,	ny therapies that we need to be
How did you hear about us? _		
*Enclosed is a \$75 registration	fee to secure my child's plac	ement in EUMC Preschool. (Reg fee
is \$100 if more than one stude	•	, •
refundable for any reason. Ma		•
Parent/Guardian Signature:		Date: