## **PUMC PRESCHOOL**

## 2019-2020

## **Registration Form**

Student Information	

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	SS: (PLEASE CIRCLE ONE)	BEGINNERS	PRE-K			
Male						
Female						
Age	Birthdate					
Child's Name						
Parent/Guardian N	ames					
	ome with the child? Mom		iuardian Other			
Primary Contact	Primary Contact Relationship to child					
Home Phone						
Cell Phone						
Work Phone	k PhonePlace of Employment					
Email Address						
What Elementary S	school will your child attend? _					
Please explain any	special accommodations requ	ired for your child to	attend, such as allergies:			
Emergency Contact Information						
Name		Relationship	o to child			
Phone Number		(home, cell c	or work?)			
2 <sup>nd</sup> Phone Number		(home, cell or work?)				

Who has permission to pick up your child from preschool?					
Name	Phone Number				
Name	Phone Number				
Name	Phone Number				
	Childcare Information				
Name	Phone Number				
Address and City					
Will this person be responsible for dr	opping off and/or picking up?				
	Picture release permission				
Do we have permission to post your page? (No names published with th	child's picture/video on our church and/or preschool web site and facebook e pictures/videos)				
Please circle one: Yes No					
Parent Signature					
	Parent Agreement and Signature				
By signing this form, you authorize P Understanding that you are responsi	UMC Preschool to take necessary action in the event of a medical emergency, ble for charges incurred.				
I also understand that the registratio	n fee is non- refundable.				
By signing this form, you agree to par	y the specified amount of tuition while your child is enrolled in our program,				
the registration fee and any other ad	ditional fees that may apply.				
Parent/Guardian Signature	Date				
< <this inf<="" td=""><td>ormation is for internal use only&gt;&gt;</td></this>	ormation is for internal use only>>				
Copy of Birth Certificate turned in?	yes/no				
Medical Form and Shot Record turn	ed in? yes/no				
Cash/Check #	Amount				
Date Received	Employee initials				