

# UNIVERSITY UNITED METHODIST PRESCHOOL

*play.learn.grow*

2018 - 2019 REGISTRATION FORM

TODAY'S DATE: \_\_\_\_\_

## Child Information:

Name: \_\_\_\_\_

Gender:      Male      Female

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Likes to be called: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age on Aug 31<sup>st</sup>, 2018: \_\_\_\_\_

## Parent Information:

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Skills: \_\_\_\_\_

Work Skills: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell/Pager #: \_\_\_\_\_

Cell/Pager #: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you and/or your spouse a member of University United Methodist Church?    Yes      No

## Emergency Information:

Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contacts:

1. Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## General Information:

Siblings and expected siblings (names and ages): \_\_\_\_\_

Previous group experience: \_\_\_\_\_

Additional comments (favorite activities, special interests, fears, special needs, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

## Class Options -

### Two Year Olds

Mon./Tues./Thurs.  
(3 days)

### Three Year Olds

Mon.-Thurs.  
(4 days)

### Four Year Olds

Mon.-Fri. (5 days)

## PLEASE NOTE:

**\*APPLICATIONS WILL NOT BE PROCESSED AND FINALIZED UNLESS ACCOMPANIED BY THE ONE-TIME \$35 APPLICATION FEE. PAYMENT CAN BE MADE ONLINE OR BY CHECK IN THE CHURCH OFFICE.**

**\*A CURRENT VACCINATION RECORD IS REQUIRED FOR CHILDREN TO ATTEND UUMP.**