

FIRST UNITED METHODIST CHILDCARE MINISTRY

2011-12 Enrollment Form

Learning Tree Preschool

Child's Name _____ Birth date _____

Address _____ Phone _____

City _____ ZIP _____

Registration for: Willow 1's Tulip Tree-2's Sycamore- older 2's and young 3's

Redbud- Pre-K A.M. _____ P.M. _____ Dogwood- 3's Choice Day

Maple (young) Pre-K Oak-Pre-K

Mother's/Guardian's Name _____ cell phone _____

Address (if different than child's) _____

Email address _____

Employer _____ Daytime Phone _____

Father's/Guardian's Name _____ cell phone _____

Address (if different than child's) _____

Employer _____ Daytime Phone _____

Siblings' Names _____ Age _____

_____ Age _____

_____ Age _____

Please tell us about any special family situation(s) that would be helpful in relating to your child (i.e., adoption, step-parent, child custody, etc.) _____

Other than parents or guardians, persons to contact in case of emergency:

Name _____ Relationship _____

Address _____ Daytime Phone _____

Name _____ Relationship _____

Address _____ Daytime Phone _____

Child's Doctor _____ Phone _____

Address _____

We will not release your child to any person without parent/guardian authorization. The following persons are authorized to pick up my child:

Name _____ Daytime Phone _____

Name _____ Daytime Phone _____

I hereby authorize the school to seek medical help for or give emergency medical care to my child.

Signed _____ Date _____

Please share with the director any significant changes in your child's health or exposure to any communicable diseases. Also, please keep us up to date on any changes in address, phone numbers or authorization of persons who have permission to pick up your child. Information will be kept in your child's confidential school file.

_____ Registration fee paid date- _____

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