## First United Methodist Church Preschool Enrollment Form

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## 3 Year Old Class...TTH (9-11:00 pm) Start Date August 2021

Full name of child			
Name child is called		B	irthdate//
Name of Father			
Name of Mother			
Mailing address			7.
2	street	City	Zip
Email Address			
Phone (best way to get a hol	ld of you)		
Father's Work Phone:	Mother's Work Phone		
Father's Cell Phone:	Mother's Cell Phone		
Best way to communicate: 0	Cell phone (text or call)		
Child's Physician		Phon	e
Emergency Names and Nun	nbers of Friends or Relativ	ves:	
Name	Relationship	Address	Phone
Name	Relationship	Address	Phone
Name	Relationship	Address	Phone
Names and phone numbers	of persons to whom we m	ay release your child:	
Name	Re	ationship	Phone
Name Relationship		ationship	Phone
Name		ationship	Phone
Name	Re	ationship	Phone
		Continue this form on the	back side

Acceptance of this enrollment form and the enrollment and supply fee of \$40 assures your child a place in the First United Methodist Church Preschool. In return, we expect that you will honor your enrollment for the term unless you move from Garden City or some unusual circumstance makes a mutual agreement to dissolve the contract the most advantageous arrangement for the child.

Date \_\_\_/\_\_/ Signed \_\_\_\_\_ (parent or legal guardian)

## FOR OFFICE USE ONLY

- Enrollment form and fee received. Date \_\_\_/\_\_/
- Agreement for emergency treatment received.
- Physician's statement received.
- Immunization records received.
- Copy of Insurance.

The First United Methodist Church Preschool prohibits discrimination against current or prospective students on the basis of race, color, sex, religion, national origin, age, disability, or any other legally protected characteristic. The Preschool does not by this non-discrimination statement disclaim any right it might otherwise have to maintain its United Methodist identity or the doctrines of the United Methodist Church.