First United Methodist Church Preschool Enrollment Form

4 Year Old Class...MWF (9-11:30 a.m.) Start Date August 2021

Full name of child			
Name child is called			Birthdate/
Name of Father			
Name of Mother			
Mailing address	Street	City	Zip
Email Address		•	
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 cal	1)	
Child's Physician		Pho	one
Emergency Names and Nur	nbers of Friends or Re	elatives:	
Name	Relationship _	Address	Phone
Name	Relationship _	Address	Phone
Name	Relationship _	Address	Phone
Names and phone numbers	of persons to whom w	e may release your child:	
Name		Relationship	Phone
Name		Relationship	Phone
Name		Relationship	Phone
Name		Relationshin	Phone

Continue this form on the back side

Acceptance of this enrollment form and the enrollment 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 OF	FICE 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.