First United Methodist Church Preschool Enrollment Form

3 Year Old Class...TTH (9-11:00 pm) Start Date August 2022

Full name of child		-	
Name child is called		·	Birthdate/
Name of Father			
Name of Mother			
Mailing addressStreet		City	Zip
Email Address			
Phone (best way to get a hold	l of you)		
Father's Work Phone:	Phone: Mother's Work I		ne
Father's Cell Phone:		Mother's Cell Phone	<u> </u>
Best way to communicate: Co	ell phone (text or call)_		
Child's Physician		P	hone
Emergency Names and Num	bers of Friends or Relat	tives:	
Name	Relationship	Address	Phone
Name	Relationship	Address	Phone
Name	Relationship	Address	Phone
Names and phone numbers o	f persons to whom we	may release your child:	
Name	R	elationship	Phone
Name	R	elationship	Phone
Name	R	elationship	Phone
Name	R	elationship	Phone

Continue this form on the back side

Acceptance of this enrolln	nent form and the enrollme	nt and supply fee of \$40 ass	sures your child a place in the First
United Methodist Church	Preschool. In return, we ex	xpect that you will honor yo	our enrollment for the term unless
you move from Garden Ci	ty or some unusual circum	stance makes a mutual agre-	ement to dissolve the contract the
most advantageous arrange	ement for the child.	_	
Date/	Signed		_
		(parent or legal guardian)	

		(parent or legal guardian)
FOR OF	FFICE USE ONLY	
	Enrollment form and fee received. Date	<i></i>
	Agreement for emergency treatment receive	d.
	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.