## **First United Methodist Church Preschool Enrollment Form**

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## 4 Year Old Class...MWF (9-11:30 a.m.) Start Date August 2022

Full name of child				
Name child is called		]	Birthdate//	
Name of Father				
Name of Mother				
Mailing address				
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: (	Cell phone (text or call)			
Child's Physician			Phone	
Emergency Names and Nun	nbers of Friends or Rela	tives:		
Name	Relationship	Address	Phone	
Name	Relationship	Address	Phone	
Name	Relationship	Address	Phone	
Names and phone numbers	of persons to whom we	may release your child:		
Name	Relationship		Phone	
Name		Relationship	Phone	
Name	R	Relationship	Phone	
Name		Relationship Continue this form on th	Phone Phone	

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 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.