

Ebenezer United Methodist Church Preschool Registration 2010-2011

Child's Full Name _____

Class _____ Days _____

Goes by _____ Sex _____ Birth Date _____

Child's Home Address _____ Phone(h) _____

City _____ State _____ Zip _____ (cell) _____

Dad's Name _____ Mom's Name _____

Dad's Occupation _____ Mom's Occupation _____

Dad's Email _____ Mom's Email _____

Work Phone _____ Work Phone _____

Child's Physician (name and number) _____

(Please furnish a copy of immunizations by Sept 1.)

List persons other than yourself and your spouse to whom we may release your child or call in case of an emergency and we are unable to reach you:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

List any persons who may **NOT** pick up your child: _____

Brothers and/or Sisters and their ages _____

Check opportunities your child has to play with other children:

____ Day Care ____ Sunday School/Church ____ other

Where will your child be attending Kindergarten? _____

Has your child ever been to preschool before? _____ Where? _____

Please describe any physical problems we need to be aware of: _____

Does your child have any allergies? _____

Is your child taking any medications? _____

What expectations do you have from our program? _____

Please give any information you think might be important for us to have _____

Do you attend church? If so, where? _____