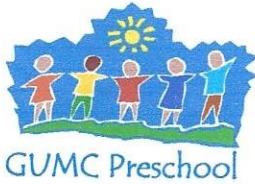


GUMC Preschool 2017-2018 Registration Form

(Please complete one form for each child)



Greenwood United Methodist Church
Attn: GUMC Preschool

525 N Madison Ave, Greenwood IN 46142

2017-2018 Monthly Tuition is \$120 for Pre-K and \$95 for 3's & 4's

(Return completed form along with \$85 Non-refundable deposit)

Available Classes: 3's (3 by 8/1/2017) _____ 4's (4 after 8/1/2017) _____ Pre-K (4 by 8/1/2017) AM _____ PM _____

Immediate Information:

Child's Name: _____ Nick Name: _____
First Middle Initial Last

Birthdate: _____ Sex: Male _____ Female _____ Email Address: _____
(mm/dd/yyyy) (Please Check)

Child's Address: _____
Street Address City ST Zip Code

Mother's Name: _____ Cell Phone: _____
First Middle Initial Last

Mother's Occupation: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____
First Middle Initial Last

Father's Occupation: _____ Work Phone: _____

Emergency Contact Name: _____ Cell Phone: _____
First Last

Baby Sitter's Name: _____ Cell Phone: _____
First Last

Authorized Escorts for my Child:

Name: _____ Phone: _____ Relationship: _____
First Last

Name: _____ Phone: _____ Relationship: _____
First Last

Family History:

Do parents live in the same household? _____

Other children in family:

Name: _____ Age: _____ Sex: Male _____ Female _____

Name: _____ Age: _____ Sex: Male _____ Female _____

Name: _____ Age: _____ Sex: Male _____ Female _____

Emergency Health Record (to be completed by parent)

Allergies: _____

Physician's Name: _____ Phone: _____

Hospital Preference: _____

If parents/guardian is not immediately available in an emergency, contact:

Name	Relationship	Phone

In case of an emergency, the school may call the family physician to examine my child.
(Without such permission, the school assumes no responsibility for emergency medical attention.) Circle one: Yes or No

Signature of Parent/Guardian: _____ Date: _____

Speech:

Can your child speak plainly so others can understand? Yes ___ No ___

Any foreign languages spoken in the home? No ___ Yes ___ What language? _____

Is your child enrolled in a speech program? No ___ Yes ___ If so, where? _____

General Question:

How did you hear about GUMC Preschool? _____

Parent/Guardian Agreement:

I consent to the enrollment of my child: _____ with the Greenwood United Methodist Preschool and agree that the Greenwood United Methodist Preschool shall not be responsible in case of sickness or injury of this child while in the attendance of the Preschool facility or to and from the facility.

I understand that in order for my child to attend any field trips or excursions involved with the GUMC Preschool program, that my child must be accompanied by either myself or another adult chaperone.

I agree to pay the monthly fee of \$_____ due by the 10th of every month and I will carry out the rules and regulations of the GUMC Preschool.

I further agree that in case of accident or injury, emergency medical care may be given in the event that I cannot be contacted immediately.

Parent and/or Guardian Signatures:

_____	_____	Date: _____
Father	Mother	