

GUMC Preschool 2018-2019 Registration Form

(Please complete one form for each child)



Greenwood United Methodist Church

Attn: GUMC Preschool

525 N Madison Ave, Greenwood IN 46142

2018-2019 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 8/1/2018) _____ 4's (4 after 8/1/2018) _____ Pre-K (4 by 8/1/2018) 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 agree to pay the monthly fee of \$_____ due by the 1st of every month and I will carry out the rules and regulations of the GUMC Preschool.

I understand that if my child is absent from school for an extended period of time within a month without a doctor's note, I will still be required to pay the monthly fee of \$_____ to hold my child's place in the class. If payment is not received prior to leaving, I understand that my child's spot can be given to another student if the need arises. In the case that a spot is still available upon my child's return, I would be required to re-enroll my child and pay the \$85 registration fee again.

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 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	