GUMC Preschool 2020-2021 Registration Form (Please complete one form for each child)



Greenwood United Methodist Church Attn: GUMC Preschool

525 N Madison Ave, Greenwood IN 46142

2020-2021 Monthly Tuition is \$140 for Pre-K and \$100 for 3's & 4's (Return completed form along with \$100 Non-refundable deposit)

Available Classes: 3's	6 (3 by 8/1/2020)	_ 4 'S (4 after 8/1/2	020)	Pre-K (4 by 8/1/2020)	AM PM
Immediate Information	n:				
Child's Name:				Nick Name	
Child's Name:	Middle Initial	Last			
Birthdate:(mm/dd/yyyy)	Sex: Male	Female Please Check)	Ema	il Address:	
Child's Address:	t Address			City	ST Zip Code
Mother's Name:	Middle In	nitial Last		Cell Phone:	
Mother's Occupation: _				_Work Phone:	
Father's Name:	Middle In	nitial Last		Cell Phone:	
Father's Occupation:				Work Phone: _	
Emergency Contact Na	me:	Last		Cell Phone:	
Baby Sitter's Name:					
Authorized Escorts fo	r my Child:				
Name:	Last	Phone:		Relation	ship:
Name:	Last	Phone: _	Relationship:		
Family History:					
Do parents live in the sa	ame 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 co	empleted by parent):
Allergies:	
Physician's Name:	Phone:
Hospital Preference:	
If parents/guardian is not immediate	ly available in an emergency, contact:
Name	Relationship Phone
	I may call the family physician to examine my child. no responsibility for emergency medical attention.) Circle one: Yes or No
Signature of Parent/Guardian:	Date:
Speech:	
Can your child speak plainly so other	ers can understand? Yes No
Any foreign languages spoken in the	e home? NoYes What language?
Is your child enrolled in a speech pro	ogram? NoYes If so, where?
General Question:	
How did you hear about GUMC Pres	school?
Parent/Guardian Agreement:	
Preschool and agree that the Greenwo	with the Greenwood United Methodist od United Methodist Preschool shall not be responsible in case of the attendance of the Preschool facility or to and from the facility.
I agree to pay the monthly fee of \$ regulations of the GUMC Preschool.	_ due by the 1st of every month and I will carry out the rules and
without a doctor's note, I will still be place in the class. If payment is not can be given to another student if the	nt from school for an extended period of time within a month required to pay the monthly fee of \$ to hold my child's received prior to leaving, I understand that my child's spot e need arises. In the case that a spot is still available upon d to re-enroll my child and pay the \$100 registration fee
	o attend any field trips or excursions involved with the GUMC be accompanied by either myself or another adult chaperone.
I further agree that in case of accident cannot be contacted immediately.	or injury, emergency medical care may be given in the event that I
Parent and/or Guardian Signature	es:
	Date:
Father	Mother