

Preschool Registration Form

PLEASE PRINT WHEN COMPLETING THIS FORM

Mentor United Methodist Preschool
8600 Mentor Avenue
Mentor, Ohio 44060
440-255-3496 ext. 113

Registration # _____
Registration Fee Paid ~ Check #: _____
Cash: _____
Date: _____

Please register my child for:

3 year old class <input type="checkbox"/> AM ~ Tues./Wed./Thurs. <input type="checkbox"/> PM ~ Tues./Wed./Thurs. YOUNG 3 YO <input type="checkbox"/> AM ~ Tues./Thurs.	4 year old class <input type="checkbox"/> AM ~ Mon./Tues./Wed./Thurs. <input type="checkbox"/> PM ~ Mon./Tues./Wed./Thurs.	Pre K Class <input type="checkbox"/> AM ~ Mon./Tues./Wed./Thurs.
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The name you want on your child to be called and used for name tags (i.e. if name differs from legal name):

Child's Name: _____ Gender: M___ F___ Date of Birth: ___ / ___ / ___

Your child's LEGAL name:

First Name _____ Last Name _____

Child's Address: _____
Street City Zip

Mother/Parent/Guardian Contact Information:	Father/Parent/Guardian Contact Information:
Full Name: _____	Full Name: _____
Address: _____	Address: _____
Email: _____	Email: _____
Phone: _____ Cell: _____	Phone: _____ Cell: _____
Work/School Address: _____	Work/School Address: _____
Work/School Phone: _____	Work/School Phone: _____

Emergency Contact Information: (when parents cannot be reached)

Name: _____	Relationship to child: _____	Phone: _____
Name: _____	Relationship to child: _____	Phone: _____

Other children in your family and their ages: _____

Areas in which you feel your child needs help (shyness, special problems?) _____

Please list previous group experiences (play group, story hour, etc.) _____

Your child's teacher will prepare a class roster. This roster will contain the following information: child's name, address, parent's names and phone number. Upon request, this information will be released to each family in our class. This contact information is helpful when planning play dates or sending party invitations.

I, _____ give my permission for our contact information to be used on the class roster. Please provide one phone number for roster: _____

By checking this box I acknowledge that I have read and understand MUMP's immunization policy.

Signature _____ Date _____