

# 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:

<b>3 year old class</b> <input type="checkbox"/> AM ~ Tues./Wed./Thurs. <input type="checkbox"/> PM ~ Tues./Wed./Thurs. <b>YOUNG 3 YO</b> <input type="checkbox"/> AM ~ Tues./Thurs.	<b>4 year old class</b> <input type="checkbox"/> AM ~ Mon./Tues./Wed./Thurs. <input type="checkbox"/> PM ~ Mon./Tues./Wed./Thurs.	<b>Pre K Class</b> <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

<b>Mother/Parent/Guardian Contact Information:</b> Full Name: _____ Address: _____ Email: _____ Phone: _____ Cell: _____ Work/School Address: _____ Work/School Phone: _____	<b>Father/Parent/Guardian Contact Information:</b> Full Name: _____ Address: _____ Email: _____ Phone: _____ Cell: _____ Work/School Address: _____ Work/School Phone: _____
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## 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 \_\_\_\_\_