

BELMONT UNITED METHODIST PRESCHOOL REGISTRATION

FALL OF _____
REG. FEE _____
CHECK NO. _____
GIRL _____ BOY _____

CHILD'S NAME _____

NAME PREFERRED FOR CHILD _____

ADDRESS _____ ZIP CODE _____

BIRTHDATE _____ HOME PHONE _____

FATHER'S NAME _____ EMAIL _____

WHERE EMPLOYED _____

ADDRESS _____ PHONE NUMBER _____

MOTHER'S NAME _____ EMAIL _____

WHERE EMPLOYED _____

ADDRESS _____ PHONE NUMBER _____

IN CASE OF EMERGENCY, IF NEITHER PARENT CAN BE REACHED, LIST TWO PERSONS TO CONTACT:

1. NAME _____ PHONE NUMBER _____

ADDRESS _____ RELATIONSHIP TO CHILD _____

2. NAME _____ PHONE NUMBER _____

ADDRESS _____ RELATIONSHIP TO CHILD _____

BROTHERS AND SISTERS CHRONOLOGICALLY, OLDEST FIRST

NAME

AGE

SCHOOL ATTENDING

NAME OF PETS _____

SPECIAL INTERESTS _____

CHURCH AFFILIATION _____

YEARS OF PRESCHOOL EXPERIENCE 0 _____ 1 _____ 2 _____

NAME OF PREVIOUS SCHOOL _____

_____ AGE AS OF SEPTEMBER 30TH

_____ 3 YR _____ 4 YR _____ 5 YR

DATE OF REGISTRATION _____

(PRESENT DATE)