COMMUNITY UNITED METHODIST CHURCH PRESCHOOL

## PLEASE PRINT INFORMATION. BRING THIS FORM ALONG WITH DEPOSIT TO PRESCHOOL OFFICE.

Child's full name $\qquad$ Gender M F Birthdate $\qquad$
Name child is to be called at school
Phone $\qquad$

Dad's cell $\qquad$ Mom's cell

E-mail address for receiving preschool information
Address $\qquad$ City $\qquad$ zip $\qquad$

Allergies
Is there a custody order concerning this child? yes no (circle)

Mother/guardian/domestic partner's full name $\qquad$
Employer $\qquad$ Occupation

Work address
Work phone

Father/guardian/domestic partner's full name
Employer $\qquad$ Occupation

Work address $\qquad$ Work phone

## PROGRAM CHOICES

## 8:45 to 11:45 a.m.



## OFFICE USE ONLY


today's date $\qquad$
1st year $\qquad$
2nd year $\qquad$
PreK 3 p.m._ 4 p.m.

