



## YORBA LINDA UNITED METHODIST PRESCHOOL

19002 Yorba Linda Blvd., Yorba Linda, CA 92886 714-777-2384 www.ylumcps.com

### 2018-2019 APPLICATION

Child's Name: First: \_\_\_\_\_ Last: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name child likes to be called: \_\_\_\_\_ Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

Child Resides with: Both Parents  Father  Mother  Shared Custody  Other

If there are any custody issues we need to know about please attach court documentation regarding custody.

Language spoken at home: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

#### FATHER

Name: \_\_\_\_\_

Address (if different from child):  
\_\_\_\_\_  
\_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Employer:  
\_\_\_\_\_

Occupation: \_\_\_\_\_

#### MOTHER

Name: \_\_\_\_\_

Address (if different from child):  
\_\_\_\_\_  
\_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Employer:  
\_\_\_\_\_

Occupation: \_\_\_\_\_

- Please indicate if your child has/or is currently receiving services or evaluations from the following:  
Occupational Therapist  Physical Therapist  Speech Therapist   
Behavioral  Therapist  IEP/Regional Center Program
- Are there any special, language, hearing, visual, or behavioral concerns we should know about? Yes  No
- If yes, please explain: \_\_\_\_\_
- Does your child need an Epi-Pen and/or inhaler? **YES** \_\_\_\_ **NO** \_\_\_\_ If yes, the Epi-pen or inhaler must be clearly labeled in the original package with the prescription label attached. YLUMCPS will provide an additional authorization form for you to sign upon receiving the Epi-Pen or Inhaler.