

ALBANY UNITED METHODIST PRESCHOOL APPLICATION

Child's Name _____

Male _____ Female _____ Birthday _____

Name Usually Called _____

Home Phone _____

Home Address _____

City _____ Zip _____

Name of Father _____

Home Phone _____

Home address _____

Cell Phone _____

Father's Employment _____

Work Phone _____

Name of Mother _____

Home Phone _____

Home address _____

Cell Phone _____

Mother's Employment _____

Work Phone _____

Two names and numbers DIFFERENT than parents listed above we can notify in case of an emergency:

Name _____

Home Phone _____

Relationship to child _____

Cell/Wk Phone _____

Name _____

Home Phone _____

Relationship to child _____

Cell/Wk Phone _____

Baby-sitter's Name _____

Phone _____

Address _____

City _____

Who will pick up your child? _____

Names and ages of any siblings _____

Others who live in your home _____

Child's Physician _____ Phone _____

What opportunities does your child have to play with other children? _____

What are your child's favorite toys or play materials? _____

Does your child have any fears or allergies? If so, describe usual reaction. _____

Does your child have any pets? Kinds and names _____

Is there any other information that will help us know and understand your child so that we can make his/her preschool experience more comfortable? _____

4 & 5 YEAR OLDS ONLY

Please list class preference: _____ No Preference _____ Morning _____ Afternoon

Preschool office use only Rec'd _____	Acknowledgement Sent _____	Ck or MO# _____
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PARENTAL AGREEMENT

I understand that when I enroll my child in the Albany United Methodist Preschool; it will be for the full school year. If my child cannot attend school for any reason other than illness, my child will forfeit his or her place in class to a child on the waiting list. If I withdraw my child after January 1st of the school year, the tuition fee for the remainder of the school year is still my obligation. I further understand that the supply fee is **NON-REFUNDABLE**.

Signature _____

PERMISSION FOR FIELD TRIPS

Occasionally the children will be taken on field trips. All trips are carefully planned and supervised, and the school provides insurance coverage. It will save time and expense of sending and collecting individual notes if you will sign this permission slip as part of your child's enrollment.

I give my permission to include (child's name) _____ in any field trip taken by the preschool.

Date _____ Parent/Guardian Signature _____

PERMISSION FOR PICTURES

Occasionally pictures will be taken for inclusion on our website or for advertising. As we do not have specific events scheduled for these pictures, it would save time if you would sign this permission slip allowing us to include your child's picture.

I give my permission to include (child's name) _____ picture on the Preschool's website and advertising materials.

Date _____ Parent/Guardian Signature _____