

UNITED METHODIST PRESCHOOL APPLICATION 2008-2009 School Year

Child's Full Name _____ Preferred name _____

Gender: Male Female Date of birth _____ Preferred Class: (check one) Mornings Afternoons

Eligible for (check one) Primary (age 3 by Aug. 1) Pre-Kindergarten (age 4 by Aug. 1)

Mailing address _____
Street address or post office box number City State ZIP Code

Child lives with: Mother and Father Custodial Mother Custodial Father Other: _____

Father/guardian name _____ Mother/guardian name _____

Home phone _____ Home phone _____

Work phone _____ Work phone _____

Cell/Pager _____ Cell/Pager _____

Email: _____ Email: _____

Employers Name: _____ Employers Name: _____

Church Affiliation: _____ Church Affiliation: _____

Please note any child custodial information the staff will need to know including name(s) and phone numbers of persons authorized to pick up child from preschool:

Emergency Contacts: Please list three people who could be reached during preschool hours:

- 1. _____ Phone _____
- 2. _____ Phone _____
- 3. _____ Phone _____

In case of an emergency:

Child's Doctor & number _____ Child's Dentist & number _____

My child may participate in the following:

Field Trips: UMC Preschool schedules all field trips during the school term. Field trips involve such possible events as tours and going to the park. Supervision will be provided for those children who do not receive permission to participate.

Yes No

Photographs and Videotape: UMC Preschool staff and/or the local newspaper may take photographs or videotape of my child while participating in a variety of activities in the classroom, during special events (Halloween, Thanksgiving Feast, Christmas Program, special visits by Mother Goose, Clifford) or on the playground for publication with the local newspaper or for use with the UMC Preschool program.

Yes No

Please read and sign:

Having been informed by the United Methodist Preschool, I/we, the parents of the above named child, do hereby give my/our approval for his/her participation in any and all of the activities during the current year.

I/we assume the entire risks and hazards incidental to the conduct of the activities and I/we do further release, absolve, indemnify and hold harmless the United Methodist Church, its officers, employees or agents, United Methodist Preschool, the organizers, the teachers and/or all of them. In case of injury to my/our child, I/we hereby waive all claims against the organizers, the teachers, and others who are helping. I/we likewise release from responsibility any persons transporting my/our child to/or from activities.

Parents/Guardian Signatures: _____

_____ Date

_____ Date

Child's Background Information:

Please list the child's siblings and their ages. _____

Has your child attended a preschool before? No Yes
If yes, where and how long? _____

How would you describe his/her experiences? _____

Does your child attend a daycare? No Yes
If yes, where and how long? _____

How would you describe his/her experiences? _____

Does your child have any health problems that his/her teacher should be aware of? No Yes
If yes, please explain. _____

Are there any foods or drinks that your child **should not have** at preschool? No Yes
If yes, please explain. _____

Does your child have any special fears or concerns? No Yes
If yes, please explain. _____

Does your child have any special emotional or physical needs? No Yes
If yes, please explain. _____

Are there additional concerns or information you need to share? No Yes
If yes, please explain. _____