



Christ UMC Preschool Registration Form

September 20____ - May 20____

Welcome to the Preschool Express Family! We are very excited to begin a partnership with you that will build a foundation of success for your child during his/her formative early childhood years.

Today's Date:

I wish to enroll my child in the class below (x). Please rank the order of #1 choice, #2nd choice for classes that meet multiple days of the week*.

___Tots (2 years old by Sept 1) Monday Wednesday

___Tots (2 years old by Sept 1) Tuesday Thursday

___* 3 Year Old Class Monday Wednesday

___* 3 Year Old Class Tuesday Thursday

___* 3 Year Old Class Monday Wednesday Friday

___* PreKindergarten 4 Years Old Monday Wednesday Friday 3 day program

___* PreKindergarten 4 Years Old Monday Tuesday Wednesday Friday 4 day program
Enrichment Class on Tuesday

___* PreKindergarten 4 Years Old Monday Tuesday Wednesday Thursday 4 day program
Enrichment Class on Thursday

Registration Fees due at time of registration: \$55.00 non refundable, Registration Fee and the May Tuition.

*A copy of your child's updated immunization form is also required at time of enrollment.

___I am a returning family.

___I am a CUMC Church member.

___I am an alumni.

___I am a community member.

Print legibly below.

- ☐ Child's Name:
- ☐ Sex/Age of child on Sept 1 of upcoming school year:
- ☐ Child's Birthdate:
- ☐ Home Street Address:
- ☐ City, State, Zip Code:
- ☐ Email Address:
- ☐ Marital Status of Parents (circle) Married Separated Divorced Single
- ☐ Others living in the household (siblings, family members etc)
- ☐ Primary Language spoken at home:
- ☐ Languages your child speaks and/or understands:

Parent/Guardian 1 Full Name:

- ☐ Cell #
- ☐ Work #
- ☐ Email Address:
- ☐ Employer Name and Address:

Parent/Guardian 2 Full Name:

- ☐ Cell #
- ☐ Work #
- ☐ Email:
- ☐ Employer Name and Address:

Emergency Contact Please notify the Director if the Emergency Release Person will pick up your child on a given day or any changes to your child's dismissal.

<u>Name of Person #1:</u> <input type="checkbox"/> Relationship to child: <input type="checkbox"/> Cell # <input type="checkbox"/> Work#	<u>Name of Person #2:</u> <input type="checkbox"/> Relationship to child: <input type="checkbox"/> Cell # <input type="checkbox"/> Work#
---	---

Emergency Medical Release CUMC Preschool

In the event of an illness or accident which requires immediate medical treatment at a time when a parent cannot be located, and/or the event of an emergency I give my permission for Preschool Express to authorize care for my son/daughter (name) : _____. This authorization is given with the understanding that attempts will be made to contact parents, and other persons listed for emergency contact.

Parent/Guardian Signature _____ Date _____

Relationship To Child _____

Photo Release Form

I, _____, the parent of a child/children at Preschool Express, agree to the following: I understand that my child(ren) whose name(s) are listed below may be photographed at Preschool Express during normal hours, field trips, or activities. I understand that these photographs may be used in promoting preschool services, marketing, either in print, on the Internet, CUMC website, Preschool Express website, Preschool Express Facebook page. The child(ren) is/are known as:

_____. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Parent/Guardian Signature _____ Date _____

Relationship To Child _____

Welcome to the Preschool Express Family!

Family Information (This information allows us to better prepare for your child.)

1. Does your child have any special needs or medical conditions? No Yes
Explain
2. Does your child have any chronic illnesses? No Yes Explain
3. List a brief history of your child's serious injuries, illnesses, or hospitalizations.
4. Does your child have asthma No Yes If yes, attach care instructions from your physician.
5. Does your child have any dietary restrictions? No Yes Explain
6. Does your child have diabetes? No Yes If yes, attach care instructions from your physician.
7. Is your child able to fully participate in all activities? No Yes Explain
8. Does your child have any physical restrictions? No Yes Explain
9. Can your child communicate his/her needs? No Yes Explain

10. Does your child have allergies? No Yes If yes, attach care instructions from your physician.
11. Is your child toilet-trained? No Yes Explain
12. Does your child require any accommodations or modifications to enjoy and participate in a group care setting fully and equally? No Yes Explain
13. Is your child currently receiving any support services or early intervention related to a special need? If yes, explain current status and area of intervention and the name of the provider.
14. Did the child have other preschool or group experiences?
15. Please list any fears, special interests, individual needs, or circumstances the teachers and preschool director should be aware of as we get to know your child.
16. List your family's interests, hobbies, and places you travel with the child: