

## Christ UMC Preschool Registration Form

Circle your class of choice:

**Tots** (2s) MW, TuTh    **Tykes** (34 mo. - young 3s) WF

MW 3s            TuTh 3s    MWF 3s            MWF 4s a.m.    MWF 4s pm

Tu a.m. **Pre-k enrichment – 4s**

### General Information:

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Nickname: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Family Home Phone # \_\_\_\_\_ Family e-mail address: \_\_\_\_\_

### Person to contact in emergency other than parents:

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

Relationship: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Who may pick the child up other than the parents? \_\_\_\_\_

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Is there anyone who may NOT pick the child up? \_\_\_\_\_

If yes, is there a court order to this effect? \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Family Information

(This information allows us to better prepare for your child and will remain confidential.)

Child's Name: \_\_\_\_\_

Marital Status of Parents:

\_\_\_\_ Married

\_\_\_\_ Separated

\_\_\_\_ Single

Others living in the household: (siblings, other adults)

1. Describe any other preschool experience
2. What do you hope your child will gain from attending Christ UMC preschool?
3. What opportunities does your child have to play with peers?
4. Does your child have any strong fears?
5. Family interests and hobbies:
6. Places the family has traveled to with your child:
7. Does your child have any special needs? If yes, please describe. \*\*
8. Is your child currently receiving any support services related to the special need? If yes, please describe.
9. Is there any other information that you feel may be helpful for the teacher to know about your child or your family?

\*\*It is important for the preschool to be updated regarding needs/assessments/services for your child, so that we can best accommodate the needs of all of our children. We ask that you please contact the preschool with status updates in this regard. (215)412-7836.

## Emergency Medical Release

Christ UMC Preschool

1020 South Valley Forge Rd.

Lansdale, PA 19446

(215)412-7836

In the event of an illness or accident which requires immediate medical treatment at a time when a parent cannot be located, I authorize the above-named preschool to authorize for my son/daughter(circle one)\_\_\_\_\_. This authorization is given with the understanding that every attempt will be made to contact parents, the child's physician and other persons listed for emergency contact.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

(Parent or legal guardian)

### Emergency Information:

Father's Name: \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell# \_\_\_\_\_

Father's Employer and Address: \_\_\_\_\_

\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell# \_\_\_\_\_

Mother's Employer and Address: \_\_\_\_\_

\_\_\_\_\_

Child's Physician Name & Address:

\_\_\_\_\_

Physician's Phone #: \_\_\_\_\_

Known Allergies:

\_\_\_\_\_

Health Insurance Provider and Policy #: \_\_\_\_\_

**\*A copy of your child's updated immunization form is required before the school starting date\***