

First United Methodist Preschool Student Enrollment Registration

Select program for 2023 -2024 school

Two Days (T/Th)

Three Days (M/W/F)

Five Days (M-F)

Student Information

Last First Middle

Name you wish your child to be called _____ DOB _____

Home Address _____

City State Zip Code

Parent/Guardian Information

Mother's Name _____

Home Phone Cell Phone Work Phone

Father's Name _____

Home Phone Cell Phone Work Phone

Email Address _____

Parent/Guardian Signature _____

Paid _____ Date _____

First United Methodist Preschool has the right to evaluate the application on an individual basis

For Office Use Only

Place of Birth Date of Birth Certificate # Date Issued Initialed by
