

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 _____