

St. Paul's United Methodist Church Preschool

Registration Form

Please Print

Child's Name: _____

Returning Student (Yes) (No) Sex: (M) (F) D.O.B. _____

Mailing Address: _____

Street APT.# City ZIP

Home Address: _____

Street APT.# City ZIP

Mother's Name: _____

Father's Name: _____

Mother's Employment: _____

Father's Employment: _____

Additional Local Numbers to call in an emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Child resides with: _____ Both Parents _____ Mother _____ Father _____ Other

If other: _____

Siblings: _____ Yes _____ No Ages: _____

Date

Signature of parent or guardian

Office Use Only

Class: _____ Session: _____ Workbook: _____

Method of Payment: _____ Total _____
(Check) (Cash Receipt #)