

# Christ UMC Preschool Registration Form

Circle your class of choice:

Tots (2s) MW, TuTh      Tykes(34 mos.-young 3's) WF  
MW 3's   TuTh 3's   MWF 3's      MWF 4's AM      MWF 4's PM  
Tu AM Pre-enrichment – 4's

## 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? \_\_\_\_\_  
\_\_\_\_\_

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/service 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 treatment 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 #: \_\_\_\_\_

**Please attach a copy of your child's required immunization form.**