First United Methodist Preschool Student Enrollment Registration

Select program for 2021-2022 school year

□ Two Days (T/Th)□ Three Days (M/W/F)□ Five Days (M-F)

Student Information	n		
Last	First		Middle
Name you wish your child to be called			DOB
Home Address			
City	State	Zip Code	
Parent/Guardian In	ıformation		
Mother's Name			
Home Phone	Cell Phone	_	Work Phone
Father's Name			
Home Phone	Cell Phone	_	Work Phone
Email Address			
Parent/Guardian Sig	nature		
PaidA registration fee mu	_ Date ust accompany this ap	 pplication and	is non-refundable

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