First United Methodist Preschool
Student Enrollment Registration

Select program for 2020 - 2021 school year

☐ 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_____
A registration fee must accompany this application and is non-refundable
First United Methodist Preschool has the right to evaluate the application on an individual basis