

2021/22 BROOKS UNITED METHODIST CHURCH PRESCHOOL PROGRAM

Family Registration Form



STUDENT NAME:

NICKNAME: _____

DOB: _____

ADDRESS: _____ PHONE _____

----- EMAIL _____

PREVIOUS CHILDCARE
EXPERIENCE _____

IEP (Y/N) _____ IF YES, PLEASE EXPLAIN _____

We are interested in enrolling in the following class _____

Requested Days: (circle): M T W TH Time: 8-12pm OR 9-1pm

TELL US ABOUT YOUR CHILD'S INTERESTS or PERTINENT INFORMATION:

PARENT/GUARDIAN INFORMATION:

Marital Status: Married/Divorced/Neither

Are either parent allowed to pick up the student? _____

If no, briefly explain _____

Mother's Name: _____ **Cell Phone:** _____

Email: _____

Employer: _____ Address: _____

Occupation: _____ Work Phone: _____

Father's Name: _____ **Cell Phone:** _____

Email: _____

Employer: _____ Address: _____

Occupation: _____ Work Phone: _____

RELEASE AUTHORIZATIONS (other than parents)

Name: _____ Relationship: _____

Address: _____ Best Phone Number: _____

Name: _____ Relationship: _____

Address: _____ Best Phone Number: _____

EMERGENCY AUTHORIZATION: In case of emergency, whom should we contact if we cannot reach parents/guardians?

Name: _____ Relationship: _____

Address: _____ Best Phone Number: _____

Name: _____ Relationship: _____

Address: _____ Best Phone Number: _____

MEDICAL INFORMATION:

Doctor: _____ City: _____

Phone: _____

Does your child have any allergies to food, insect bites, medication, etc.? _____

If yes, please explain:

Are there any special medical needs required for the care of your child? If so, please explain:

INFORMATION ABOUT YOUR CHILD:

Name and Ages of Siblings: _____

Other Persons Living in the Home: _____

Relationship _____

Child's Favorite Activities: _____

Pets: _____

Is your child left- or right-hand dominant? ____ Left ____ Right ____ Unknown

Religious Affiliation: _____ Church you Attend: _____

Would you like more information about Brooks UMC? _____

Student Name: _____

For Office Use Only:

* Registration fee + Supply Fee Total: _____ Check #: _____ Date: _____

* Immunization Form: _____