

REGISTRATION FORM
 DUNLAP UNITED METHODIST PRESCHOOL
 23674 US 33 EAST
 ELKHART, INDIANA 46517
 PHONE 574-875-7950

Office Use	
Registration Fee	# _____
September Tuition	# _____
Snack Fee	# _____
BC _____ IM _____	
Added to the Class List	_____
Entered into Peachtree	_____

Child's full name _____ Name Child goes by _____

 First Middle Last
 Street Address _____ City _____ Zip Code _____
 Phone _____ Date of Birth _____ Sex M F

FAMILY BACKGROUND (PARENT AND OR GUARDIAN)
 Father _____ Mother _____
 Employer _____ Employer _____

Work phone _____ Work phone _____
 Child resides with Both parents _____ Mother _____ Father _____ Other _____

Check the following LIVING DECEASED REMARRIED
 Father _____
 Mother _____

Siblings with ages BROTHERS SISTERS

Person responsible for caring for my child during the day
 Name _____ Phone _____

IN CASE OF AN EMERGENCY. LIST TWO PERSONS WHO SHOULD BE CALLED
 Name _____ Relationship _____ Phone _____
 Name _____ Relationship _____ Phone _____

Name of the church where your family attends _____

Did someone refer you to us? Yes or No If yes, by who? _____
 If you were not referred:
 how did you hear about us? _____

Where will your child attend Kindergarten? _____

I hereby register my child in the Dunlap United Methodist Preschool. Included with this enrollment form is the **NON Refundable** registration fee. I understand due to current seatbelt laws that it is my responsibility to transport, or find responsible transportation, to and from all field trips. I further understand that my child will not leave the school premises with out my knowledge.
 Signature of Parent/Guardian _____ Date _____

3 Year Old Class (child must be 3 by August 1st)

_____ 3 day AM 3 year old (Monday, Wednesday, Friday) meets 9:00-11:15

4 Year Old Class (child must be 4 by August 1st)

_____ 4 day AM 4 year old (Monday, Tuesday, Thursday, Friday) meets 9:00-11:15

HEALTH _____

Name of child's physician _____ Phone _____

RECORDS

Medical History (indicate yes or no)

Asthma _____	Bronchitis _____	Chicken Pox _____
Mumps _____	Pneumonia _____	Red Measles _____
Diabetes _____	Tonsillitis _____	Scarlet Fever _____

Other: _____

Does your child have:

Allergies _____	Explain _____
Hearing Loss _____	Explain _____
Hemophilia _____	Explain _____
Seizure Disorder _____	Explain _____
Speech Disorder _____	Explain _____
Other _____	_____

A physical exam is NOT necessary for admission; however, a copy of your child's birth certificate and current immunization records are required for entrance in our preschool.

In the event of illness or accident which requires immediate medical treatment at a time when a parent/guardian cannot be located, I give permission for the Dunlap United Methodist Preschool to provide such emergency treatment to the best of their knowledge and ability. I will not hold the school or medical personnel responsible. This is to be done with the understanding that every attempt has been made to contact a parent, the child's physician, or other persons listed for emergency notification.

Signature of Parent/Guardian _____ Date _____

E-mail _____

