

**West Jefferson United Methodist Church Preschool
Registration Form 2019-2020**

Name of Child: _____ Sex: _____

Date of Birth: _____ Age as of August 31, 2018: _____

Address: Street _____

City: _____ State: _____ Zip Code: _____

Father's Name: _____

Place of Employment: _____

Work Phone: _____ Cell Phone: _____

Mother's Name: _____

Place of Employment: _____

Work Phone: _____ Cell Phone: _____

Other children in the family and ages: _____

Church Affiliation: _____

Has the child ever attended preschool/childcare before? If yes, where? _____

Does your child present any behavioral or developmental concerns? If yes, please explain: _____

Any known allergies? _____ Asthma? _____

Please list any special medical information such as allergies, reactions, disabilities,

etc. and/or other information that may be helpful for the teacher to know: _____

Person(s) other than parents, we may call in case of emergency or illness: (contacts must be within a 30 mile radius):

Name: _____ Relationship: _____

Phone number: _____ Address: _____

Name: _____ Relationship: _____

Phone number: _____ Address: _____

Please list three names and phone numbers of people other than parents who have my permission to pick up my child. These people will be required to show photo identification.

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____

I give permission for my child, _____, to be taken to the nearest emergency room for treatment should there be an emergency situation in which we are unable to reach either parent.

It is my responsibility to keep this form updated and if any changes need to be made I will contact the Preschool Staff.

Parent Signature: _____ Date: _____

Registration Requirements:

-A non-refundable \$50 registration fee must be paid at the time of registration to hold a space for your child and August pro-rated tuition of \$35 for a total of \$85.

-It is expected that 3s and 4s will be toilet trained.

-Every child must have a certification of immunization and health statement from their doctor on file when child is enrolled.

-Monthly Fees: 2 year olds: \$135/month 3s and TK (4s): \$125/month

-5% discount for second sibling enrolled

-Form and check may be mailed to: PO BOX 826, West Jefferson, NC 28694