

Rehobeth UMC Preschool

CONFIDENTIAL RECORD

18/19

Name of Child: \_\_\_\_\_ Name child goes by: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City, State, Zip

Email Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

EMERGENCY CONTACT: (Place in order to be contacted)

- 1. \_\_\_\_\_ Home ph#: \_\_\_\_\_ Cell ph#: \_\_\_\_\_
2. \_\_\_\_\_ Home ph#: \_\_\_\_\_ Cell ph#: \_\_\_\_\_

Persons authorized to pick up your child besides parents/guardians:

- 1. \_\_\_\_\_ Home ph#: \_\_\_\_\_ Cell ph#: \_\_\_\_\_
2. \_\_\_\_\_ Home ph#: \_\_\_\_\_ Cell ph#: \_\_\_\_\_

Please indicate desired class:

Table with 3 columns: Class description, Time, and Tuition. Rows include 2-year, 3-year, 4-year (3-day), and 4-year (5-day) classes.

Registration fee: New or returning student - \$75 2nd child in family - \$55
2nd child in the family receives 25% discount off the lowest tuition price

Please return this form with registration fee & 1 month's tuition to enroll your child in our program.

Registration fees are non-refundable. Checks should be made to Rehobeth Preschool.

\*4 yr class will start "Lunch Bunch" on Fridays and hours will be 9a-12:30p beginning in Spring 2019.\*

Monthly tuition is due 1st of the month. A \$10 late fee will be added for payments received on/after the 15th of the month.

Parents are expected to assume financial responsibility for the child the entire year except in the case of withdrawal.

Two weeks' notice is required for withdrawal.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SOCIALLY**

Name(s) of siblings & ages: \_\_\_\_\_

Other adults who live in the home other than parents and relationship to child: \_\_\_\_\_

Does the child have close contact with grandparents? Where do they live? \_\_\_\_\_

Who keeps the child after school? \_\_\_\_\_

Give your child's reaction to new group situations:

\_\_\_\_\_ Eager to join      \_\_\_\_\_ Reluctant      \_\_\_\_\_ Observes first

What experiences does your child especially enjoy? \_\_\_\_\_

Favorite play materials: \_\_\_\_\_

Family pets: \_\_\_\_\_

Does your child have the opportunity to play with children outside the family? \_\_\_\_\_

Has your child attended school before? \_\_\_\_\_ If so, where? \_\_\_\_\_

Does your child attend Sunday School or Church? \_\_\_\_\_

Do you discipline your child and if so what method(s) do you use? \_\_\_\_\_

Give additional information which would contribute to a better understanding of your child: \_\_\_\_\_

**PHYSICALLY AND EMOTIONALLY**

Usual bedtime \_\_\_\_\_ Is he/she potty trained? \_\_\_\_\_

Is he/she right or left handed? \_\_\_\_\_ Is speech clear to those outside the home? \_\_\_\_\_

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Does he/she have problems with fears? \_\_\_\_\_

Please list allergies, special medical or dietary needs or other areas of concern: \_\_\_\_\_

Date of last physical examination: \_\_\_\_\_

What is your greatest desire or expectation for your child this school year? \_\_\_\_\_

***Please feel free to elaborate on any of the above on a separate sheet of paper.***