

PRE-K

Monticello United Methodist Church

MONTICELLO CHRISTIAN CHILDREN'S CENTER

23860 W. 75th Street – Shawnee, Kansas 66227

(913) 441-1473 | FAX (913) 441-7328

Registration – Please indicate which session(s) you are registering for:

- PRE-K: ½ Day (9:00-11:30)
 ½ Day (12:30-3:00)
 Full Day (7:00-5:45)
 Morning and Extended (9:00-3:00)

CHILD'S INFORMATION:

Child's Full Name _____
Child's Nickname _____ Sex: Male Female
Date of Birth _____ Age of child on September 1st _____
Home Address _____ City/State/Zip _____

PARENT INFORMATION:

Marital Status _____ Child in Custody of _____
FATHER MOTHER
Full Name _____ Full Name _____
Address _____ Address _____
City/State/Zip _____ City/State/Zip _____
Home Phone _____ Home Phone _____
Cell Phone _____ Cell Phone _____
E-mail Address _____ E-mail Address _____
Employer _____ Employer _____
Work Phone _____ Work Phone _____
Work Hours _____ Work Hours _____

OTHERS IN THE FAMILY/HOUSEHOLD:

<u>NAME</u>	<u>RELATIONSHIP</u>
_____	_____
_____	_____
_____	_____

Address of authorized person _____

AUTHORIZATION & EMERGENCY INFORMATION:

Emergency Contact (other than parent) _____
Phone _____ Relationship _____
Others Authorized to Pick Up Child

<u>NAME</u>	<u>Address of authorized person</u>	<u>PHONE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

ALLERGIES: (List all allergies, include medicine and food.) _____

OTHER: Please list any other information that would be helpful to us about your child (such as likes, dislikes, special interests or special problems your child might have). _____

