

ELMA UNITED METHODIST COOPERATIVE PRESCHOOL

Enrollment for: 3 year old
4 year old

Child's name: _____

Home address: _____

Town: _____ Zip code: _____ Phone: _____

Child's date of birth: _____ Sex: Male Female

Mother's name: _____ Occupation: _____

Address: _____ Phone: _____

Employment address: _____ Phone: _____

Father's name: _____ Occupation: _____

Address: _____ Phone: _____

Employment address: _____ Phone: _____

E-mail address: _____

Yes, I give permission to share my contact information with other Preschool parents for the class roster.

Child lives with: Mother Father Both Other

Other children in family (please include ages):

Person to contact in an emergency other than parents:

Name: _____ Relation: _____

Address: _____ Phone: _____

Name: _____ Relation: _____

Address: _____ Phone: _____

Physician: _____

Does your child need special attention due to a physical condition, allergies, injuries, or speech defects?

Yes No If yes, please explain: _____

How did you hear about us? _____

A copy of all immunizations are due by October 1, 2012.

(continued on back)

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FIELD TRIP PERMISSION SLIP

I give my child _____ permission to attend all field trips with EUMC Cooperative Preschool for the 2012-2013 school year.

Signed: _____ Date: _____

Enclosed is \$50 to secure my child's placement in EUMC Cooperative Preschool. I understand that it is not refundable for any reason. Make checks payable to **EUMC Cooperative Preschool**.

Parent/Guardian Signature: _____ Date: _____