

Wesley United Methodist Preschool
Enrollment Information 2017-2018

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Child's Name		_____	
Birthday	_____	M/F	_____
Address	_____		

Allergies	_____		
Health Issues	_____		
Daily Medication	_____		

Circle Preferred/Primary Number

Mother's Name		H Phone	_____
Address	_____	C Phone	_____
	_____	W Phone	_____
Email	_____		
Occupation	_____		

Circle Preferred/Primary Number

Father's Name		H Phone	_____
Address	_____	C Phone	_____
	_____	W Phone	_____
Email	_____		
Occupation	_____		

Emergency Contacts (Two Local Contacts Other Than Parents)			
Name	_____	Name	_____
Relationship	_____	Relationship	_____
Home Phone	_____	Home Phone	_____
Cell Phone	_____	Cell Phone	_____

Please Initial

	I give permission for my child to be photographed and videotaped in the Preschool during program functions. I understand that photographs /videos may be taken by faculty or by parents/guardians, and I consent to the use of these photographs/videos for communication purposes, such as communications with families and internal business communications.
	Wesley UMC Preschool may include child's name, address, phone and email on class roster.
	Wesley UMC, Preschool, or teachers will not be held liable in the event of an accident.

Office Use Only				
\$	Reg Fee	_____	Identity Verification	BC Passport NB
\$	Act Fee	_____	Doc Number	_____
\$	Tuition	_____	Issued	_____
			Initial	_____