

Wesley United Methodist Preschool  
Enrollment Information 2019-2020

--

<b>Child's Name</b>	_____	Male	_____
Birthdate	_____	Female	_____
Address	_____		
	_____		
Allergies	_____		
Health Issues	_____		
Daily Medication	_____		

Circle Preferred/Primary Number

<b>Mother's Name</b>	_____	H Phone	_____
Address	_____	C Phone	_____
	_____	W Phone	_____
Email	_____		
Occupation	_____		

Circle Preferred/Primary Number

<b>Father's Name</b>	_____	H Phone	_____
Address	_____	C Phone	_____
	_____	W Phone	_____
Email	_____		
Occupation	_____		

<b>Emergency Contacts</b> (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.

<b>Office Use Only</b>			
\$	Reg Fee	_____	Identity Verification
\$	Supply Fee	_____	BC
\$	Tuition	_____	Passport
		_____	Doc Number
		_____	Issued
		_____	Initial