

Registration Form for Covenant United Methodist Preschool

Today's date ___/___/___ F___ M___ Class enrolling in: 2's___3's___Pre-K___

Child's full name_____ Birth Date ___/___/___

Name child is called_____ Home Phone : _____

Mailing address_____

City _____ Zip Code _____

Email address_____@_____

Mother's Name_____ Cell Phone_____

Employer Name_____ Business Phone_____

Father's Name_____ Cell Phone_____

Employer Name_____ Business Phone_____

Name and ages of brothers and sisters:

Emergency names/relationship to child and phone numbers:

1. _____ Phone Number _____

2. _____ Phone Number _____

Is there any information regarding custody which we should know? (Restrictions on who may pick up your child)

Does he/she have any allergies or other medical conditions that we should be aware of?

Church affiliation (Optional) _____

Registration fee is required with application. Amount _____