

Calhoun First UMC Preschool Application

Please Check One:

4's	3's	2's	Toddlers
5 days _____	5 days _____ 3 days (Tu, W, Th) _____	5 days _____ 3 days (M, W, F) _____ 2 days (Tu, Th) _____	(Tu, Th) _____

Child's name: _____

Child prefers to be called: _____ Gender (M or F)

Street Address: _____

Mailing Address: _____ City: _____ Zip: _____

Email Address _____

Phone #: _____ Cell Phone #: _____

Child's Birthdate (Including year): _____

1) Parent/Guardian Name: _____ Employer: _____

Business Phone #: _____

2) Parent/Guardian Name: _____ Employer: _____

Business Phone #: _____

Marital Status (Single, Married, Divorced): _____

Child lives with: _____

Church Affiliation: _____

Other Children in Family: _____

Has child attended Preschool or Daycare before? _____

Where? _____

Family Doctor or Pediatrician: _____ Phone #: _____

Are immunizations up to date? _____ Any Allergies or other health problems? _____

How does the child react to other children? _____

To Adults? _____ Any specific fears? _____

If child will be in a three or four-year-old class, is your child potty trained? _____

Any additional information that might help us work with the child?

THE FOLLOWING PEOPLE MAY PICK UP MY CHILD AFTER SCHOOL:

(please give phone numbers.)

Is there anyone specifically who does NOT have your permission to pick up your child?

If parents cannot be reached in an emergency, please notify: (These should be people who can be reached at 12:00 noon when school ends as well as during the morning)

NAME _____ PHONE# _____ RELATIONSHIP: _____

NAME _____ PHONE# _____ RELATIONSHIP: _____

NAME _____ PHONE# _____ RELATIONSHIP: _____

If you have an afternoon caregiver, please give name and phone number.

Has this child or any other child in your immediate family attended our preschool or daycare in the past? _____

If so, when? _____

(FOR OFFICE USE)

Reg. fee paid: _____

Teacher: _____

Shirt size: _____