

Preschool Enrollment Form  
2010-2011



Student's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Class Options**       Safari Kids 2-3 yr M/W       Navigators 3-4 yr M/W       Navigators T/Th  
 Discovery Kids Pre-K T-Th       Adventure Kids Pre-K M-Th  
 Explorers M-Th

**Extended Care Option**  
 AM Drop-off 7:45/ Days \_\_\_\_\_  PM Pick-up 4:30/ Days \_\_\_\_\_  Lunch Bunch Days \_\_\_\_\_

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**Mother or Legal Guardian's Information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Work Phone/Hours: \_\_\_\_\_

**Father or Legal Guardian's Information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Work Phone/Hours: \_\_\_\_\_

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List any special problems that your child may have such as allergies, existing illness, previous illness, injuries, and hospitalizations during the past 12 months; any medications prescribed for long-term continuous use; and any others of which caregivers should be aware: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Give the ***name and phone number*** of persons to call in case of an emergency if parents/guardians cannot be reached:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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**Authorized Individual to Pick-up Child:** I hereby authorize Wesley United Methodist Church to allow my child to leave the childcare facility only with the following persons. Please list name & phone numbers for each person designated by parent/guardian. No child will be released to anyone under the age of 16.

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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**Names and ages of siblings living at home:**

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**Gifts and Talents**

What gifts, talents, and special skills do you have that you are willing to share? For example, play a musical instrument, possess a CDL, love to read stories or put on a puppet show, etc. Please let us know what you might be able to do to make our preschool a better place for all of our kids! \_\_\_\_\_

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**Authorization for Emergency Medical Care:**

I understand that in case of a medical emergency, I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to be used are as follows:

**Doctor Name** \_\_\_\_\_ **Clinic** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Preferred Hospital** \_\_\_\_\_

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*Please submit this enrollment form with a **\$40.00 non-refundable registration fee** to the directors or the church office. Make checks payable to Kids of Creation. A one-time supplies/activities fee will be charged specific to your child's class. This fee will be due with the first month's tuition. If you have any questions, please feel free to call Kelly or Bria at 883-1021.*

**Parent signature:**

**Date:**

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**Office Use Only:**

Reg. Fee Paid       Check # \_\_\_\_\_      **Enrollment Date** \_\_\_\_\_      **Classroom:** \_\_\_\_\_  
 Supply Fee Paid       Cash  
**Staff initials** \_\_\_\_\_