

MUMP

MEMORIAL UNITED METHODIST PRESCHOOL

4012 Central Avenue, Charlotte, North Carolina 28205 Phone 704-537-4611
2018-2019 SCHOOL YEAR REGISTRATION FORM

GENERAL INFORMATION:

Child's Full Name _____ He/She is called _____

Address _____ Home Phone _____

City, State & Zip _____ Birth date _____

Father's Name _____ Occupation _____

Business Phone _____ Cell phone _____

Father's E-Mail Address _____

Mother's Name _____ Occupation _____

Business Phone _____ Cell phone _____

Mother's E-Mail Address _____

Family Physician _____ Phone _____

Emergency contact name and phone number other than home or doctor _____

Health Insurance Co. _____ Policy No. _____

PARENTAL AGREEMENT:

Desiring to enroll our child in the Preschool of Memorial United Methodist Church, a non-profit agency, we agree to the following conditions:

We will present a certificate of health from our child's physician on or before the opening day of school.

We agree to cooperate with the school, seeing that our child is in a good state of health every day he/she is in attendance, keeping him/her at home if he/she shows symptoms or a cold, other illness or fatigue.

We agree to pay a tuition fee on the first of each month with the understanding that the fee is necessary to meet the actual expense of the school. The fee is due whether or not the child is in attendance.

We agree that the Church and teachers are hereby released from all claims arising out of any accident or mishap that may occur in connection with the operation of the school.

Signed: Mother _____ Father _____ date _____

REGISTRATION AND SCHEDULE: circle choice of days

BABY CARE: Monday Tuesday Wednesday Thursday Friday

TODDLERS, TWOS, THREES & FOURS: Monday Tuesday Wednesday Thursday Friday

FEES PAID: Check # _____ Amount _____ Date Paid _____