

Sugarloaf United Methodist Preschool

2017-18 Registration Form

(Please complete one form for each child being enrolled. The NONREFUNDABLE activity & registration fees must be submitted with this form.)

Child's Name: _____
First MI Last

Birthdate: _____ Gender: _____
Month/Date/Year Male/Female

Age as of 9/1/17 _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Mother's Name: _____

Work Number: _____ Occupation: _____

Father's Name: _____

Work Number: _____ Occupation: _____

Is your child: Currently enrolled? Yes No A sibling of a currently enrolled child? Yes No

Does your child have any medical, physical or emotional conditions that we should know of? Yes No

If yes, please explain: _____

Does your child have any allergies? Yes No

If yes, please explain: _____

Does your child speak English? Yes No Home church _____

Please indicate your first and second enrollment preferences

First Choice: _____

Second Choice: _____

I understand due to teacher ratios that a certain number of children will be enrolled in each class. Under-enrollment in any classroom may result in a change of schedule. September tuition for four year olds is due by June 1st and is nonrefundable

Signature _____

OFFICIAL USE ONLY

Date Registered: _____
Registration Fee Paid: Yes No CK# _____ Amount: _____
Activity Fee Paid: Yes No