

Fairhope United Methodist Church Preschool

ENROLLMENT FORM

Child's Full Name: _____

Name child is known by: _____

Date of birth: _____ Age: _____ Sex: _____

Mailing Address: _____

Church Affiliation: _____

Mother: _____ Home: _____ Cell: _____

Email: _____

Place of Employment: _____ Phone: _____

Father: _____ Home: _____ Cell: _____

Email: _____

Place of Employment: _____ Phone: _____

Guardian: _____ Home: _____ Cell: _____

NOTIFY IN CASE OF EMERGENCY: (If parents cannot be reached)

Name: _____ Home: _____ Cell: _____

Relationship to child: _____

Child's Physician: _____ Phone: _____

My child will be regularly picked up at dismissal by:

(I understand that my child WILL NOT be allowed to leave with an unauthorized person)
Registration Fee due at the time of enrollment. This is NOT refundable.

Fee Paid _____

Check Number _____

Sign: _____
Parent or Guardian

Date _____

Fairhope United Methodist Church Preschool
Medical and Emergency Release Form

Child's Name: _____

Date of Birth: _____

Parent/Guardian: _____

Address: _____

Home: _____ Cell: _____

Are all immunizations up to date for the age of this child? Yes _____ No _____

If no, indicate reason _____

Updated Blue Form from doctors office required. This must be turned in by the first day of school. If we have an updated blue form on file from the previous year, let us know.

Allergies

Foods: _____

Medications: _____

Insects/Bites: _____

Environmental: _____

If there are any problems we need to know about, please list them below.
