



Enrollment Form

Spanish Fort United Methodist Preschool
2018-2019

Child's Full Name: _____ Date of Birth: _____

Child's Preferred Name: _____ Age Now: _____

Class Requested: 1st Choice: _____ 2nd Choice: _____

Mother's Name: _____

Father's Name: _____

Home Phone: _____ Email: _____

Home Address: _____

Mailing Address (if different): _____

Father's Occupation: _____ Mother's Occupation: _____

Father's Bus. Phone/Cell: _____ Mother's Bus. Phone/Cell: _____

Father's Bus. Address: _____

Mother's Bus. Address: _____

Parents' Talents to Share: _____

The following people **have permission** to pick up my child from school. Please state relationship -- relative, friend. (Feel free to attach extra sheet).

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Also, please list anyone who **should not pick up** your child.

Name: _____ Relationship: _____

The following people (and pets) live at home with this child:

Name	Relationship	Age (if child)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What opportunities has your child had to play with children? _____

Child's favorite toys/special interests: _____

Is your child potty trained? _____ Will your child be potty trained by August? _____

(Your child must be potty trained to sign up for the 3-day three year-old classes & the 3 & 5 day 4 year-old classes.)

Are there fears of which we should be aware? Please list fear(s) and child's reaction(s):

Please list any family situations which might affect your *child* (such as moving, recent loss of family member, new baby, sibling health.) This will help us understand the child's feelings, respond to the child's questions, and support the family.

What, if any, recurring ailment or special medical situation does your child have?

What, if any, allergies does your child have? _____

Child's Physician: _____ Phone: _____

Physician's Address: _____

If an emergency should arise and the school is unable to contact the parent or child's physician, may the doctor most quickly available be called? (Yes/No) _____

Date form submitted _____

Blanket Parent Permission for Activities Away from School

The above named child has my permission to participate in all preschool activities from 2018 - 2019. I am willing to have my child take part in trips involving the use of motor vehicles. I understand that a notice will be sent home providing specific information about any activity which will occur away from the preschool.

Parent Name (printed): _____

Signature: _____ Date: _____

Church Affiliation (optional): _____

Please return to:

Beth Bedsole
Spanish Fort United Methodist Preschool
Email: preschool@spanishfortumc.org
Mail or in person:
Spanish Fort United Methodist Church
6530 Spanish Fort Blvd., Suite D
Spanish Fort, AL 36527

