



Mill Plain United Methodist Preschool Registration

Office Use Only
Teacher _____
Class _____
Days _____
Tuition _____
Paid Reg. Fee _____

Student Information

Child's Full Name	Nickname:	
Date of Birth	Age	Gender

Parent/Guardian Information

Parent Name	Cell phone ()
Address	Zip
Place of Employment	Work phone ()

Parent Name	Cell phone ()
Address	Zip
Place of Employment	Work phone ()

E-Mail Address(es)

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General Information

Type of previous group or preschool experience?	Where?
Siblings:	
Other languages spoken in your home:	
Fears your child may have (dogs, sirens, etc.)?	
Any unusual experiences your child may have had (moving, hospital stay, loss of someone dear.)	
Additional comments or concerns:	
Church Affiliation:	

Dismissal Authorization/the following individual(s) are authorized to remove my child from school.

Name	Relationship	Daytime phone ()
Name	Relationship	Daytime phone ()
Name	Relationship	Daytime phone ()
Name	Relationship	Daytime phone ()

Emergency Contacts/the following emergency contacts are authorized to remove my child from school.

Name	Relationship	Daytime phone ()
Name	Relationship	Daytime phone ()
Name	Relationship	Daytime phone ()
Name	Relationship	Daytime phone ()

Medical Release***We do ask for the most recent Immunization records for your child.**

Doctor preferred
Hospital preferred
Insurance Company
Policy Number
Please list all Allergies:
Medications:
Seizures or other Medical Information

Photo Release

I release Mill Plain United Methodist Preschool to photograph and/or videotape my child while participating in daily activities. Initial YES: _____ Initial NO: _____

I (We) the undersigned, parent or legal guardian of _____, a minor, do hereby authorize and consent for Mill Plain United Methodist Preschool to seek medical treatment deemed necessary in the event of an emergency, accident, or sudden illness. Every attempt will be made to immediately contact a parent.

I (We) will assume any expense incurred by such treatment.

I (We) do not hold the above named, Mill Plain United Methodist Preschool responsible or liable for any action necessary in the emergency care of my (our) child.

***A non-refundable Registration Fee in the amount \$100.00 must be paid along with registration paperwork to hold your child's spot in the classroom.**

Signature _____ Date _____

Signature _____ Date _____