

First United Methodist Preschool

**Application Form
3 & 4 Year Old Program**

Child's Name: _____ Date: _____

Child's Preferred Name: _____ Home Phone _____

Address: _____
(city) (zip code)

Birth Date: _____ Sex: Female _____ Male _____

List any previous school experience: _____

Father's Name _____
(or guardian) (last) (first) (middle)

Address: _____ Phone _____

Occupation: _____ Marital Status _____

Business Address: _____
(street) (city) (zip code)

Business Phone _____ Hours of Employment _____

Name of Church attended _____ Member yes ___ no ___

Mother's Name _____
(or guardian) (last) (first) (middle)

Address _____ Phone _____

Occupation: _____ Marital Status _____

Business Address: _____
(street) (city) (zip code)

Business Phone _____ Hours of Employment _____

Name of Church attended _____ Member yes ___ no ___

Siblings: (names & ages) _____

Circle class time choice: **AM** **PM**
Parent Signature: _____

Check # _____ Fee Paid _____ Date enrollment _____ Discharge _____