



**First United Methodist Church
Cheerful Cherubs Preschool**

**Registration Form
2008-2009**

Office information:

Paid reg. Fee _____
Check # _____
Paid tuition _____
Check # _____
Activity Fee _____
Check # _____

Class age _____
Num of Days _____

Date _____

Child's full name _____ Age as of Sept. 1 _____

Name child goes by _____

Date of birth _____ Sex _____

Parent or Guardian Information

Dad's name _____ Phone _____

Dad's address _____ City _____ Zip Code _____

Dad's work _____ Phone _____

Mom's name _____ Phone _____

Mom's address _____ City _____ Zip Code _____

Mom's work _____ Phone _____

Family Information

Are parents _____ married _____ separated _____ divorced

Brothers and Sisters (names and ages)

Family Church (denomination) preference _____

Church Member: Yes _____ No _____ Active _____ Inactive _____

Where: _____

Are you interested in finding a church home? _____

Pick up and Dismissal

Persons authorized to pick up child

E-mail address _____

Child's personal history

Has child had a previous group or preschool experience? _____

If yes, when and where? _____

Does child have any allergies? _____

Is child right or left handed? _____

Any medical conditions? _____

Present health _____ *During last year* _____

Pediatrician _____ *Phone#* _____

Emergency contact person _____

Is your child potty trained? _____

Any additional information you think we should know _____

How did you here about us? _____