Forest Hill
United Methodist Church

Love Grow Serve

For Office Use Only
Application Date _____
Registration Fee _____
Cash __Credit __ Check # _____

___ 5 Day. M-F
___ 3 Day. M/W/F
___ 2 Day. T/TH

Forest Hill Christian Preschool
2018-2019 School Year

Student's Name _____
First Last Middle Preferred Name

Date of Birth _____ **Age on 8/31/18** _____ Male _____ Female _____

Address _____ City _____ Zip Code _____

Primary Phone _____ Primary Email Address _____

Father (Guardian) Name _____ Cell Phone _____

Address (if different from above) _____

Employer _____ Work Phone _____

Mother (Guardian) Name _____ Cell Phone _____

Address (if different from above) _____

Employer _____ Work Phone _____

Parents Are (Circle One): Married Separated Divorced Other: _____

Child Lives With (Circle One): Father Mother Both Other: _____

Does your child have any known allergies? Yes ( ) No ( ). If yes, please describe. _____

_____

Please provide any information concerning your child which will be helpful in his/her experience in a group setting (such as special likes/dislikes, fears, eating or sleeping habits). _____

_____

Emergency Care Information

Name of child's doctor _____ Phone _____

Name of child's dentist _____ Phone _____

Hospital Preference _____

If neither parent/guardian can be contacted, please call:

Name _____ Phone _____

Relationship to child _____ ( ) Okay to pick up

Name_____ Phone _____

Relationship to child _____ ( ) Okay to pick up

I agree that the preschool may authorize a physician to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Parent/Guardian Signature _____ Date _____