

# 2024/2025 BROOKS UNITED METHODIST CHURCH PRESCHOOL PROGRAM

## Family Registration Form

This form does not guarantee a spot in a classroom. This is required for a family interview at which time you will be notified of acceptance into the program or placed on a waiting list.



STUDENT NAME:

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NICKNAME: \_\_\_\_\_

DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_ EMAIL \_\_\_\_\_

Class enrollment:

- 6 wk-23 months class - 2 days a week
- 2 year old class
- 3 year old class (must be potty-trained before entering this class)
- 4 year old (Pre-K) class

PREVIOUS CHILDCARE  
EXPERIENCE \_\_\_\_\_

IEP (Y/N) \_\_\_\_\_ IF YES, PLEASE EXPLAIN \_\_\_\_\_

TELL US ABOUT YOUR CHILD'S INTERESTS or PERTINENT INFORMATION:

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**PARENT/GUARDIAN INFORMATION:**

Marital Status: Married/Divorced/Neither

Are either parent allowed to pick up the student? \_\_\_\_\_

If no, briefly explain \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**RELEASE AUTHORIZATIONS (other than parents)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Best Phone Number: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Best Phone Number: \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY AUTHORIZATION:** In case of emergency, whom should we contact if we cannot

reach parents/guardians?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Best Phone Number: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Best Phone Number: \_\_\_\_\_

\_\_\_\_\_

**MEDICAL INFORMATION:**

Doctor: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_

Does your child have any allergies to food, insect bites, medication, etc.? \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

Are there any special medical needs required for the care of your child? If so, please explain:

\_\_\_\_\_

**INFORMATION ABOUT YOUR CHILD:**

Name and Ages of Siblings: \_\_\_\_\_

\_\_\_\_\_

Other Persons Living in the Home: \_\_\_\_\_

Relationship \_\_\_\_\_

Child's Favorite Activities: \_\_\_\_\_

Pets: \_\_\_\_\_

Is your child left- or right-hand dominant? \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_ Unknown

Religious Affiliation: \_\_\_\_\_ Church you Attend: \_\_\_\_\_

Would you like more information about Brooks UMC? \_\_\_\_\_

For Office Use Only:

Student Name: \_\_\_\_\_

Class: \_\_\_\_\_

\* Registration fee + Supply Fee Total: \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_\_

\* Immunization Form: \_\_\_\_\_