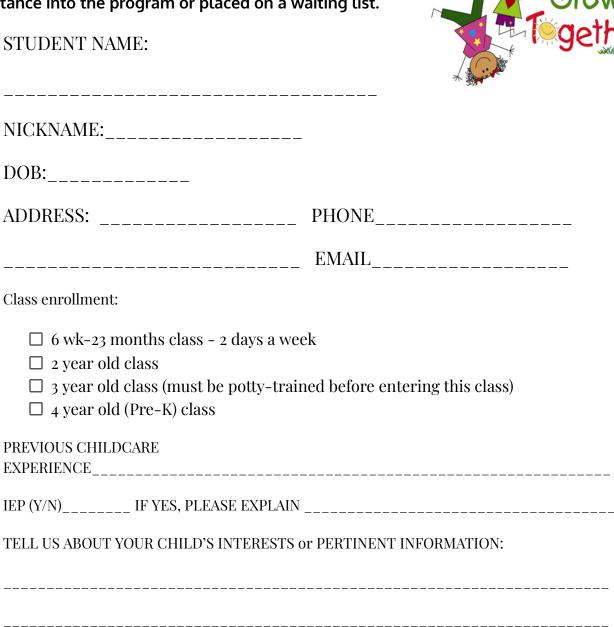
2024/2025 BROOKS UNITED METHODIST CHURCH PRESCHOOL PROGRAM

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.



PARENT/GUARDIAN INFORMATION:

Marital Status: Married/Divorced/Neither			
Are either parent allowed to pick up the stude	ent?		
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:				