



Mildred Haupt Preschool

Arlington Heights United
Methodist Church

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Fort Worth, Texas 76107
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2015 – 2016 REGISTRATION

Child's Name _____ Likes to be called _____ DOB _____

Home address _____ City _____ Zip _____

Home phone _____

Mother's Information

Name _____

Address (if different) _____

Occupation _____

Employer _____

Cell Phone _____ Email _____

Father's Information

Name _____

Address (if different) _____

Occupation _____

Employer _____

Cell Phone _____ Email _____

Physician _____ Address _____ Phone _____

Hospital Preference: Cook Children's, 801 7th Ave., Fort Worth, Texas 76104

Other: _____

Any Known Allergies: _____

LEARNING through play, GROWING through God.

Pick Up information: We will release your child ONLY to a person designated by you in writing. Please list persons to be notified in case of emergency and/or authorized to pick up your child.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

In the event that I cannot be reached to make arrangements for emergency medical care, I hereby authorize the Preschool Director or person in charge to give consent for any and all necessary medical treatment for my child.

Parent Signature _____ Date _____

Persons who MAY NOT pick up: _____

Are there any court orders affecting custody of this child? YES NO

If yes, who has custody of the child? _____

Are there restraining orders in place? ? YES NO *(If yes, preschool must receive a copy.)*

Please explain restraining order: _____

I have received a copy of the Parent Handbook _____ Date _____

Please list any special needs your child has: _____

I understand that lunch is provided by the parent. I further understand that Mildred Haupt Preschool is NOT responsible for meeting my child's nutritional value daily food needs.

Parent Signature _____ Date _____

Please indicate class/days for which you are enrolling:

- **Preschool 2s** (age 2 by September 1): MWF T/TH
- **Preschool 3s** (age 3 by September 1): MWF T/TH *(must be potty trained)*
- **Pre-K** (age 4 by September 1): MWF T/TH M-F
