



# Registration Form 2017-2018 Preschool

Monday-Friday 8 a.m.-12:00 p.m.	Monday-Friday 8 a.m.-6 p.m.	Early Bird (6:45 a.m.-8:00 a.m.) <i>** limited availability**</i>
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**Program Information**  
Please indicate your desired hours of enrollment

<b>Office Use Only</b>	
Date Received	Time
Registration Fee (circle)	Cash Check #
Staff Initial	

Child's Name		About your child	
FIRST	MIDDLE	LAST	
NAME CHILD IS CALLED			
GENDER	BIRTHDATE	CURRENT AGE	
MALE _____ FEMALE _____			
FIRST TIME IN GROUP CARE	SIBLING ATTENDS THIS PROGRAM	SPECIAL NEEDS, ALLERGIES, MEDICAL CONDITIONS, ETC.	
YES _____ NO _____	YES _____ NO _____		

### Primary Contact Information for this Child

NAME
ADDRESS
CITY
STATE
ZIP
HOME PHONE NUMBER
CELL PHONE NUMBER
E-MAIL ADDRESS

### Parent/Guardian Information

Father / Guardian		Mother / Guardian	
FIRST NAME	LAST NAME	FIRST NAME	LAST NAME
EMPLOYER		EMPLOYER	
ADDRESS		ADDRESS	
WORK TELEPHONE		WORK TELEPHONE	
BUMC Preschool Alumni? <input type="radio"/> YES <input type="radio"/> NO		BUMC Preschool Alumni? <input type="radio"/> YES <input type="radio"/> NO	
WHAT PROMPTED YOU TO SEEK ENROLLMENT FOR YOUR CHILD IN BROOKLET UMC PRESCHOOL?			

**Please send this completed form and a your non-refundable registration fee (\$100 first year or \$75 after first year) to:**  
**Brooklet United Methodist Church Preschool**  
**P.O. Box 884**  
**Brooklet, GA 30415**  
 You will be notified by mail regarding your child's enrollment status within thirty days of the receipt of this completed registration form.

I understand this submission of this application does not guarantee placement in the preschool program at BUMC Preschool. If your child is place on the waiting list, the registration fee will be returned until the child is enrolled in the program.  
 Parent/Guardian Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_