



Huntertown United Methodist Preschool

2013-2014 Registration Form

If mailing please send to:
 HUM Preschool
 P.O. Box 426
 Huntertown, IN 46748

Please complete both sides of form

Registration fee of \$60 (\$50 before May 1st) due at time of registration. Please make checks payable to HUM Preschool.

Your child's age on September 1st determines class eligibility.

Please circle one

<p><u>1 Year Olds (walking)</u> Tues. & Thurs. 8-11 a.m.</p> <p><u>2 Year Olds</u> Mon., Wed. Fri. 8-11 a.m.</p>	<p><u>3 Year Olds (3 days/week)</u> Mon., Wed., Fri. 8-11 a.m.</p> <p>Mon., Wed., Fri. 12-3 p.m.</p>	<p><u>3 Year Olds (2 days/week)</u> Tues. & Thurs. 8-11 a.m.</p> <p>Tues. & Thurs. 12-3 p.m.</p>
<p><u>4 Year Olds (4 days/week)</u> Mon.– Thurs. 8-11 a.m.</p> <p>Mon.– Thurs. 12-3 p.m.</p>	<p><u>4 Year Olds (5 days/week)</u> Mon.– Fri. 8-11 a.m.</p> <p>Mon.– Fri. 12-3 p.m. <i>(PM Class — 4 & 5 year old combo)</i></p>	<p><u>5 Year Olds (5 days/week)</u> Mon.– Fri. 8-11 a.m.</p> <p>Mon.– Fri. 8 a.m.—3 p.m. <i>(student to bring a lunch each day)</i></p>

Family Information

Child's Name: _____ What you prefer we call your child: _____

Age on Sept. 1st: ____ Date of Birth: ____/____/____ Gender: M / F

Home Telephone #: (____) _____ (The number you want your child to learn)

Email Address: _____ Best way to contact you: Phone: __ Email: __ Notes in Bag: __

Home Address: _____ City: _____ Zip Code: _____
 (Please include mailing and street address, if different)

Child lives with: ____ Both Parents ____ Single Parent ____ Grandparent ____ Blended Family ____ Other

Father's Name: _____ Home Church: _____ Lives with child? Y / N

Father's Place of Employment: _____ Work #: (____) _____ Cell #: (____) _____

Mother's Name: _____ Home Church: _____ Lives with child? Y / N

Mother's Place of Employment: _____ Work #: (____) _____ Cell #: (____) _____

Childcare / Educational Background

Name of Childcare Provider: _____ Phone #: (____) _____

Has your child attended Preschool or Day Care previously?: _____ How Long?: _____

Where?: _____

Health / Developmental Background

Are you aware that your child has any of the following?:

Allergies Auditory Disabilities Health Concerns Learning Disabilities Speech Disabilities
 Vision Concerns

If so, please explain: _____

Is your child potty trained? _____ (Required for all classes except the 1 & 2 year old programs)

Are you willing/able to carpool?: _____

If yes, do we have permission to give your phone number to a parent looking for help with transportation?: _____

How did you hear about HUM Preschool?: _____

Registration Agreement

By signing below, I agree to the following:

- Payment of the Registration Fee is non-refundable.
- Tuition is due by the 10th of each month. If paid after the 10th, my payment will include a \$10 late fee.
- I will keep my child home if they are displaying signs of illness or communicable disease.
- My child will be picked up promptly at the end of their class session.

Signature: _____ Date: ____/____/____

For Office Use

Check #: _____ Date Rec'd: _____ Initials: _____