

Staff use: *Last* _____

First _____

Date: _____



<i>For staff use:</i>	
School Year:	_____
◇ Reg. Fee Amt.:	_____
◇ Activity Fee Amt.:	_____
◇ First Months Tuition:	_____
◇ Payment Type:	
○ Cash	
○ Check No:	_____

Application for Enrollment—SUMMER PROGRAM *Mt. Zion UMC*

Preschool admits students of any race, religion, or ethnic origin.

Child's Information *Please print your information*

Application Date: / /

Last Name	First Name	Middle Initial
Nickname	Gender M / F	D.O.B / /
Street Address	City	State Zip
Home phone () -		

Parent / Guardian Information *Please print your information*

Last Name	First Name	Middle Initial
Street Address	City	State Zip
Home Phone () -	Cell Phone (for text updates) () -	Work Phone () -
Employer	Email	

Last Name	First Name	Middle Initial
Street Address	City	State Zip
Home Phone () -	Cell & Carrier (for text updates) () -	Work Phone () -
Employer	Email	

Are there any custody issues that the preschool should be made aware of? Yes No If so, please explain:

Does your child receive any special services (speech, occupational therapy, 504/IEP)? Yes No If so, what type:

Will your child receive these services at Mt. Zion UMC Preschool? Yes No If so, when?

Does your child have allergies? Yes No If so, please list allergens, reaction type, and treatment (ie. Epipen):

Program Selection (the class they were in this year)

2-yr-old: Tue, Wed and Thur July 5-July 28th \$300

ALL CLASSES ARE 9:00-12:30. Please supply a lunch and a water bottle. If your child needs sunscreen or bug spray that will need to be supplied as well, along with a medical form.

3-yr-old: Tue, Wed and Thur July 5-July 28th \$300

4-yr-old: Tue, Wed and Thur July 5-July 28th \$300

Print Parent/Guardian Name _____ Sign _____ Date _____

Print Parent/Guardian Name _____ Sign _____ Date _____

Director Signature: _____ Date _____ Revised 1/17