



REGISTRATION FOR 2017-2018 SCHOOL YEAR

Child's Full Name: _____

Name Child Uses: _____

Child's Date of Birth: ___/___/___ Preferred Class: Montessori _____ Traditional Preschool _____

(Parents choice will be considered, however all 4's will be in Montessori and 3's will be placed based on class size)

Parent Name: _____

Relationship to Child: _____

Employer: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Parent Name: _____

Relationship to Child: _____

Employer: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Child Home Address: _____

Home Phone: _____

Names and Phone Numbers of people to whom we may release your child and we may contact in case of emergency:

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

MEDICAL INFORMATION:

Physician's Name: _____

Physician's Phone: _____

Does your child have allergies? Yes No

Please list your child's allergies:

How are these allergies manifested? (hay fever, rash, stomach upset, etc.) _____

Does your child have any dietary restrictions? Yes No

If yes, please describe:

Please list any other important information you think we should know:

GENERAL INFORMATION:

Do you have a church home? Yes No

If yes, where? _____

Would you be interested in learning more about LaFayette First United Methodist Church and the programs available for children and families? Yes No

I understand that a \$50 registration fee is required to reserve my child's placement for the 2017-18 school year at Foundations at First Methodist Preschool. My child is not officially registered and a place will not be held for my child until this fee has been paid. Enrollment is based on the order in which children are registered. The registration fee is non-refundable, unless the school cannot accept my child due to class size policy as outlined in the handbook.

Signature: _____