

# Preschool Registration

## Conyers First United Methodist Church



- Doodle Bugs (12mo-23mo)**  
Monday & Tuesday \$140/mo.
- Wednesday & Thursday  
\$140/mo.
- Leapin' Lizards (2 year olds)**  
Monday-Thursday  
\$215/mo.
- Super Kids (3 year olds)**  
Monday-Friday  
\$275/mo.
- Explorers (4 yr. old Pre-K)**  
Monday-Friday  
\$275/mo.

### CHILD'S INFORMATION (Please Print)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
Date of Birth (mo./day/year) \_\_\_\_\_ Age on 9/1/2017(yrs./mo.) \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone\_(\_\_\_\_\_) \_\_\_\_\_ Email Address(s) \_\_\_\_\_

### PARENTS INFORMATION (Please Print)

Mother's Name \_\_\_\_\_ Cell Phone\_(\_\_\_\_\_) \_\_\_\_\_  
Employer \_\_\_\_\_ Business Phone\_(\_\_\_\_\_) \_\_\_\_\_  
Father's Name \_\_\_\_\_ Cell Phone\_(\_\_\_\_\_) \_\_\_\_\_  
Employer \_\_\_\_\_ Business Phone\_(\_\_\_\_\_) \_\_\_\_\_  
If divorced, custodial parent \_\_\_\_\_ please explain any custody matters  
we need to be aware of \_\_\_\_\_  
Please list your child's previous school or group experience \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

Birth Certificate on file _____
Current Immunization Record _____ Expiration Date _____

**PICTURE PUBLISHING PERMISSION**

Pictures we take of the children are worth a thousand words; they tell the story of Conyers First United Methodist church Preschool. Please let us know by checking the appropriate box and signing below if we can use your child’s picture in the local newspaper, Facebook, and www.conyersfirst.org to share noteworthy events with the community. No names will be used on any picture.

- YES**, I give my permission for my child’s picture to be shared in preschool related media
- NO**, I do not give my permission for my child’s picture to be shared in preschool related media.

Parent’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**CHILD PICK-UP PERMISSION** (Please Print)

These are the people who have my permission to pick up my child from Conyers First United Methodist Preschool:

Name \_\_\_\_\_ Ph. # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Ph# \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Ph. # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Ph# \_\_\_\_\_ Relationship \_\_\_\_\_

If there is someone who should **NEVER** pick up your child, please list them here:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Parent’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADDITIONAL INFORMATION ABOUT YOUR CHILD** (Please print)

Does your child have any health problems we should know about? (i.e. asthma, insect bites. Etc.)

Does your child have any allergies? (food or environmental)

Have you noticed any speech difficulties?

Is there anything that your child is afraid of? (i.e. thunder, ghosts, dogs, etc.)

Any additional information we should be made aware of?

Parent’s Signature \_\_\_\_\_ Date \_\_\_\_\_

