

Emmanuel Methodist Preschool  
Registration 2019 – 2020

**Child's Information (Please Print)**

Name: \_\_\_\_\_  
Last First Middle Nickname

Address: \_\_\_\_\_  
Street City State Zip Code

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Girl  Boy  
month/ day/ year

Primary Language: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

Previous School Experience: \_\_\_\_\_

Religious Background: \_\_\_\_\_ Ethnic Background: \_\_\_\_\_  
(For statistical reporting only) (For statistical reporting only)

Does your child have any health or special medical conditions, such as allergies (environment or food), seizures, asthma, etc.? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have special needs, such as speech, hearing, vision, developmental or behavior?  Yes  No

If yes, please explain **and attach documentation**: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have an IEP?  Yes  No

If yes, please explain **and attach documentation**: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names and Ages of Sibling(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What connection, if any, does your family have with Emmanuel Methodist Preschool?

- Former or current student
- Member of Emmanuel Methodist Church
- Sibling(s) previously attended

How did you hear about Emmanuel Methodist Preschool? \_\_\_\_\_

\_\_\_\_\_

**(Turn Over on Back)**

**Family Information**

Parent/Guardian Name: \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address (only if different from applicant) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Occupation/Title: \_\_\_\_\_ Company Name: \_\_\_\_\_

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Parent/Guardian Name: \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address (only if different from applicant) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Occupation/Title: \_\_\_\_\_ Company Name: \_\_\_\_\_

**Programs Offered by Emmanuel Methodist Preschool:** Please indicate your first and second choice.

**First Choice**

MMO Program

- 2 – Day (Tues/Thurs) 9:00 – 11:30
- 3 – Day (Mon/Wed/Fri) 9:00 – 11:30

Three Year Old Program

- 2 – Day AM (Tues/Thurs) 9:00 – 11:30 (limited space)
- 2 – Day Extended (Tues/Thurs) 9:00 – 1:00
- 3 – Day Extended (Mon/Wed/Fri) 9:00 – 1:00
- 5 – Day Extended (Mon-Fri) 9:00 – 1:00

Four Year Old Program

- 3 – Day Extended (Mon/Wed/Fri) 9:00 – 1:00
- 3 – Day Full (Mon/Wed/Fri) 9:00 – 3:00
- 5 – Day Extended (Mon - Fri) 9:00 – 1:00
- 5 – Day Full KinderPrep (Mon - Fri) 9:00 – 3:00

**Second Choice**

MMO Program

- 2–Day (Tues/Thurs) 9:00 – 11:30
- 3–Day (Mon/Wed/Fri) 9:00 – 11:30

Three Year Old Program

- 2–Day AM (Tues/Thurs) 9:00 – 11:30 (limited space)
- 2–Day Extended (Tues/Thurs) 9:00 – 1:00
- 3–Day Extended (Mon/Wed/Fri) 9:00– 1:00
- 5–Day Extended (Mon-Fri) 9:00– 1:00

Four Year Old Program

- 3–Day Extended (Mon/Wed/Fri) 9:00– 1:00
- 3–Day Full (Mon/Wed/Fri) 9:00 – 3:00
- 5–Day Extended (Mon - Fri) 9:00 – 1:00
- 5–Day Full KinderPrep (Mon- Fri) 9:00–3:00

I understand that upon acceptance of application, I will be required to sign a contract for the 2019 – 2020 school year with the first deposit due no later than April 30, 2019. I also understand that my second deposit and the one-time activity fee are due no later than May 31, 2019.\*

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

\_\_\_\_\_  
Date

Non-refundable Registration Fee Enclosed (\$150.00 for returning families and \$175.00 for new families)

**\*June 14, 2019 is the last day I can withdraw my child and receive a full refund of all deposit payments made.**