

**METHODIST PRESCHOOL
APPLICATION FOR ADMISSION**

CIRCLE

CLASS CHOICE:	Pre-3	3(3-day)	3(3-day)	4(4-day)	4(4-day)	4-5 Enrichment Class	Art Enrichment
	M&F	TWTh(am)	TWTh(pm)	MTWTH(am)	MTWTH(pm)	Monday or Tuesday	Tues. or Wed.

CHILD'S NAME _____ **CALLED** _____ **F** _____ **M** _____

BIRTHDATE _____ **ADDRESS** _____

_____ (Street) _____ (Town) _____ (Zip)
PHONE _____ **Cell #** _____ **E-mail** _____

FATHER'S NAME _____ **Occupation** _____

(Include company and phone number)

MOTHER'S NAME _____ **Occupation** _____

(Include company and phone number)

Church Membership: Mother _____ **Father** _____

School Child will Attend(kdgn): _____ **Year** _____

Allergies/Medical Concerns: _____

FAMILY PHYSICIAN

_____ **PHONE** _____

EMERGENCY NAMES 1. _____ **PHONE** _____

2. _____ **PHONE** _____

PARENT SIGNATURE _____ **DATE** _____

WITHDRAWAL DATE _____