

# Helena UMC Preschool

## 2023-2024 Enrollment Form

Office use only:	
Reg, Fee Paid: _____	
Date: _____	
Cash _____	Check # _____

Registration Fee: \$90.00

Classes: Please select the correct class, days, and hours

\_\_\_\_\_ Infant (6 months: born by Feb 2023-15 months)

\_\_\_\_\_ Toddler (16months -2 years)

\_\_\_\_\_ 2K (2 by Aug. 31, 2023)

Mon-Fri	Mon/Wed/Fri	T/TH
Select a dismissal time: 9:00 - 1:00		9:00 - 2:00

<p style="text-align: center;">_____ 3K (3 by Aug. 31, 2023)</p> <p style="text-align: center;">**Must be potty trained.</p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">Mon-Fri</td> <td style="width: 50%;">Tues/Wed/Thur</td> </tr> <tr> <td colspan="2">Select a dismissal time:</td> </tr> <tr> <td>8:50 - 12:50</td> <td>8:50 - 1:50</td> </tr> </table>	Mon-Fri	Tues/Wed/Thur	Select a dismissal time:		8:50 - 12:50	8:50 - 1:50	<p style="text-align: center;">_____ 4K (4 by Aug. 31, 2023)</p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">Tues/Wed/Thur/Fri</td> <td style="width: 50%;">Mon-Fri</td> </tr> <tr> <td colspan="2">Select a dismissal time:</td> </tr> <tr> <td>8:50 - 12:50</td> <td>8:50 - 1:50</td> </tr> </table>	Tues/Wed/Thur/Fri	Mon-Fri	Select a dismissal time:		8:50 - 12:50	8:50 - 1:50
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Tues/Wed/Thur/Fri	Mon-Fri												
Select a dismissal time:													
8:50 - 12:50	8:50 - 1:50												

The following information is requested by school personnel to help them better understand and educate your child. It is for school use only and is confidential.

Child's Full Legal Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Who has legal custody? \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Work/Cell Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Work/Cell Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Siblings at HUMC Preschool \_\_\_\_\_

Additional siblings and ages \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Member of Helena UMC \_\_\_yes \_\_\_no

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Has your child ever had long term medical treatments or medical problems? Are they presently taking any long term medications? If yes, please explain \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

List any food restrictions \_\_\_\_\_

Has your child attended any other schools? If yes, where and how long?

Please list any information you feel might help the staff better understand your child. \_\_\_\_\_

**Emergency Contacts or Emergency Pickup when parents cannot be reached**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone number \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone number \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Is there anyone who **CAN NOT** pick up your child from school?

Name \_\_\_\_\_ \*\*Proof of custody must be furnished\*

PARENT AGREEMENT: With payment of registration fee, I hereby enroll my child in Helena UMC Preschool. Fees are non-refundable. Classes may be added, dropped, or modified as registration warrants. Registration assures your child a place in the program, but not a particular class.

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