

Registration Application
Orange United Methodist Church Preschool
2010/2011
Email:oumcprek@bellsouth.net

Child's Name: _____ Name called: _____

Address: _____ zip code: _____

Home Phone: _____ Birth date: _____ Gender: M F Age: _____

Family E-mail: _____

Mother's Name: _____ Occupation: _____

Place of Business: _____ work #: _____ cell #: _____

Father's Name: _____ Occupation: _____

Place of Business: _____ work #: _____ cell #: _____

Has your child been enrolled in any school in the past? _____ If yes, where? _____

Is your child enrolled in any school currently? _____ If yes, where? _____

Does your child have any special needs that you are aware of?

Does your child speak/understand English? _____ If not, what language? _____

How did you hear about Orange? _____

Are you OUMC members? Yes _____ No _____

Siblings and expected siblings: _____

Additional Information or comments: (favorite activities, special interests, fears, dislikes)

Class Options: Please note your preference:

One Year Olds

Two Year Olds

Three Year Olds

Four Year Olds

____ Tues/Thurs

____ Mon/Wed/Fri

____ Mon/Wed/Fri

____ Mon - Thurs

____ Tues/Thurs

____ Tues/Thurs

____ Mon/Wed

____ Mon-Fri

____ Mon-Fri

Enrollment Options:

____ I would like to enroll my child as soon as a vacancy occurs.

____ If a vacancy occurs, I would like to enroll my child in the Fall of 20____ when he/she will be _____ years old.

There is a \$25 non-refundable fee to submit an application. I have enclosed this fee, with the check made payable to Orange UMC Preschool.

I have read the philosophy of Orange UMC Preschool and the application information and wish to have my child enrolled.

Parent Signature: _____ date: _____

Orange UMC Preschool reserves the right to ensure adequate racial and gender representation in all of our classes.