



## *First United Methodist Preschool 2025-26*

Preferred Preschool Class (2's & 3's)      M, W, F \_\_\_\_\_      T, TH \_\_\_\_\_

Preferred Pre-K Class (4's)      M, W, F \_\_\_\_\_      T, TH \_\_\_\_\_

M-TH \_\_\_\_\_

Pre-K Extended Day (4's)      M-TH \_\_\_\_\_

Child's Name \_\_\_\_\_

Boy \_\_\_\_\_ Girl \_\_\_\_\_

Birthdate \_\_\_\_\_

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

Email \_\_\_\_\_

Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

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

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

Email \_\_\_\_\_

Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

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

**(Please fill out the back of this form)**

**Permission for emergency medical care if parent cannot be reached:**

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

Name of preferred hospital \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, please list names and numbers we may call:

Please list names of persons to whom we may release your child:

Please list any known allergies or medical problems your child may have that the staff at FUMC should be aware of while caring for your child:

First United Methodist Church welcomes you! Could we provide you with information concerning our church services or other church opportunities?

Yes \_\_\_\_\_ No thank you \_\_\_\_\_

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FOR SCHOOL USE ONLY:

Application fee \$50    check \_\_\_\_\_    cash \_\_\_\_\_    online \_\_\_\_\_