

PARK AVENUE UNITED METHODIST CHURCH
PRESCHOOL APPLICATION

2.5 Year 3 Day ____ 3 Year 3 Day ____
3 Year 5 Day ____ 4 Year 5 Day ____

Non-refundable Registration Fee: _____

Child's Name (underline name called) Birthdate Sex Age Sept 1

Please attach a copy of your child's birth certificate to this form.

Street Address City/State Zip Code Home Phone

Father's Name Mother's Name

Father's Occupation Mother's Occupation

Father's Business Phone Mother's Business Phone

Father's Cell Phone Mother's Cell Phone

Father's E-mail Mother's E-mail

First alternate person and phone number in case of emergency

Second alternate person and phone number in case of emergency

What church do you attend? _____

Has your child any previous group experience? _____ If so, where? _____

Brothers and sisters, names and ages

Do parents have a special talent (playing an instrument, gardening, artist, etc.) or are in a certain profession which you would be willing to share with the children? _____

Could you substitute teach? _____ Assist with parties/field trips? _____

My child is right _____ left _____ handed

My child likes _____

My child dislikes _____

