



CLEMMONS UNITED METHODIST PRESCHOOL

3700 Clemmons Road, P. O. Box 829, Clemmons, NC 27012

Phone: (336) 766-9593 Fax: (336) 766-0652

E-mail: preschool@clemmonsumc.org

Website: www.clemmonsumc.org/preschool

Office Use only: PARENT # _____ AMT. PAID \$ _____ _____
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REGISTRATION 2009-2010, _____

Child's Full Name _____ Birthdate _____ Phone _____

Name Called _____ Female _____ Male _____ E-Mail Address _____

Address _____ City _____ State _____ Zip _____

Mother's Name _____ Father's Name _____

Mother's Employer _____ Father's Employer _____

Work Phone _____ Mobile _____ Work Phone _____ Mobile _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Allergies _____ Allergic Reactions _____

Fears _____

Church Affiliation _____ Previous Preschool _____

Sibling _____ Age _____ Brother/Sister Sibling _____ Age _____ Brother/Sister

Sibling _____ Age _____ Brother/Sister Sibling _____ Age _____ Brother/Sister

Emergency Contacts (local only):

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Hospital Preference: Baptist Hospital _____ Forsyth Hospital _____

Insurance Company _____ Policy Number _____

IMPORTANT: PLEASE COMPLETE AND SIGN

I am paying registration in the amount of \$ _____ for the above-named child to be enrolled in the _____ Class on M T W TH F (please circle). I will pay September tuition in the amount of \$ _____ by May 1, 2009. I understand that if September tuition is not received by that date, I forfeit my child's place in your school. I also understand that the registration fee and September tuition are non-refundable. I agree to give one month's written and paid notice if I must withdraw my child. Tuition is due on the first day of each month. I understand that I will be charged a late fee in the amount of \$25.00 if my payment is received by the preschool after the 10th day of the month. Furthermore, I give my permission for emergency treatment in the event that I/we, the parent(s) or legal guardian(s) cannot be reached. I certify that I have read and completed the above information.

Parent's Signature _____ Date _____

PLEASE INDICATE 1st, 2nd and 3rd CHOICES IN DESIRED PROGRAM

Infants Class: MWF _____ TTH _____ M-F _____
 (3 months on or before August 31)

Toddlers Class: MWF _____ TTH _____ M-F _____
 (1 year old on or before August 31)

Two Year Old Class: MWF _____ TTH _____ M-F _____
 (2 years old on or before August 31)

Three Year Old Class: MWF _____ TTH _____ M-F _____
 (3 years old on or before August 31)

Four Year Old Class: M-TH _____ M-F _____
 (4 years old on or before August 31)

Five-Year Pre-Kindergarten: M-F _____
 (5 years old on or before August 31)