



Student Application

Student Information

Last Name _____
First Name _____ Middle Name _____
Home Address _____
City _____ State _____ Zip code _____
Home Phone Number _____
Birthday _____ Gender (Boy/Girl) _____

Parent/Guardian Information

First Parent/Guardian

Last Name _____ First Name _____
Relationship to Student _____ E-Mail Address _____
Home Address _____
City _____ State _____ Zip code _____
Home Phone Number _____ Cell Phone Number _____
Place of Employment _____ Work Phone Number _____

Second Parent/Guardian

Last Name _____ First Name _____
Relationship to Student _____ E-Mail Address _____
Home Address _____
City _____ State _____ Zip code _____
Home Phone Number _____ Cell Phone Number _____
Place of Employment _____ Work Phone Number _____

Parent/Guardian Status

Married _____ Single _____ Divorced _____ Separated _____ Widowed _____
Custodial rights belong to:
Both Parents _____ Father _____ Mother _____ Guardian _____

Applying for:

Parents Morning Out _____ Twos _____ Threes _____ Fours (Pre-K) _____

Additional Student Information

Nickname or Name Your Child Would Preferred to be Called: _____

Cultural Background and/or Country of Birth _____

First Language _____

Other Languages Spoken at Home _____

Previous Preschool Experience _____

Food Preferences _____

Special Interests/Favorite Toys _____

Dislikes _____

Any additional information that would help us to better understand and work with your child?

Special Needs (e.g. speech/language, physical limitations, behavior disorder) _____

Family Information

Cultural Background and/or Countries of Origin _____

Religious Affiliation _____

Names and Birthdates of Other Children in Family _____

Application Agreement

All children will be considered for admission to Resurrection UMC Preschool regardless of race or faith. Without exception, August 31st is honored as the birthday-cut-off date for class assignment.

Children with special needs will be considered for admission if the preschool staff has appropriately been trained to meet their needs. Admission to the preschool will be at the discretion of the Preschool Director and the Preschool Advisory Committee.

If accepted to the preschool, the attached Health and Emergency form must be completed by you and your child's physician. The Health and Emergency form must be turned in to the Preschool office by the first day of the academic school year for your child to attend school.

A non-refundable application fee of \$35 must be submitted with this form for your child to be considered for acceptance.

Parent Signature _____ Date _____

Office Use Only

Registration Number _____ Date Received _____

Payment Information _____ Process Date _____