

Salem United Methodist Preschool

Enrollment Application 2019 - 2020

Child's Full Name _____

Nickname _____

Child's Birth Date _____ Month _____ Day _____ Year _____

Age on September 30th this year _____

PreK/Tweens Only - Will your child go to Kindergarten next year? Yes No Undecided

If Yes, what state? _____ Name of School _____

(In Virginia, children must be 5 years old by September 30th to attend Kindergarten, therefore children entering PreK classes must be 4 years old by September 30th)

Parent/Guardian 1

Name _____

Address _____ City/State _____

Zip _____ Email Address _____

Telephone - Home _____ Cell _____

Occupation _____ Name of Employer _____

Full Address/Military Command _____

City/State _____ Zip _____

Work Phone _____ Work Hours _____

Parent/Guardian 2

Name _____

Address _____ City/State _____

Zip _____ Email Address _____

Telephone - Home _____ Cell _____

Occupation _____ Name of Employer _____

Full Address/Military Command _____

City/State _____ Zip _____

Work Phone _____ Work Hours _____

Enrollment Application 2019 - 2020

Emergency Contacts/Pick Up Information

1. Name/Relation: _____

Authorized to Pick Up? _____ Home# _____ Cell# _____

2. Name/Relation: _____

Authorized to Pick Up? _____ Home# _____ Cell# _____

3. Name/Relation: _____

Authorized to Pick Up? _____ Home# _____ Cell# _____

Is there anyone **NOT AUTHORIZED** to pick up your child?

Medical Information

Physician's Name _____

Address _____

City/State _____ Zip _____

Telephone Number _____

Type of Insurance _____ Telephone Number _____

Does your child take prescription Medications? Yes No

Name of Medication _____ Reason _____

Name of Medication _____ Reason _____

Name of Medication _____ Reason _____

Does your child have any allergies? Yes No

If yes, what type of allergy? _____

Reaction if exposed? _____

Does your child have an EPI Pen? Yes No

Enrollment Application 2019 - 2020

Additional Information

Are there any other children in the home? Yes No

If yes, Names/Ages _____

Does your child suffer from Separation Anxiety? Yes No

Describe _____

What activities does your child enjoy? How does your child spend his/her time?

Is there any other information that would enable our staff to work better with your child?
(Example: parent separation, living abroad, military deployment, etc.)

Signature _____ Date _____