

**SALEM UNITED METHODIST PRESCHOOL
ENROLLMENT APPLICATION 2020 - 2021**

Child's Full Name _____

Nickname _____ Child's Birthdate: month _____ date _____ year _____

To be eligible for Pre K, your child must turn 4 by September 30.

Parent or Guardian 1. Name _____

Address _____ City/State _____ Zip _____

E-Mail Address _____ phone/cell _____
(write clearly)

Occupation _____ Employer/Military Command _____

City/State _____ Zip _____

Work Phone _____ Work Hours: _____

Parent or Guardian 2. Name _____

Address _____ City/State _____ Zip _____

E-Mail Address _____ phone/cell _____
(write clearly)

Occupation _____ Employer/Military Command _____

City/State _____ Zip _____

Work Phone _____ Work Hours _____

Emergency Contacts/Pick Up Information (not parent/guardian)

1. Name/Relation: _____

Authorized to pick up? _____ Phone/cell # _____

2. Name/Relation: _____

Authorized to pick up? _____ Phone/ Cell # _____

3. Name/Relation: _____

Authorized to pick up? _____ Phone/cell _____

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

Medical Information

Physician's Name _____ Telephone Number _____

Does your child have any allergies? (circle) Yes No

What type of allergy? _____

Reaction if exposed _____

Does your child have an EPI pen? _____

Additional Information

Are there any special circumstances of which the school should be aware (for example, single parent home, multi family household, parent deployed or living elsewhere, etc.)?

Please describe your child and share anything that you think is important for us to know.

Signature _____

Date _____