

# MUM's Christian Preschool Registration Form 2017 - 2018

- Registration Fee (non-refundable) \$50.00
- T-W-Th. Class \$175.00/month
- Friday Enrichment (*for 4 year olds enrolled in T-W-Th. class*) \$20/per day or \$80/month
- T - Th. Class \$130.00/month
- A 10% discount will be granted to active members of MUMC, and families with more than one child enrolled in Preschool.
- Tuition scholarships may be available. Request should be made in writing to the Preschool Board of Directors.
- The Health Form must be completed & returned **prior** to the first day of school.
- Current immunizations are required for school admission.

PLEASE CIRCLE CLASS PREFERENCE

4 Year Old (T-W-Th.) • 3Year Old (T- Th.)

Friday Enrichment Days

All Classes run from 9:00 am to 11:30 am

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Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birthdate (MO/DA/Year) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ (check one)

Child's Address \_\_\_\_\_

School District of Residence \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Phone \_\_\_\_\_

Mother's Address (if different) \_\_\_\_\_

Mother's email \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Phone \_\_\_\_\_

Father's Address (if different) \_\_\_\_\_

Father's email \_\_\_\_\_ Father's Work \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_

Name of person to contact if parents are unavailable \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to the child \_\_\_\_\_

**(Please complete reverse side)**

Persons Authorized to pick-up your child (Name, Relationship, & phone #)

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Students Insurance Carrier \_\_\_\_\_ Plan Group Number \_\_\_\_\_

Name of Insured \_\_\_\_\_

Does your child have any special needs or restrictions? Please describe \_\_\_\_\_

\_\_\_\_\_

Has your child had previous group experience? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_

\_\_\_\_\_

What is your child's favorite play activity? \_\_\_\_\_

What are your child's interests? \_\_\_\_\_

\_\_\_\_\_

What word(s) does your child use for the bathroom? \_\_\_\_\_

Any concerns you may have regarding your child \_\_\_\_\_

\_\_\_\_\_

Parent Signature \_\_\_\_\_ Todays Date \_\_\_\_\_

(Signature means that you have read, understood and agree to the above.

You also agree to emergency medical treatment if needed)

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**FOR OFFICE USE ONLY**

**Class Assignment** \_\_\_\_\_ **Amount Due** \_\_\_\_\_ **Amount Received** \_\_\_\_\_

**Check Number** \_\_\_\_\_ **Dates** \_\_\_\_\_ **MUMC Member** \_\_\_\_\_