

To be completed by school office-

PD IN FULL

Date Application Received: \_\_\_\_\_ Date Registration Fee Received: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Method: Cash Money Order Check (#: \_\_\_\_\_) **T E C E C P**

## St. James UMC Preschool Enrollment Application for fall 2010

I would like to enroll my child in the following class:

**\*\*Be sure to read the "Classes Offered" page in the registration packet for age requirements and eligibility for each of the classes below\*\***

**▼▼▼ Please use a number 1,2,3 for first, second and third choice. ▼▼▼**

5-day 4's(Mon-Fri)       4-day 4's(Tues.-Fri.)       4-day 3's(Mon-Thurs.)       3-day 3's (M/W/F)

3-day 3's (T/W/Th)       3-day 2's(M/W/F)       2-day 2's (T/Th)       2-day 1's (T/Th or W/F)       Mon. 1's

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Name Used \_\_\_\_\_

Address (Street) \_\_\_\_\_ City \_\_\_\_\_, NC (zip) \_\_\_\_\_

Home Phone \_\_\_\_\_ Birthdate (M/D/YY) \_\_\_\_\_ Male  Female

Email Address \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone : (\_\_\_\_\_) \_\_\_\_\_

Employer's Address \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone : (\_\_\_\_\_) \_\_\_\_\_

Employer's Address \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Religious/Church Affiliation: \_\_\_\_\_

Student lives with (check all that apply)

Father     Mother     Stepfather     Stepmother     Other \_\_\_\_\_ (Relationship)

Parents are:  Residing together     Divorced     Separated     Father Deceased     Mother Deceased

Sisters and brothers (names & ages) \_\_\_\_\_

Does your child have a physical or emotional health problem of which the school should be aware? ) This may include special diets, prescriptions, allergies, counseling, or limitations on normal activities.) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify: \_\_\_\_\_

Are there any unusual situations in your family life that might affect your child in some way? \_\_\_\_\_

If you are new to St. James, how did you learn about our school? \_\_\_\_\_

Has your child attended a preschool program in the past? \_\_\_No \_\_\_Yes

If yes, where and how long? \_\_\_\_\_

We love for our parents to be involved in the school. If you would like to volunteer in any of the capacities below, please check and we'll contact you at the beginning of the school year with more information.

I would be interested in helping with or learning more about:

\_\_\_\_\_ Room Parent

\_\_\_\_\_ TLC (Parent's organization)

\_\_\_\_\_ Substitute Teacher (paid position)

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**THIS SECTION MUST BE SIGNED BY PARENT/GUARDIAN TO COMPLETE APPLICATION**

By signing below, I verify that I have received, read, and agree to the information contained in the St. James Preschool Enrollment Packet.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date