

Date _____

ST. PAUL'S U.M. CHURCH
45 First Ave., P.O. Box 250
Red Lion, PA 17356-0250
244-2355

3 Day Class
2 Day Class
Reg. Fee Pd. _____
Office Use Only

PRE-SCHOOL REGISTRATION FORM

Child's Name _____ Age _____
Last First Middle

Male _____ Female _____ Birthday ____/____/____

Child's Address _____ Phone _____

_____ Zip Code

Email address _____

Mother's Name _____ Phone _____

Cell Phone _____

Address _____

Father's Name _____ Phone _____

Cell Phone _____

Address _____

With whom does the child live?

Mother _____ Father _____ Both _____ Other _____

For the child's protection and safety, please inform the church immediately if this information changes or if there are any special circumstances or indications.

In case of emergency, which hospital do you prefer? _____

Child's Doctor _____ Phone _____

In Case of emergency, contact:

1. Name

Address

Relation _____ Phone _____

2. Name _____

Address _____

Relation _____ Phone _____

3. Name _____

Address _____

Relation _____ Phone _____

Who will, most likely be picking the child up after school?

Name _____ Relation _____

Phone _____

For which class do you wish to register?

3 day class _____

2 day class _____

In which school district do you live?

Do you and/or your child attend church? _____ If so, which church _____

Does your child regular take any special medications, have any specific medical conditions, allergies, etc. If so, please list/explain below.

****Parents Please Note:** It is a requirement that students should be potty trained before entering Pre-school. Any questions concerning this matter should be directed to Patience Martin.

Please return this completed form along with the \$10.00 registration fee to:
St. Paul's United Methodist Church, P.O. Box 250, Red Lion, PA
17356-0250; as soon as possible.

Your place is not held until you return the registration form & deposit.