

**Ebenezer United Methodist Church Preschool  
Registration Application**

**Application Date** \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Goes by \_\_\_\_\_

M  F Birth Date \_\_\_\_\_ Age \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Living Arrangements  Both parents  Mother  Father  Other

Child's Legal Guardian  Both parents  Mother  Father  Other

Mother's Name \_\_\_\_\_ Mother's Email \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Mother's Employer \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Mother's Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Email \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Father's Employer \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Father's Employer's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

(Please furnish a copy of immunizations within 30 days of enrollment)

List persons other than yourself and your spouse to whom we may release your child or call in case of an emergency and we are unable to reach you:

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Relation to child/parent \_\_\_\_\_ Relation to child/parent \_\_\_\_\_

Child's Name \_\_\_\_\_

Additional persons to whom we may release your child:

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Relation to child/parent \_\_\_\_\_

Relation to child/parent \_\_\_\_\_

List any persons who may **NOT** pick up your child \_\_\_\_\_

Persons to contact in case of an emergency and parent(s)/legal guardian cannot be reached:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Please describe any physical problems or information we should know about: \_\_\_\_\_

\_\_\_\_\_

Please list any allergies you child has: \_\_\_\_\_

\_\_\_\_\_

Please list any medications your child is taking: \_\_\_\_\_

\_\_\_\_\_

**I verify the above information to be correct. I understand that I cannot register my child without appropriate age documentation, which is attached to this registration form.**

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_