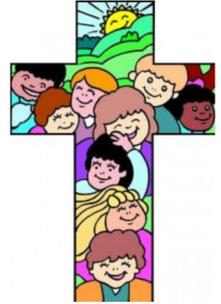




Hope Methodist Church Preschool 2026-2027 Registration



Child's name _____ Age (as of 8/1/26) _____

Registering for 3's 4's (circle one)

Date of Birth _____ Male or Female (circle one)

Home phone _____ Child's Social Security _____

Child's address _____

Mailing address if different _____

Legal Guardian _____

Name of Father _____

Father's Place of Employment _____

Work Phone # _____ Work hours _____

Cell # _____ May we text? Y N

Name of Mother _____

Mother's Place of Employment _____

Work Phone # _____ Work hours _____

Cell # _____ May we text? Y N

EMERGENCY NAMES / RELATIONSHIP/ PHONE NUMBERS: (other than above)

1. _____

2. _____

3. _____

(office use only) Date of Enrollment _____ Date of Dismissal _____

Child's Name _____

The following people are authorized to pick up my child from preschool (please list name and relationship):

I understand that without written permission, there will be no variation of this policy. Phone calls are not acceptable.

Parent/Guardian _____ Date _____
Registering Parent

Name of Child's physician _____

Phone number of physician _____

Physician's address _____

List any physical disabilities or medical problems _____

Fears _____

Emotional problems _____

Special food needs _____ diabetic diet _____ Food allergies _____

List popular snacks your child cannot or will not eat: _____

Special problems: sunburn sensitivity _____ biting _____ bed wetting _____

temper _____ tantrums _____ fainting _____ frequent colds _____

diabetes _____ seizures _____ Medical allergies _____ Medications (that

your child takes regularly) _____ Other _____

Does your child need help: eating _____ washing hands _____

other _____?

Children must be fully potty trained by the time school begins in September. We will be glad to assist with undressing _____ dressing _____ when going to the restroom. What word(s) is/ are used when your child needs to use the restroom? _____

What name do you wish your child to be called? _____

Favorite games _____ Toys _____

Foods _____

Brothers (names / ages) _____

Sisters (names / ages) _____

Previous Childcare _____

Where does your child go when he/she leaves school? _____

If other than parent, phone number of after school center: _____

Is your family active in a local church? _____ If so, which one? _____

Would you be available to assist with class parties or field trips? _____

Would you be available to substitute at the preschool if needed? _____

How did you first hear about our Preschool? (ex: paper, friend, etc.)

Email address for announcements: _____

Child's Name _____

EMERGENCY CONTACT INFORMATION

Phone numbers where parents may be reached: _____

Name of person to call if parents cannot be reached:

Telephone _____ Relationship to child _____

Address _____

CONSENT FOR EMERGENCY MEDICAL CARE

I/We _____ Relation: _____ of _____

do hereby request and give consent to the Director/Caregiver of the Child Care Facility, or her duly appointed representative, for said child to receive such medical or surgical aid as may be deemed necessary expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director/Caregiver or her duly appointed representative to transport said child for emergency medical treatment, if parents cannot be reached.

Parent/Guardian Signature and Date

Witness Signature and Date

Discipline Policy

It is the policy of our Preschool and Kindergarten that discipline should be constructive and consistent, keeping in mind the child's development and abilities. In the event that disciplinary measures need to be taken, we choose the "time out" concept and remove the child from the activity. We incorporate positive behavior reinforcement. If an unusual discipline problem develops, the teacher or the director will notify the parent immediately. The Preschool reserves the right to dismiss any child with habitual or excessive discipline problems.

Our teachers believe in communication with the parent. You will be notified if problems occur so that you can help us in encouraging your child's best behavior.

We/I _____, parent(s) of _____

will support the above policy of discipline at Hope Methodist Church Preschool.

Signed _____ Date _____

After School Care Registration

This is in addition to the preschool registration:

There is a \$85.00 non-refundable registration fee for After School Care. Cost for After School Care is \$ 85.00 per week for approx. 32 weeks, regardless of the number of days in attendance due to illness, adverse weather or our calendar.

Child's Name _____

Does your child take a daily nap? Yes or No

If yes, how long? _____

Does your child have food allergies? If yes, list here:

What is your child's favorite snack? _____

What is your child's favorite juice? _____

What is your child's favorite movie? _____

Additional Comments:

Early Morning Care

We will offer Early Morning Care from 7:30 am until 7:50 am each day. The fee for this care is \$1.00 per day paid at time of drop-off or \$5.00 per week. You will need to walk your child to the Early Morning Care room.

If you are interested in Early Morning Care, please fill out and return the bottom portion of this letter to your child's teacher on the first day of school.

Thank you!

Child's name _____

Age _____ Teacher _____

Parents Name _____

Emergency Phone Number _____