



Middletown United Methodist Church Preschool  
7108 Fern Circle Middletown, MD 21769  
301-371-8681  
[mumcpreschool@aol.com](mailto:mumcpreschool@aol.com)  
[mtownumc.org](http://mtownumc.org)

REGISTRATION FORM 2012/2013 SCHOOL YEAR

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

Nickname \_\_\_\_\_ Sex Female or Male

Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
Month Day Year

Address \_\_\_\_\_  
Street City State Zip

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

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

Employer (If Applicable) \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Employer (If Applicable) \_\_\_\_\_ Work Phone \_\_\_\_\_

Brothers and Sisters with ages and other Person(s) Living in the Household  
\_\_\_\_\_

Pets with Names and Kind of Animal \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Known Allergies or medical conditions \_\_\_\_\_

Emergency Contacts

Name and Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Name and Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Please indicate the following class you wish to enroll your child. Middletown United Methodist Church does not discriminate on the basis of race, creed, sex, color, or national origin in the admission of its students.

Tuesday and Thursday 3 year old class  
9:00 am-11:30 at \$160 month \_\_\_\_\_

Tuesday-Wednesday-Thursday 3 year old class  
9:00 am-11:30 at \$190 month \_\_\_\_\_

Monday-Wednesday-Friday 4 year old class  
9:00 am-11:30 at \$190 month \_\_\_\_\_

Monday-Friday 4 year old class  
9:00am-11:30 at \$255 month \_\_\_\_\_

Monday-Friday Transitional 5 year old class  
9:00 am-12:30 at \$285 month \_\_\_\_\_

Afternoon 4 year old class  
12:30-3:00 \_\_\_\_\_

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Children attending Preschool must be able to use the bathroom on their own. Children enrolling in the 3 year old classes should be 3 by September 1<sup>st</sup> of the school year. Children enrolling in the 4 year old classes should be 4 by September 1<sup>st</sup> of the school year. Early entrance in a Preschool class will be considered if a birthday falls within a 45 day grace period and the child is capable of being in a structured program. Middletown United Methodist Church Preschool reserves the right to cancel any classes with inadequate enrollment. The registration fee covers registration costs, supply costs, and activity fees. No portion of the registration fee will be refunded after June 30<sup>th</sup>. \$50 of the registration fee may be refunded based on a family's written request.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Registration Date \_\_\_\_\_

Kid's Club \_\_\_\_\_

Registration Fee Paid \_\_\_\_\_

PTO \_\_\_\_\_

Emergency Treatment Form \_\_\_\_\_

Student Information \_\_\_\_\_

Immunization Records \_\_\_\_\_

Photo and Video Release \_\_\_\_\_



**INSTRUCTIONS TO PARENT:**

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_  
\_\_\_\_\_

Medications currently being taken by your child: \_\_\_\_\_  
\_\_\_\_\_

Date of your child's last tetanus shot: \_\_\_\_\_

Allergies/Reactions: \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY MEDICAL INSTRUCTIONS:**

(1) Signs/symptoms to look for: \_\_\_\_\_  
\_\_\_\_\_

(2) If signs/symptoms appear, do this: \_\_\_\_\_

(3) To prevent incidents: \_\_\_\_\_  
\_\_\_\_\_

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OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note to Health Practitioner:**

If you have reviewed the above information, please complete the following:

\_\_\_\_\_  
Name of Health Practitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Health Practitioner

( ) \_\_\_\_\_  
Telephone Number



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Registration Information 2012/2013 School Year

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

Former Preschool or Other Group Experiences. (Where, How Often, Overall Experience)

Activities that your child enjoys. (Art, Physical Movement, Stories, Pretend Play)

In what type of environment does your child learn well? (Structure, Choices)

What can your child already do well? (Strengths, Areas of Interest)

Are there special considerations that should be known for the best placement of your child? (Speech Delays, Medical Conditions, Developmental Issues, Challenges)

Are there any fears or habits that would be helpful to know about?

Any additional comments?