

Saint Simons United Methodist Church  
Preschool Registration 638-3317 ext. 19

Name \_\_\_\_\_ Nickname \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Child lives with Mother \_\_\_ Father \_\_\_ Both \_\_\_

Mother's Name \_\_\_\_\_ Home Telephone \_\_\_\_\_

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

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Telephone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Telephone \_\_\_\_\_

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

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Telephone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Give any information about your child's fears, behaviors, habits, discipline.

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In case of emergency, when parents cannot be reached:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Where does child attend church? \_\_\_\_\_

A \$50 non-refundable registration fee must be paid at time of registration.