

To be completed by school office-

PD IN FULL

Date Application Received: _____ Date Registration Fee Received: _____

Amount Paid: _____ Method: Cash Money Order Check (#: _____) **T E C E C P**

St. James UMC Preschool Enrollment Application for Fall 2017

I would like to enroll my child in the following class:

****Be sure to read the "Classes Offered" page in the registration packet for age requirements and eligibility for each of the classes below ****

▼▼▼ Please use a number 1,2,3 for first, second and third choice. ▼▼▼

Mon-Fri. 4's

Mon-Thurs. 3's

MWF 3's

MWF 2's

MTTH 2's

T/TH 2's

MWF 1's

T/Th. 1's

****We reserve the right to have flexibility in adjusting classes based on demand****

Child's First Name _____ Last Name _____ Name Used _____

Address (Street) _____ City _____, NC (zip) _____

Home Phone _____ Birthdate (M/D/YY) _____ Male Female

Email Address _____

Father's Name: _____ Home Phone: (_____) _____

Employer: _____ Work Phone: (_____) _____

Employer's Address _____ Cell Phone: (_____) _____

Mother's Name: _____ Home Phone: (_____) _____

Employer: _____ Work Phone: (_____) _____

Employer's Address _____ Cell Phone: (_____) _____

Religious/Church Affiliation: _____

Student lives with (check all that apply)

Father Mother Stepfather Stepmother Other _____ (Relationship)

Parents are: Residing together Divorced Separated Father Deceased Mother Deceased

Sisters and brothers (names & ages) _____

Does your child have a physical or emotional health problem of which the school should be aware?) This may include special diets, prescriptions, allergies, counseling, or limitations on normal activities.) _____ Yes _____ No

If yes, please specify: _____

Are there any unusual situations in your family life that might affect your child in some way? _____

If you are new to St. James, how did you learn about our school? _____

Has your child attended a preschool program in the past? ___ No ___ Yes

If yes, where and how long? _____

We love for our parents to be involved in the school. If you would like to volunteer in any of the capacities below, please check and we'll contact you at the beginning of the school year with more information.

I would be interested in helping with or learning more about:

_____ Room Parent

_____ TLC (Parent's organization)

_____ Substitute Teacher (paid position)

THIS SECTION MUST BE SIGNED BY PARENT/GUARDIAN TO COMPLETE APPLICATION

By signing below, I verify that I have received, read, and agree to the information contained in the St. James Preschool Enrollment Packet.

Parent/Guardian

Date