

Level Creek United Methodist Preschool
Registration Form

Child's name _____ Prefers to be called _____

Sex _____ Age _____ Birth date _____ Home phone number _____

Address _____

Email _____

Father's name _____ Occupation _____

Work phone _____ Cell phone _____

Mother's name _____ Occupation _____

Work phone _____ Cell phone _____

Members of household: Father _____ Mother _____

Siblings (names and ages) _____

Others (please give relationship) _____

Emergency contacts:

Name _____ Phone _____

Name _____ Phone _____

Child's Physician:

Name _____ Phone _____

*****About Your Child*****

Special interests and activities _____

Former school experience _____

Speech difficulty (y/n) _____ Hearing/vision problems (y/n) _____

Allergies _____

Other physical problems _____

Any specific fears _____

Please tell us anything else you think might help us know your child better and help him/her have a positive learning and growing experience (use back of sheet).