



PRESCHOOL REGISTRATION

Old Bethel United Methodist Church
359-9651

Class Requesting _____

Date _____

Child's Name _____

Name to Be Called By _____

Birth Date _____
Month Day Year

Age as of 9/1 _____

Male _____ Female _____

Address _____
Street

Home Phone _____

City Zip

Mother's Cell _____

Email _____

Father's Cell _____

Father _____ Occupation _____ Work Phone _____

Mother _____ Occupation _____ Work Phone _____

List other persons in the home (relationship, name, age of children). We use this information for our family unit.

Parents church affiliation _____ Current Old Bethel Student _____ Room _____

Prior group experiences of child _____

Special health problems (including allergies) _____

Please describe your child (i.e., personality, favorite activities, things we should know)

Comments _____

Please print for your receipt

Class requested _____

Child's name _____

Phone _____

Parents Names _____

OFFICE USE ONLY

For reg. _____ For Tuition _____

NONREFUNDABLE

Check No. _____

Name on Account _____

Dated _____ Rcvd _____