

**Bethlehem United Methodist Preschool
2022-2023 Registration Form**

Child's Name _____
(First) (Middle) (Last) (Name Used)

Birthdate _____ Enrolling in the: 2 yr. old 3 yr. old 4 yr. old class

Class Days/Hours: **Please number your preference(s) in blanks for days/hours (i.e. 1,2 3).**

**3 Days/Week (M/W/F) Full Days (8:30AM – 4PM) _____	**5 Days/Week (M-F) Full Days (8:30AM – 4PM) _____
3 Days/Week (M/W/F) Half Days (8:30AM-12PM) _____	**5 Days/Week (M/W/F) Half Days (8:30AM-12PM) _____

**** Child must be at least 2 ½ and potty trained for 5 Days/Week and Full Days.**

Parent/Guardian (1) Name _____ Relationship to child _____

Complete Address _____ Phone () _____

Employment Name _____ Work Phone () _____

E-mail _____

Parent/Guardian (2) Name _____ Relationship to child _____

Complete Address _____ Phone () _____

Employment Name _____ Work Phone () _____

E-mail _____

Child lives with: Parent(s) Step-Parent Grandparent(s) Guardian Other _____

Emergency Contacts Names (in addition to parent/guardian names listed above):

(Check Box if person is approved for child drop off/pick up)

1. Name: _____ Approved for Pick Up Initial _____

Relationship: _____

Phone: _____

2. Name: _____ Approved for Pick Up Initial _____

Relationship: _____

Phone: _____

We will not release your child to someone not listed as approved to pick up on this form unless a note is provided by you.

Schools previously attended: Name _____ City & State _____ How long? _____

Church you regularly attend: Name _____ None _____

Physician Name _____ Phone () _____

Dentist Name _____ Phone () _____

Allergies to medication, food, animals, insects or other substances: _____

How does it manifest itself? _____

My child is up-to-date on immunizations: yes no ***School Entrance Health Form required**

Please list any medical, physical, emotional, mental or family circumstances which may affect your child's progress or activities at school. This information will be kept confidential.

Members living in the household other than parents/guardians:

Name	Relationship to child	Child's age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Activities Your Child Enjoys: _____

Pets and Names of Pets: _____

Kindergarten Year _____ County Child Resides In _____

The information listed on these forms is true and correct.

Signed _____ Date _____ Relationship to child _____

Forms necessary for enrollment completion:

- *Photocopy of child's state birth certificate
- *School Entrance Health Form (signed by Physician and parent).
- *Registration fee (non-refundable) of \$100, or \$75 (if paid before March 1st).
- *Please make check payable to Bethlehem UM Preschool.

Forms may be given to the church secretary (during regular office hours) or mailed to:
Bethlehem United Methodist Preschool, P.O. Box 458, Moneta, VA, 24121

Please call the church office at 297-7957 or email www.bumcmoneta@gmail.com with any questions that you may have.

We look forward to a wonderful school year with you and your child.

Revised 2/15/2022