

Bethlehem United Methodist Preschool  
2023-2024 Registration Form

Child's Name \_\_\_\_\_  
(First) (Middle) (Last) (Name Used)

Birthdate \_\_\_\_\_ Enrolling in the: **2 yr. old class** **3 yr. old class** **Pre-K (5 days a week only)**

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

<b>**3 Days/Week (M/W/F) – 2's and 3's Only</b> Full Days (8:30AM – 4PM) _____	<b>**5 Days/Week (M-F) - 2's, 3's, and Pre-K</b> Full Days (8:30AM – 4PM) _____
<b>3 Days/Week (M/W/F) - 2's and 3's Only</b> Half Days (8:30AM-12PM) _____	<b>**5 Days/Week (M/W/F) - 2's, 3's, and Pre-K</b> 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.

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Members living in the household other than parents/guardians:

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

Activities Your Child Enjoys: \_\_\_\_\_

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Pets and Names of Pets: \_\_\_\_\_

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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).
- \* Emergency Contact Form, Photo Release, and Medication Waiver
- \*Registration fee (non-refundable) of \$100, or \$75 (if paid before March 1<sup>st</sup>).
- \*Please make check payable to Bethlehem UM Preschool.

**(Birth Certificate and Health Form required before child can attend school in September)**

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 540-297-7957 or email [lovinumyf@gmail.com](mailto:lovinumyf@gmail.com) with any questions that you may have.

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

Revised 1/30/2023