

# FFUMC Kindergarten, Preschool and Mother's Morning Out

Fayetteville First United Methodist Church  
175 East Lanier  
Fayetteville, GA 30214  
Drew Greenberg, Director

## PREREGISTRATION FORM 2009 - 2010

To reserve your child's slot you must return this form completed with a check for a non-refundable registration fee

**PLEASE PRINT LEGIBLY**

Class \_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Name of parent or guardian with whom child lives:

\_\_\_\_\_

Age on September 1<sup>st</sup>, 2009 \_\_\_\_\_ years \_\_\_\_\_ Months

Birth date: \_\_\_\_\_ Sex \_\_\_\_\_

Has your child previously attended a preschool? \_\_\_\_\_ Where? \_\_\_\_\_

Does your child speak English? \_\_\_\_\_ If not, what language is spoken? \_\_\_\_\_

Are there any physical limitations or past medical history that we should be aware of?

\_\_\_\_\_

Does your child have any allergies? (Specifically skin or food allergies)

\_\_\_\_\_

Is there any information that you feel would be helpful for us to know about your child?

\_\_\_\_\_

Parent or guardian signature \_\_\_\_\_ Date \_\_\_\_\_