

FFUMC Preschool and Mother's Morning Out

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

PREREGISTRATION FORM 2011 - 2012

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 _____ Circle the days: M/W, T/TH, T/W/TH, M/T/W/TH

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 1st, 2011 _____ 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 _____