



www.oakviewumcpreschool.com

OFFICE INFO ONLY

QB ___ REG ___ INV ___ Email ___

ALLERGIES _____

PHOTO RESTRICTIONS _____

SHOTS _____ HB ACPT _____

TEACHER: _____

NOTES: _____

REG: Paid: ___ Cash/Ck: ___ AMT ___

Account notes: _____

NON-REFUNDABLE FEES

Summer Registration

\$30 Registration Fee

\$45 Family Registration Fee

**Summer Registration
June 5th – July 26th**

Child's Personal Data

Child's Name: _____ (_____)

Last Name

First

Middle

Nick Name

Address: _____

Street or P.O Box

City

Zip

Home Phone: _____ Birthday: ___ / ___ / ___

Mo

Day

Yr.

Male

Female



Mom's/Guardian's Name: _____

Mom's Cell Phone: _____

Mom's Workplace: _____

Work Phone: _____

Email Address: _____

Can you receive text messages? Yes ___ No ___

Mobile phone Carrier: _____

Email & text messaging are used as a method of contact for reminders & announcements

Dad's/Guardian's Name: _____

Dad's Cell Phone: _____

Dad's Workplace: _____

Work Phone: _____

Email Address: _____

Can you receive text messages? Yes ___ No ___

Mobile phone Carrier: _____

Email & text messaging are used as a method of contact for reminders & announcements

Referred by: _____

Church Affiliation: _____

Transportation provided for child:

Person (s) responsible for pickup & delivery of your child. Anyone not listed will not be permitted to pick up your child.

1. _____ Relationship: _____ Phone: _____

2. _____ Relationship: _____ Phone: _____

3. _____ Relationship: _____ Phone: _____

In Case of an Emergency:

In case of an emergency when parents/ guardian cannot be reached, please notify:

1. _____ Relationship: _____ Phone: _____

2. _____ Relationship: _____ Phone: _____

3. _____ Relationship: _____ Phone: _____

Important Information:

Allergies: _____

Health issues or special needs: _____

Photo Use Permission:

The preschool will use pictures of your child throughout the year for class projects and crafts. From time to time the preschool would like to use photographs in newsletters, news releases to local media and photos on our website. We will not identify any child by name on our website. If you do not feel comfortable with this, please check the appropriate box.

I give permission for Oakview UMC Preschool to use pictures of my child in promotional materials, news releases in the local paper, or on our website.

I do NOT give permission for Oakview UMC Preschool to use pictures of my child in newsletters, promotional materials, news releases in the local paper, or on our website.

Health Records:

Please provide a copy of your child's immunization records for our files. If your child is exempt from immunizations, please see office for appropriate forms.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In case of an accident or illness requiring medical attention, the undersigned authorize Oakview UMC Preschool to call a health care provider to take my child, _____ to the nearest hospital or doctor.

Doctor: _____ Phone: _____

Hospital preference: _____ Phone: _____

It is understood that if possible, these services will be obtained. If parents or preferred healthcare provider cannot be contacted, the preschool is authorized to contact another health care provider. It is also understood that this agreement covers only those situations which, in the best judgment of the preschool, are true emergencies. I agree to be responsible for the cost of such emergency medical care.

Parent/Guardian's Signature _____ Date _____