

# REGISTRATION FORM

Lindenwald United Methodist Preschool  
3501 Pleasant Avenue, Hamilton Ohio 45015  
513-863-8822

For Office use Only: Date: _____ Reg. Paid: _____ Ck#: _____
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**\*\* Registration fee - \$45, non-refundable      \*\* September Tuition Due July 1, non-refundable**

Please complete two forms for our records.

<b>PROGRAMS (circle one)</b>		
<b>3 Year AM</b>	<b>4 Year Pre-K AM</b>	<b>4 &amp; 5 Year Pre-K AM</b>

Child's Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age Before Oct. 1: \_\_\_\_\_

Name to be used in class: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Education: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Education: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Has your child attended preschool? \_\_\_\_\_

Brothers/Sisters including ages: \_\_\_\_\_

May we include photos of your child in local newspaper article submissions, on our church website, or in other church publications?      Yes      No

The Preschool Roster is available on request to Preschool parents only.

My name and child's name may be included:      Yes \_\_\_\_\_      No \_\_\_\_\_

Our address may be included:      Yes \_\_\_\_\_      No \_\_\_\_\_

Our home phone may be included:      Yes \_\_\_\_\_      No \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

**Emergency Information:**

Give two names, addresses and phone numbers to call in case of accident or illness, other than home or business:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_