



FALL 2009 Enrollment Form

office use only

Date Reg. Fee Rcvd.: _____

Fees: The registration fee must accompany the completed enrollment form for a child to be officially enrolled in the preschool. The program tuition of \$120 a month per child is payable whether or not the child attends all sessions.

Child's Name: _____ AGE AS OF 9/1/09 _____

Last First Middle

Name Called By Parents Sex Birthdate Home Phone

Home Address City Zip

E-mail Address(s)

Are there any allergies (food, insects,...), special diet, restriction of activity or other chronic conditions? If so, please explain:

Father's Name Father's Work Phone # Father's Cell Phone #

Mother's Name Mother's Work Phone # Mother's Cell Phone #

Parents' Marital Status: Married _____ Separated _____ Divorced _____ Widowed _____ Single _____

If separated, who has custody of the child? _____

May the preschool release your child to the non-custodial parent? Yes _____ No _____

Father's Religious Affiliation Mother's Religious Affiliation

Names and ages of brothers and sisters: _____

How did you hear about BUMP? _____

RELEASE FORM

In addition to the parents indicated on the front of this form, the following persons have my permission to pick up my child from preschool and may be called in an emergency if parents cannot be located. (Buckingham United Methodist Preschool will not release your child to an individual we do not know without photo identification.)

_____	_____	
Name	Relationship to child	
_____	_____	
Home Phone #	Work Phone #	Cell Phone #
_____	_____	
Name	Relationship to child	
_____	_____	
Home Phone #	Work Phone #	Cell Phone #
_____	_____	
Name	Relationship to child	
_____	_____	
Home Phone #	Work Phone #	Cell Phone #

We understand that this child will not be released from the school to anyone except the persons named on this form. The director or teacher will be notified if there is anyone picking up this child who is not listed. We, as parents, will be sure that a staff member is aware of the child's arrival and departure. We understand that the hours of the school are from 9:15am – 2:00pm.

We have read and accept the policies and regulations of the Buckingham United Methodist Preschool on this form, and release it from any and all liability resulting from conditions or circumstances beyond its control.

Signature of Father or Guardian

Date

Signature of Mother or Guardian

Date