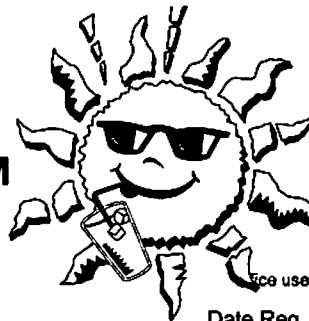


# SUMMER ENROLLMENT FORM 2009



Office use only

Date Reg. Fee Rcvd.: \_\_\_\_\_

Fees: The registration fee of \$25 must accompany the completed enrollment form for a child to be officially enrolled in the preschool. The program tuition of \$150 is payable whether or not the child attends all sessions.

Child's Name: Last First Middle Child Age As Of 6/30/08

Name Called By Parents Sex Birthday 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