

Preschool Registration Form

PLEASE PRINT WHEN COMPLETING THIS FORM

Child & Caregiver Class

- ☐ Fall Session: September, October & November
☐ Winter Session: January, February & March
☐ Spring Session: March, April & May

Mentor United Methodist Church
8600 Mentor Avenue
Mentor, Ohio 44060
440-255-3496 ext. 110

FOR OFFICE USE ONLY:

Registration # _____

Date: _____

Check #: _____ OR Cash: _____

The name you want on your child to be called and used for name tags (i.e. if name differs from legal name):

Child's Name: _____ Gender: M___ F___ Date of Birth: ____ / ____ / ____

Your child's LEGAL name:

First Name _____ Last Name _____

Child's Address: _____

Street

City

Zip

Mother/Father/Parent/Guardian Contact Information:

Full Name: _____

Address: _____

Email: _____

Phone: _____ Cell: _____

Work/School Address: _____

Work/School Phone: _____

Mother/Father/Parent/Guardian Contact Information:

Full Name: _____

Address: _____

Email: _____

Phone: _____ Cell: _____

Work/School Address: _____

Work/School Phone: _____

Emergency Contact Information: *(when parents cannot be reached)*

Name: _____	Relationship to child: _____	Phone: _____
Name: _____	Relationship to child: _____	Phone: _____

Signature _____

Date _____