

Preschool Registration Form

PLEASE PRINT WHEN COMPLETING THIS FORM

Child & Caregiver Class

- Fall Session: October & November
 Winter Session: January & February
 Spring Session: March & April

Mentor United Methodist Preschool
8600 Mentor Avenue
Mentor, Ohio 44060
440-255-3496 ext. 113

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 _____