



Pre School
 850 16th Street
 Modesto, CA 95354
 (209)525-8687

For office use only:
 Re-enrolling _____
 FUMC Member _____
 Returning Family _____
 Wait Priority _____
 General Public _____
 Date Received _____

APPLICATION FOR ENROLLMENT

SCHOOL YEAR 2011-2012

PLEASE CIRCLE THE DAYS YOUR CHILD WILL ATTEND:

PLEASE CIRCLE PROGRAM OPTION:

MONDAY

FULL DAY

(7:00am- 6:00pm)

TUESDAY

3/4 DAY

(7:00am- 3:00pm)

WEDNESDAY

HALF DAY

(7:00am-12:30pm)

THURDAY

or

(12:30pm-6:00pm)

FRIDAY

ENRICHMENT

(8:30am-11:30pm)

Child's Name: _____ Birth Date: _____ F ___ M ___

Father's Name _____ Mother's Name _____

Address _____ Address _____

City _____ Zip _____ City _____ Zip _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Employer _____ Employer _____

Address _____ Address _____

Work Phone _____ Work Phone _____

Brothers or Sisters (Names and ages)

CHILD'S GENERAL HEALTH

~Circle if your child has had any of the following:

Anemia

Asthma

Hay Fever

Chicken Pox

Diabetes

Epilepsy

Rheumatic Fever

ALLERGIES

Food _____

Other _____

List Current Medications your child is taking:

PHYSICIAN

ADDRESS

PHONE #

MEDICAL INSURANCE

PLAN NUMBER

CHILD'S SOCIAL AND PERSONAL HISTORY (please share as much information as possible)

Child's previous Preschool experiences _____

Has child had babysitters other than family members? _____

Does child have difficulty separating from parents? _____

Is child still in diapers or need help with toileting? _____

Does child have any speech or motor problems? _____

Languages spoken in the home _____

Does child understand and speak English? _____

Discipline used in home _____

Your evaluation of child's personality _____

Does child attend Sunday school? _____ Are you members of FUMC _____

.....
People other than parents authorized to pick up child from Methodist Tiny Tots Preschool (Children will not be allowed to leave with any other person without authorization from parent or guardian)

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY CONTACTS REQUIRED: two (2) people, other than the child's parents, who live at separate households that could arrive at Methodist Tiny Tots Preschool in 10 minutes if necessary in an emergency.

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE#</u>	<u>RELATIONSHIP</u>
_____	_____	_____	_____
_____	_____	_____	_____

~ I understand that the registration and application fees are non-refundable. I agree to comply with Methodist Tiny Tots Preschool policies.

SIGNATURE

DATE