

# Wesley United Methodist Preschool Enrollment Information 2020-2021

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<b>Child's Name</b>	_____	Male	_____
Birthday	_____	Female	_____
Address	_____		
	_____		
Allergies	_____		
Health Issues	_____		
Daily Medication	_____		

Circle Preferred/Primary Number

<b>Mother's Name</b>	_____	H Phone	_____
Address	_____	C Phone	_____
(if different than above)	_____	W Phone	_____
Email	_____		
Occupation	_____		

Circle Preferred/Primary Number

<b>Father's Name</b>	_____	H Phone	_____
Address	_____	C Phone	_____
(if different than above)	_____	W Phone	_____
Email	_____		
Occupation	_____		

<b>Emergency Contacts</b> (Two Local Contacts Other Than Parents)			
Name	_____	Name	_____
Relationship	_____	Relationship	_____
Home Phone	_____	Home Phone	_____
Cell Phone	_____	Cell Phone	_____

Please Initial

	I give permission for my child to be photographed and videotaped in the Preschool during program functions. I understand that photographs /videos may be taken by faculty or by parents/guardians, and I consent to the use of these photographs/videos for communication purposes, such as communications with families and internal business communications. Parents agree to keep all preschool photos private and not to share them on social media if they include children other than their own child.
	Wesley UMC Preschool may include child's name, address, phone and email on class roster.
	Wesley UMC Preschool or teachers will not be held liable in the event of an accident.