

Preschool Registration Form

Child's full name _____
Name child is known by _____
Date of Birth _____
Gender: Male _____ Female _____

Cahaba Heights United Methodist Preschool
(205)969-3149
3139 Cahaba Heights Road
Vestavia Hills, AL 35243

Name of parent(s) or legal guardian(s) _____
Child lives with? _____
Address _____
City _____ Zip _____ Home Telephone _____
Mother's e-mail _____ Father's e-mail _____
Mother's employer _____ Job title _____
Work Phone _____ Can you be called at work? _____ Cell Phone _____
Father's employer _____ Job title _____
Work Phone _____ Can you be called at work? _____ Cell Phone _____

In Case of an Emergency and We Cannot Reach You, Please List Below Three People We Can Contact:

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

Child's Doctor _____ Location _____ Phone _____

Allergies (food, insects or environment) _____

Medication for allergies _____

Has child ever had any of the following difficulties: Seizures _____ Speech _____ Hearing _____ Vision _____

Daily Medication(s) _____

Has child had any serious illnesses, surgery or hospital stays? _____

Is child potty trained? Yes _____ No _____ In the process of being potty trained? Yes _____ No _____

Three and Four-year-old children must be potty trained. For special needs or concerns see the director.

Preschool **NON-REFUNDABLE** Registration Fee \$125.00/returning student registration fee of \$50.00.

Based on Child's age as of September 1, please indicate the class you wish to enroll your child in.

2-year-old ___ 2 day	Tues/Thurs.....\$175.00 monthly	3-year-old ___ 2 day	Tues/Thurs \$180.00 monthly
___ 3 day	Mon/Wed/Fri.....\$ 190.00 monthly	___ 3 day	Mon/Wed/Fri .. \$195.00 monthly
___ 5 day	Mon-Fri\$205.00 monthly	___ 5 day	Mon-Fri \$220.00 monthly
4-year-old ___ 3 day	Mon/Wed/Fri \$210.00 monthly		
___ 5 day	Mon-Fri\$230.00 monthly		

I hereby agree to pay the monthly fees for my child's participation and for child care in the designated program at Cahaba Heights United Methodist Church. No refunds or credits will be made for absences of any kind.

Signature _____ Date _____

I agree to have on file at the preschool the following forms: Blue immunization form, Emergency Release Form, Family Information Form, and Transportation Form on or before the first day of school.

Signature _____ Date _____

Registration Fee _____ Date received _____ Director _____