

# 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 \_\_\_\_\_  
Parent 1 e-mail \_\_\_\_\_ Parent 2 e-mail \_\_\_\_\_  
Parent 1 employer \_\_\_\_\_ Job title \_\_\_\_\_  
Work Phone \_\_\_\_\_ Can you be called at work? \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Parent 2 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.

<b>2-year-old</b> ___ 2 day	Tues/Thurs.....\$195.00 monthly	<b>3-year-old</b> ___ 2 day	Tues/Thurs ..... \$200.00 monthly
___ 3 day	Mon/Wed/Fri.....\$ 210.00 monthly	___ 3 day	Mon/Wed/Fri .. \$215.00 monthly
___ 5 day	Mon-Fri .....\$225.00 monthly	___ 5 day	Mon-Fri ..... \$240.00 monthly

**4-year-old** \_\_\_ 3 day Mon/Wed/Fri ..... \$230.00 monthly  
\_\_\_ 5 day Mon-Fri .....\$250.00 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 \_\_\_\_\_