ORANGE UNITED METHODIST PRESCHOOL REGISTRATION 2020/2021

Child's Name				Name Called	
Date of Birth	Ger	nder M	F	Age on Aug. 31 2020	
Address				Zip Code	
Home phone	circ	le - land	line or cell	zip code	
	s to receive preschool new		inte of cen		
Parent Information	n				
Mother			Father		
Occupation			Occupation	1	
Work #			Work #		
Cell phone carrier (ex. Verizon, AT&T, Sprint)	Orange	JMP has pe	ermission to text me preschool updates? Y	
Siblings & ages/ot	her people living in home				
Previous or preser	nt preschool experience?_	W	here		
Does your child speak English? If not, what language?					
List Allergies(Food	, bee stings, medication)_				
Does your child ha		quire an	y special acc	commodations?	
• • •					
Church Affiliation					
How did you hear	about Orange Preschool?				
•	•			your child on our web site or Facebook, with	
	d? Yes No	·		•	
•		•		I wish to enroll my child in this program. I policies and medical regulations.	
Parent Signature			Date		
Class Options: ind	icate preference with 1st	and 2nd			
One year old	Two year old	٦	hree year o	old Four year old	
M/W	M/W/F	_	M/W,	/F M-Th (4 days)	
T/Th	T/Th	_	T/Th	M-F (5 days)	
		_	M-F (!	5 days)	
				hecks payable to Orange Preschool.	
	received A				
Enrolled: Clas	s S	upply fee	paid	tuition deposit paid	