



Sycamore Preschool Registration Form

306 East Second St.
North Manchester, Indiana 46962

Office Phone: 260-982-7537

- Registration Fee Paid
- Handbook
- Medical Form

Date: _____

I am registering for (check one): 3 yr. old class (child must be 3 by August 1st)
 4 yr. old class (child must be 4 by August 1st)

We offer classes at different times—please mark your first choice with a number “1” and mark your second choice with a number “2”. (We will try to accommodate your first choice.)

THREE YEAR OLDS: Monday & Wednesday mornings (9:00-11:20 a.m.)
 Tuesday & Thursday mornings (9:00-11:20 a.m.)

FOUR YEAR OLDS: Monday through Thursday mornings (9:00-11:30 a.m.)

Have you previously enrolled children in our program? _____ If so, please list their names: _____

Are you a member of the North Manchester United Methodist Church? _____

Child's Name: _____
(First) (Middle) (Last)

Name you prefer your child to be called: _____
(Note that this name will appear on your child's school papers.)

Birth Date: ____/____/____ Age: _____ Sex: _____

Home Address: _____

Mothers Name: _____ Phone: _____

Home Address (if not the same as the above): _____

Occupation: _____ Employer: _____

Business Phone: _____ Cell Phone: _____

Are you at work during school hours? _____ Email Address: _____

Fathers Name: _____ Phone: _____

Home Address (if not the same as the above): _____

Occupation: _____ Employer: _____

Business Phone: _____ Cell Phone: _____

Are you at work during school hours? _____ Email Address: _____

Person(s) with legal custody of your child and their relationship (if other than the above): _____

(Continued on reverse side.)

Other people living in household:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Church Affiliation: _____

Name of Child's Physician: _____ Phone: _____

Name of Child's Dentist: _____ Phone: _____

Health (check one): [] Excellent [] Fair [] Poor

Is there any special conditions you should share with us? _____

Are you aware of any fears or anxieties your child has that we should know? If so, please explain:

Has your child previously attended pre-school? _____ If so, where? _____

What do you hope your child will gain by attending our pre-school? _____

How did you learn about Sycamore Pre-School? _____

Is there any other information you would like to share with us? _____

Please return this form along with:
a \$40 non-refundable registration fee (*discounted to \$30 if received by May 15th*)
to secure your child's place in our program.
Please make checks payable to: NMUMC

Yes, I am interested in receiving a full scholarship for my child/children. I understand that by receiving the scholarship I am agreeing to regularly attend either Soul Café or one of the other Sunday morning services.

Parent/Guardian Signature