

**THE PRESCHOOL AT CLAREMONT UNITED METHODIST CHURCH**

215 W. Foothill Blvd.  
Claremont, CA 91711  
(909)624-8223

<u>Office Use</u>		
Re-enrollment _____	Enrollment _____	Check# _____
Amount and Date Received _____		
Start Date _____	AS1 _____	

**Enrollment Application 2010-2011 School Year**

Child's Name \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

**ALLERGIES:** \_\_\_\_\_  
(If yes, please fill out allergy form)

Mother's Name: \_\_\_\_\_ Living with child? \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Father's Name: \_\_\_\_\_ Living with child? \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**PROGRAM INFORMATION: Choose below**

**9:00 am – 12:00 pm**

**5day program;** Monday-Friday **3 day program;** Mon./Wed./Fri. **2 day program;** Tues/Thurs.

**9:00 am – 3:00 pm**

**5day program;** Monday-Friday **3 day program;** Mon/Wed/Fri. **2 day program;** Tues/Thurs.

Home Language: \_\_\_\_\_

Name of Adult participating in the classroom: \_\_\_\_\_

Do you have a current TB test? \_\_\_\_\_ Date of TB: \_\_\_\_\_

In what ways do you hope you and your child will benefit from the school program?  
\_\_\_\_\_

**PERMISSION FOR FIELD TRIPS AND PICTURES:**

I give my permission for my child to be taken on short walks away from the school. I also give permission to staff to take pictures of my child for school use such as brochures and website.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Church information: I would like to receive the Church's Bi-weekly newsletter.  YES  NO

\*\* Registration fee of \$100.00 is non-refundable.  
Priority is given according to date of receipt.