



Tyner United Methodist Church Preschool Registration 2019-2020

Registration Date: _____

Child Information

1st Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Gender: Male Female

Date of Birth: _____ Class Assigned: _____

Allergies or medical conditions: _____

Previous school or daycare attended: _____

2nd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Gender: Male Female

Date of Birth: _____ Class Assigned: _____

Previous school or daycare attended: _____

Allergies or medical conditions: _____

Parent/Guardian Information

Mom: _____ Dad: _____

Address: _____

Mom's #: _____ Dad's #: _____

Email: _____ Child lives with: _____

Family Church Association: _____

****SECURITY RESTRICTIONS**** _____
Please provide court documents if custody is restricted by a parent.

Local emergency contacts in case parents/guardians cannot be reached:

Name: _____

Phone: _____ Relationship to child: _____

Name: _____

Phone: _____ Relationship to child: _____

Transportation Plan: To insure the safety of your child, please list all adults to whom your child may be released or who are authorized to provide transportation for your child.

Medical Information:

Physician's Name: _____ Phone: _____

Address: _____

Should my child become ill or injured while at Tyner UMC Preschool, I authorize a representative of TUMC Preschool to give consent for any and all needed medical care for my child in an emergency situation. Should such medical attention and care for my child be necessary, I will assume responsibility for any payment.

Parent/Guardian Signature

Date

For Office Use Only:

Reg. fee received on _____

Cash _____ Check # _____

___ Registration form

___ Photo Consent form

___ Parent Agreement

___ Child Questionnaire

Child Questionnaire

Child's Name: _____ Class: _____

Birthdate: _____ Male: _____ Female: _____

Eating Habits:

What is your child's general attitude towards eating? _____

Favorite snacks or food: _____

Disliked foods: _____

Toilet Habits: 3s and 4s must be fully potty-trained

Is your child potty-trained? _____

Can he or she take themselves to the restroom? _____

Will he or she notify the teacher if they need to go? _____

Can he or she manage their own clothes? _____

Speech and Physical Growth:

Speaks: Well Fairly well Not very well Not at all

We read: Often Fairly often Sometimes Rarely

Would you describe your child as:

_____ Active _____ Quiet _____ Friendly _____ Aggressive _____ Shy _____ Passive _____ "Mine" Stage

Academics:

My child can recognize... (Please circle one)

Colors: All Some None

Shapes: All Some None

Numbers 1-20: All Some None

Upper Case Letters: All Some None

Lower Case Letters: All Some None

Cutting Ability: Good Somewhat good Not at all

Please list any information that you feel would be beneficial for our staff to know.
