

Registering child for: _____ 3-4 Early Learners Class
(Check one) _____ PreK Class

Our Littlest Angels Preschool - Registration Form

Valparaiso First United Methodist Church
103 Franklin Street
Valparaiso, IN 46383
Phone: (219) 465-1661 Ext. 131
Email: preschool@valpofumc.org
Website: valpofumc.org/family--/preschool

Child's Name: _____ Preferred Name _____ Male / Female
First Last for School Tags: _____ (circle one)

Address: _____ City: _____ Zip Code: _____

Main Phone: _____ Child's Date of Birth: _____
(mm/dd/yyyy)

Information Regarding the Father / Step-father / Legal Guardian: (circle one)

Full Name: _____
First Last

Employer: _____ City/State _____
Company Name

Occupation: _____

Work Phone: _____ Cell Phone: _____

E-Mail _____

Information Regarding the Mother / Step-mother / Legal Guardian: (circle one)

Full Name: _____
First Last

Employer: _____ City/State _____
Company Name

Occupation: _____

Work Phone: _____ Cell Phone: _____

E-Mail _____

Other Family Information:

Child's Siblings and Their Date of Birth: (1) _____
Name DOB mm/dd/yyyy

(2) _____ (3) _____
Name DOB mm/dd/yyyy Name DOB mm/dd/yyyy

Marital Status (circle one) Married Cohabiting Divorced Separated Single Widowed

Child lives with: _____ Both Parents or _____ Other (explain _____)

Religious Affiliation: _____ Church Name: _____

Medical Information:

Child's Physician: _____ Office Phone: _____

Are your child's immunizations up to date? _____ If not why? _____
(All children must be immunized. We will need a copy when school starts in September)

List medications your child takes regularly: _____

List allergies your child has (foods, medications, etc.) _____

Other medical or physical considerations we need to know: _____

Emergency Contact Information:

In case of emergency, after calling mother and father, names of local contacts only:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

General Information:

Has your child had previous group experience? _____ Where? _____
(church, daycare, preschool, etc)

Can your child speak plainly so others understand? _____ In a speech program? _____ Where? _____

Any foreign languages spoken in the home? _____ If so, what language(s)? _____

Does your child have any fears? _____ If so, explain _____

Are you aware of any special problems such as aggression, anger, anxiety, etc. _____ If so, explain _____

Is there any information which you feel we should know about your child that would help us to better understand them? _____ If so, explain _____

Elementary school child will attend for Kindergarten: _____

How did you hear about Our Littlest Angels Preschool? _____

Please return this form with the \$50 registration fee to the preschool at the address listed on the front page for your child to be placed on our class lists. Checks must be made payable to "FUMC."

September's tuition will be due by June 15 in order to finalize your child's placement. You will receive a letter reminding you of this in May. September's tuition is refundable until June 15.