

**Faith United Methodist Church Preschool
Application for Admission**

Class Preference: _____

Please Print

Child's Name in Full _____ Sex: Male Female
Name you wish your child to be called in school: _____ Date of Birth: _____

Home Address: _____
Street City State Zip Code Home Telephone

Ethnic Origin (Check Only One): White (Non-Hispanic) African American Asian or Pacific Islander
This information required by IRS. Hispanic Native American Other (Specify): _____

Father's Name in Full (Dr. Mr.): _____
Business or profession: _____ Bus. Telephone: _____

Business address: _____

Cell phone: _____ Email Address: _____

Mother's Name in Full (Dr. Ms.) _____
Business or profession: _____ Bus. Telephone: _____

Business address: _____

Cell phone: _____ Email Address: _____

List Names and Ages of Siblings

Brothers: _____

Sisters: _____

School previously attended, if any: _____

Please circle if you are members of Faith United Methodist Church: Mother Father

In case of an emergency and parents cannot be reached, the school may contact:

Name Telephone

List any allergies your child may have: _____

I hereby apply for a place in the Faith United Methodist Church Preschool for the school year _____.
If my child is accepted, I agree to comply with the school regulation as set forth in the current brochure.

SIGNED: _____ DATE: _____

PLEASE SEND THIS COMPLETED APPLICATION FORM AND A CHECK FOR A NONREFUNDABLE DEPOSIT OF \$150.00 TO THE REGISTRAR AT:

Faith United Methodist Preschool, 6810 Montrose Road Rockville MD 20852

** Check should be made payable to FAITH PRESCHOOL