

Faith United Methodist Church Preschool Application for Admission

School Year _____

Choose Class: 2s/3s (3 day) 3s (4 day) 4s (5 day)

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

Father's Name in Full (Dr. Mr.): _____

Business or profession: _____

Bus. Telephone: _____

Business address: _____

Cell phone: _____

Email address: _____

Mother's Name in Full (Dr. Mrs. 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. If my child is accepted, I agree to comply with the school regulations as set forth in the current brochure.

SIGNED: _____

DATE: _____

PLEASE SEND THIS COMPLETED APPLICATION FORM AND A CHECK FOR A NONREFUNDABLE DEPOSIT OF \$100.00 TO THE REGISTRAR AT:

Faith United Methodist Preschool, 6810 Montrose Road, Rockville, MD 20852

****Check should be made payable to FAITH PRESCHOOL.**