

# CLINTON METHODIST CHURCH NURSERY/PRESCHOOL REGISTRATION APPLICATION

## **Please check:**

M,T,W Mornings (4yr) \_\_\_\_\_ Th,F Mornings (3yr) \_\_\_\_\_ T Afternoons STEAM (4yrs only) \_\_\_\_\_

## **Student Information**

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (if different): \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Siblings & DOB: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ Email: \_\_\_\_\_

Is there anything regarding your child that we should know to help him/her have a happy year? Please include your child's interests. \_\_\_\_\_

## **Medical Information**

Does your child have any physical or medical conditions that would require immediate attention?

If so, please list. \_\_\_\_\_

Does your child have any allergies we need to be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

Please be specific and list any allergies & reactions: \_\_\_\_\_

## **Emergency Contacts**

Individuals to contact in case parent is unavailable to be reached (name & relationship to child):

\_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone #: \_\_\_\_\_

In case of sudden illness or accident, do we have permission to send your child to a doctor or hospital for emergency care? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of hospital preference: \_\_\_\_\_

## **Return this registration form to:**

CUMC Nursery/Preschool

Heidi Venero, Registrar

105 Utica St.

Clinton, NY 13323

## **Please include a \$25.00 non-refundable registration fee.**

Checks may be made payable to:

CUMC Nursery/Preschool

## **Photo Release**

CUMCN/PS has my permission to use my child's photo for publicity purposes (newspaper, social media, etc)

Yes \_\_\_\_\_ No \_\_\_\_\_

## **Field Trip Release**

CUMC N/PS has my permission to take my child on supervised field trips during the school year and has permission to ride in another parent's car who may be transporting &/or is supervising the students with the teachers for our field trips.

Parent's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE ATTACH A CURRENT RECORD OF IMMUNIZATION (within one year)