

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: _____

Parent/Guardian's Name: _____ Birthplace: _____

Occupation/Employer: _____ Work Phone: _____

Drivers License #: _____ Cell Phone: _____

Church Affiliation: _____ Email: _____

Parent/Guardian'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/Guardian's Signature : _____ **Date:** _____

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