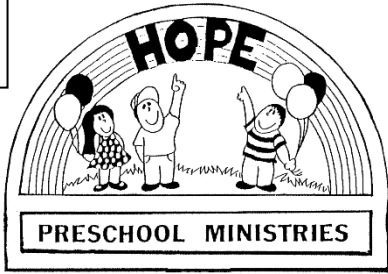


Student ID#



Weekday Preschool Children's Ministry

Mother's Day Out | Hope Preschool
3474 Rothsville Road | Ephrata, PA 17522
717-738-2447 | Hopeumcps@dejazzd.com
www.facebook.com/hopepreschoolephrata

Melissa Van Zant: Director

A Ministry of Hope United Methodist Church

Preschool Application

Please **select the programs you are most interested in** for your child by **ordering them 1 and 2** (One being 1st choice and two is 2nd choice). *Final placements may vary depending on total enrollment.*

3-4 Year Old Program <small>(child must be 3 on or before 9/1 and be potty trained)</small>	Pre-Kindergarten Program <small>(Child must be 4 on or before 9/1 and be potty trained)</small>
_____ Tuesday/Thursday 9:00AM - 1:00PM	_____ Mon./Wed./Fri. 9:00AM-12:00PM
_____ Wednesday/Friday 9:00AM - 1:00PM	_____ Mon./Wed./Fri. 9:00AM-1:00PM
*Both classes are available at a noon dismissal	_____ Tues./Thurs. 9:00AM - 1:00PM

Demographics

Full Name of Child: _____ Nickname: _____

Date of Birth: ____/____/____
Month Day Year

Sex: Male/Female

Address: _____
Street Address City State Zip

School District: _____ Elementary School: _____

Parent/Guardian/Family Information

Name	Relationship to Child	Contact Information <small>(please provide phone numbers of where we can best contact you)</small>
		Phone: () ____ - ____ or () ____ - ____ Email:
		Phone: () ____ - ____ or () ____ - ____ Email:

Status of Parents/Guardians (circle one):

Married Separated Divorced Single Foster Parents Adopted Parent Other

Name(s)/Birthdate of Siblings: _____, _____

Have you, your doctor or your family noticed any delay in your child's development that we should be aware of?

____ No ____ Yes (please explain):

Does your child have any allergies? If so, what? _____

My child's strengths are: _____

My child needs to improve: _____

Emergency Contact Information

List below the names of **at least TWO people** we can contact if a parent/guardian cannot be reached. Also, please **indicate by circling YES/NO** if this person is authorized to pick up your child from preschool.

Name	Relationship to child	Authorized to pick up my child?	Contact Information
		Yes/No	() _____ - _____ () _____ - _____
		Yes/No	() _____ - _____ () _____ - _____
		Yes/No	() _____ - _____ () _____ - _____
		Yes/No	() _____ - _____ () _____ - _____

Other Information

How did you hear about our preschool program? _____

Is your family a member of a church? Which one? _____

Payment/Tuition Information

Applications are processed upon receipt of the \$35 non-refundable registration fee plus one-half of the first month's tuition. Payments of cash or checks (payable to WPCM) are accepted.

Applications are processed as they are received. Weekday Preschool Children's Ministries will notify you immediately if your preferred session is full. **In the event your child's preferred program is not available we will make every attempt to accommodate your child in a different session.** *If we are unable to accommodate your child, your money (including registration fee) will be refunded.*

FOR OFFICE USE ONLY

Date Application Received: _____

Program/Assignment:

3-4 Extended

Regular Pre-K

Extended Pre-K

T/TH Pre-K

Payment: _____ + _____ = _____ (Total amount due upon registration)
(Registration fee) (1/2 of 1st month tuition)

Method: Cash/Check # _____

Total Amount Due 9/1/16 = _____

Signature of Staff Member Completing Document: _____ Date: _____

