

**Fairhope United Methodist Church Preschool  
Summer Program  
ENROLLMENT FORM**

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

Name Child is Known By: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Mother: \_\_\_\_\_ Home Ph.: \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Bus Ph.: \_\_\_\_\_

Father: \_\_\_\_\_ Home Ph.: \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Bus Ph.: \_\_\_\_\_

NOTIFY IN CASE OF EMERGENCY: (If parents cannot be reached)

Name: \_\_\_\_\_ Home Ph.: \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Address: \_\_\_\_\_ Bus Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone: \_\_\_\_\_

My child will be regularly picked up at dismissal by:

\_\_\_\_\_ Relationship: \_\_\_\_\_

Child may occasionally be released to:

\_\_\_\_\_ Relationship: \_\_\_\_\_

(I understand that my child will not be allowed to leave with an unauthorized person)

Registration Fee due at the time of enrollment This is not refundable

Fee Paid \_\_\_\_\_  
Check Number \_\_\_\_\_

Signed by: \_\_\_\_\_  
(Parent or Guardian)

Date: \_\_\_\_\_