

Date Received with fee \_\_\_\_\_  
Medical Form Received \_\_\_\_\_  
Signature Form Received \_\_\_\_\_

Effective Starting Date \_\_\_\_\_  
Consent to Treat Form Received \_\_\_\_\_  
Pick Up Form Received \_\_\_\_\_

**HINSHAW MEMORIAL UNITED METHODIST CHURCH  
HINSHAW PRESCHOOL  
REGISTRATION FORM  
2006-2007 School Year**

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

\_\_\_\_\_ Last First Middle Nickname  
Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Street City State Zip

Telephone numbers must be correct and in emergencies, someone must be available.

Home Telephone \_\_\_\_\_

Father's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

Business Phone \_\_\_\_\_ Position \_\_\_\_\_

Mother's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

Business Phone \_\_\_\_\_ Position \_\_\_\_\_

Siblings: 1. \_\_\_\_\_  
Name Age  
2. \_\_\_\_\_

Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE CONTACT \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

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

General Information: 1. What is the condition of your child's general health? \_\_\_\_\_  
2. Are there any unusual habits or things we should know about your child? \_\_\_\_\_  
\_\_\_\_\_

Child's Name \_\_\_\_\_

A registration fee of \$45.00 is required of each family at the time of registration. The fee is per family, not per child. The fee is the same regardless of the number of months used in the program.

The program operates during the school year Monday – Friday 9:00 am to 1:00 pm.

The cost per month is \$185.00 which is payable by the 1st day of each month. Late fees will be charged.

The cost is for the place in the program that your child will hold. The cost can not be changed or reduced based on the number of days your child is out of school for any reason. There will be days of school missed for teacher's workdays, holidays and there could be other unforeseen days. The cost per month will not change.

I understand that I may withdraw my child from the program with notice and without refund of any unused monthly tuition. I understand that the preschool may, in the interest of the program and the well-being of the children and employees, release or drop my child with notice at any time due to an unfavorable condition. In the event that the child is released from the program, unused monthly tuition will be refunded.

I have read and understand the school year information sheets concerning the Preschool program. I understand that my family must be represented at parent meetings. I will see that all telephone numbers listed on all forms as well as the health and consent to treatment form are kept current during the year. I clearly understand the payment policies and understand that late fees will be charged. I understand that the tuition is payable monthly Due on the 1st and late on the 5th.

Signed \_\_\_\_\_ Date \_\_\_\_\_