

Date of registration: _____

_____ 3-4 E. L. Class
_____ PreK Class

Our Littlest Angels Preschool - Registration Form

Valparaiso First United Methodist Church
103 Franklin Street
Valparaiso, IN 46383
(219) 465-1661
preschool@valpofumc.org
www.valpofumc.org/family--/preschool

Child's Name: _____ Preferred Name _____ (circle one)
for School Tags: _____ Male / Female

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Child's Date of Birth: _____

Information Regarding the Father / Step-father / Legal Guardian: (circle one)

Full Name: _____

Employer: _____ City _____

Occupation: _____

Work Phone: _____ Cell Phone: _____

E-Mail _____

Information Regarding the Mother / Step-mother / Legal Guardian: (circle one)

Full Name: _____

Employer: _____ City _____

Occupation: _____

Work Phone: _____ Cell Phone: _____

E-Mail _____

Other Family Information:

Child's Siblings and Their Date of Birth: _____

Marital Status (circle one) Married Cohabiting Divorced Separated Single Widowed

Child lives with: ___ Both Parents or ___ Other (explain _____)

Religious Preference: _____
(Optional)

Church Name: _____
(Optional)

Medical Information:

Child's Physician: _____ Office Phone: _____

Child's Dentist: _____ Office Phone: _____

Are your child's immunizations up to date? Yes _____ No _____
(we will need a copy by the first day of school)

List medications your child takes regularly: _____

List allergies your child has (foods, medications, etc.) _____

Other medical or physical considerations we need to know: _____

Emergency Contact Information:

In case of emergency, after calling mother and father, names of local contacts only:

Name: _____ Phone: _____ Relationship: _____

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Name: _____ Phone: _____ Relationship: _____

General Information:

Has your child had previous experience in school? _____ Where? _____

Does your child have any pets? _____ Names: _____

What are your expectations for your child's experience in preschool? _____

What else would you like us to know about your child? _____

Elementary school child will attend for Kindergarten: _____

How did you hear about Our Littlest Angels Preschool? _____

Please return this form with the \$50 registration fee to the preschool at the address listed on the front page in order for your child to be placed on our class lists. Checks must be made payable to "FUMC."

September's tuition will be due by June 15 in order to finalize your child's placement. You will receive a letter reminding you of this in May. September's tuition is refundable until June 15.

Our Littlest Angels Preschool is an equal-opportunity, non-for-profit facility.
We do not discriminate based on race, color, religion, national or ethnic origin.