



## 2012-2013 Registration Form

**3 year old class** (children who are 3 by September 1.)

**Tuesday & Thursday mornings 9:00-11:30 (\$105 mo.)**

\*Please submit \$40 nonrefundable registration fee.  
Checks should be made out to BUMC-Preschool.

Child's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name your child will learn in print (if different from name above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Allergies NO\_\_\_ YES\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Family Email address (es) \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child's parents or guardian (circle one):

married divorced separated remarried never married

Names and ages of siblings \_\_\_\_\_

Names and relation of others in the home \_\_\_\_\_

Names and phone numbers of other adults who may pick up your child \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and description of adult NOT authorized to take your child \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you interested in using River Rider transportation (if it is available)? \_\_\_\_\_

Check here if your family is in need of a partial or full tuition scholarship \_\_\_\_\_  
(Director will meet privately with you to discuss your financial needs and current scholarship funds available.)

How did you hear about Buffalo United Methodist Preschool ? \_\_\_\_\_

Does your family attend a local church? \_\_\_\_\_ If so, which church? \_\_\_\_\_

**(Please complete both sides of registration form)**

**Help us get to know your child better:**

Are there any allergies, illnesses, special needs, family situations or fears that we should be aware of?

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What are some of your child's favorite things to do at home or with family? \_\_\_\_\_

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Has your child had previous group experiences (preschool, Sunday school, childcare, play group) ?

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Do you have any concerns about your child's development? \_\_\_\_\_

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What do you enjoy most about your child? \_\_\_\_\_

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What do you expect your child will gain from preschool? \_\_\_\_\_

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Please share any additional information which would be helpful for us to better understand your child:

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**Parental Permission:** (Please initial each section you agree to and then sign below.)

- 1) Buffalo United Methodist Preschool has my authorization to act in an emergency situation when I cannot be reached or there will be a delay in my arriving. All medical costs are the parent/guardian's responsibility. \_\_\_\_\_ (initial)
- 2) My child has permission to participate in walking field trips through out the school year. Field trips requiring transportation will require individual permission forms for each trip. \_\_\_\_\_ (initial)
- 3) I grant my permission for my child's photo to be taken and/or video taped. Photos and tapes will be used within the program (bulletin boards, teaching materials, etc.) or in promotional materials for the preschool (newspaper, website, flyers etc.). Photos used for public relations will generally not identify any child by name. \_\_\_\_\_ (initial)

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**The following materials are needed to officially register:**

**\* Registration Form completed \* Registration Fee**

These additional forms must be returned to the preschool before the first day of school:

**\*Immunization Form \* Emergency Contact Card \* Health Summary**

**Buffalo United Methodist Preschool**

**609 8<sup>th</sup> Street NW**

**Buffalo, MN 55313**

**[www.BuffaloUMC.org/preschool](http://www.BuffaloUMC.org/preschool)**