



2012-2013 Registration Form

4-5 year old class (children who are 4 by September 1.)

___ **Monday, Wednesday, & Friday 9:00 – 11:30 (\$135 mo.)**

___ **Lunch Bunch Monday, Wednesday, & Friday 9:00 – 1:00 (\$205 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

Child lives with: Mother _____ Father _____ Other _____

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 (BUMP)? _____

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?

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

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

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

What do you enjoy most about your child? _____

What do you expect your child will gain from preschool? _____

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

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 8th Street NW
Buffalo, MN 55313
www.BuffaloUMC.org/preschool